

## IRS Paid Preparer Tax Identification Number (PTIN) Application and Renewal

▶ Information about Form W-12 and its separate instructions is available at [www.irs.gov/w12](http://www.irs.gov/w12).

<b>1 Name and PTIN</b> (Print in ink or Type)	First name	Middle name	Last name
	<input type="checkbox"/> Initial application <input type="checkbox"/> Renewal application              (Enter PTIN: P )		
<b>2 Personal Mailing Address and Phone Number</b>	Street address. Use a P.O. box number only if the post office does not deliver mail to your street address.		
	City or town, state/province, and, if outside U.S., country. Include ZIP or postal code where appropriate. Do not abbreviate name of country.		
	Phone Number (      ) -		
<b>3 SSN and Date of Birth</b>	SSN	Date of birth (month, day, year)	
	-      -	/      /	
<b>4 Email Address</b>	Enter the email address that should be used to contact you.		
<b>5 Past Felony Convictions</b>	Have you been convicted of a felony in the past 10 years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	If "Yes," list the date and the type of felony conviction(s) and explain why the Internal Revenue Service should consider you suitable to practice.		
<b>6 Federal Tax Compliance</b>	Are you current on both your individual and business federal taxes, including any corporate and employment tax obligations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
	If you have never filed a U.S. individual income tax return because you are not required to do so, check the "Yes" box.		
	If "No," provide an explanation.		

<b>7 Professional Credentials</b>	<p>Check all that apply. Enter state abbreviation and appropriate number(s):</p> <p><input type="checkbox"/> Attorney - Licensed in which state(s): _____ Number(s): _____ Expiration Date(s): _____</p> <p><input type="checkbox"/> Certified Public Accountant (CPA) - Licensed in which state(s): _____ Number(s): _____ Expiration Date(s): _____</p> <p><input type="checkbox"/> Enrolled Agent (EA) _____ Number(s): _____ Expiration Date(s): _____</p> <p><input type="checkbox"/> Enrolled Actuary _____ Number(s): _____ Expiration Date(s): _____</p> <p><input type="checkbox"/> Enrolled Retirement Plan Agent (ERPA) _____ Number(s): _____ Expiration Date(s): _____</p> <p><input type="checkbox"/> State Regulated Tax Preparer-State(s): _____ Number(s): _____ Expiration Date(s): _____</p> <p><input type="checkbox"/> Certified Acceptance Agent _____</p> <p><input type="checkbox"/> None</p>
-----------------------------------	---

**Skip lines 8, 9, and 10 if you are an attorney, CPA, or EA.**

<b>8 Form 1040 Preparation</b>	<p>Do you prepare Form 1040 series tax returns (or accompanying schedules) for compensation? (If you ONLY prepare Form 1040-PR or Form 1040-SS for residents of Puerto Rico, check "No.")</p> <p style="text-align: right;"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
--------------------------------	--

<b>9 Supervised Preparer Determination</b>	<p>Are you employed by an attorney or CPA firm, or other recognized firm at least 80 percent owned by attorneys, CPAs, or Enrolled Agents? <span style="float: right;"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></span></p> <p>Are you supervised by an attorney, CPA, EA, ERPA, or Enrolled Actuary? <span style="float: right;"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></span></p> <p>Does an attorney, CPA, EA, ERPA, or Enrolled Actuary sign <b>all</b> of the tax returns that you prepare? <span style="float: right;"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></span></p> <p>If you checked "Yes" to all of these questions, you are a supervised preparer and must enter your supervisor's PTIN: P</p>
--	---

<b>10 Reserved</b>	<p>Reserved</p> <hr/> <p>Reserved</p>
--------------------	---------------------------------------

<b>11 Business Identification Numbers</b>	<p>Are you self-employed or an owner, partner, or officer of a tax preparation business? <span style="float: right;"><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></span></p> <p>If you check "Yes," complete this line. If you check "No," go to line 12.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Your CAF Number</td> <td style="width:33%; border-bottom: 1px solid black;">EIN</td> <td style="width:33%; border-bottom: 1px solid black;">EFIN</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;">-</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Your CAF Number	EIN	EFIN		-	
Your CAF Number	EIN	EFIN					
	-						

<b>12 Business Mailing Address</b>	<p>Business address</p> <hr/> <p>Business city or town, state/province, and, if outside U.S., country. Include ZIP or postal code where appropriate. Do not abbreviate name of country.</p>
------------------------------------	---

