

Form **13562**  
(Rev. January 2008)

Department of the Treasury – Internal Revenue Service  
**HEALTH COVERAGE TAX CREDIT (HCTC)  
GENERAL REGISTRATION INFORMATION FORM**

OMB No.  
1545-2118

(See Instructions on Page 2)

The HCTC General Registration Information Form is a standard form used by the HCTC Program to collect required information in addition to the U.S. Department of the Treasury's ACH Vendor/Miscellaneous Payment Enrollment Form.

( \* ) Denotes a required field

**1.\* ADDITIONAL COMPANY INFORMATION**

\*1a. LEGAL NAME:

\*1b. LEGAL ADDRESS:

\*1c. EIN/TIN (ASSOCIATED WITH LEGAL NAME):

\*1d. INVOICE REMIT TO ADDRESS:

ATTN:

1e. HPA CONTACT NAME:

1f. HPA CONTACT MAILING ADDRESS:

HPA CONTACT TELEPHONE NUMBER:

HPA CONTACT FAX NUMBER:

HPA CONTACT E-MAIL:

**\*2. PAYMENT REMITTANCE ADVICE CONTACT**

NAME:

ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL:

**\*3. SIGN-OFF BY AUTHORIZED OFFICIAL**

SIGNATURE:

PRINT/TYPE NAME:

DATE:

TITLE:

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## Instructions for Completing Health Coverage Tax Credit (HCTC) General Registration Information Form

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The HCTC General Registration Information Form is a standard form used by the HCTC Program to collect required information in addition to the Treasury Department's ACH Vendor/Miscellaneous Enrollment Form.

- 1. ADDITIONAL COMPANY INFORMATION SECTION** – Print or type the name and address of the enrolling company, EIN/TIN number, invoice remit to address, and contact information for the HPA contact.
  - a. *Legal Name*: Must be the same as the name indicated on the Payee/Company Information field of the ACH Vendor/Miscellaneous Payment Enrollment Form.
  - b. *Legal Address*: Must be the same as the address indicated on the Payee/Company Information field of the ACH Vendor/Miscellaneous Payment Enrollment Form.
  - c. *EIN/TIN (Employer Identification Number/Taxpayer Identification Number)*: The EIN/TIN provided must be the EIN/TIN associated with the Legal Name of the business. The information provided in this field should also be the same information provided on the Automated Clearing House (ACH) Form in the "SSN or Taxpayer ID Number" field.
  - d. *Invoice Remit To Address*: The invoice remit to address appears on invoices and is associated with the bank account holder. If there are multiple remit to addresses, please provide those on a separate sheet.
  - e. *HPA (Health Plan Administrator) Contact Name*: The company representative whom the IRS HCTC Finance and Accounting representative should work with on HCTC related matters.
  - f. *HPA Contact Mailing Address*: The mailing address for the individual identified in field (e). The HPA Contact Mailing Address could also be the same as the Legal Address in field (b). If this is the case, please indicate as such.
- 2. PAYMENT REMITTANCE ADVICE CONTACT SECTION** – Should contain the contact information for the person who will receive the payment remittance advice. If any of the information is the same as the HPA Contact, please indicate as such.
- 3. SIGN-OFF BY AUTHORIZED OFFICIAL SECTION** – Signed by the individual who is authorized by their company to provide the information requested on the form. Print or type the name of the individual, title, and the current date.

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**Fax the HCTC General Registration Information Form to:**

HCTC Finance and Accounting Center  
Attn: Your Finance & Accounting Representative  
Fax Number: 1-800-675-9602

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**PAPERWORK REDUCTION ACT NOTICE.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we will be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

**PRIVACY ACT STATEMENT.** The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.