



Please keep this form for future reference.

Tax Form 9787 with Instructions (OMB 1545-1467)



Department of the Treasury



Please retain this form for your records. If changes or corrections are needed, please complete and mail to:



EFTPS Enrollment Processing Center
P.O. Box 173788
Denver, Colorado 80217-3788

Do not return this form unless you have changes to your information.

BUSINESS Confirmation/Update Form –

Use this form to review or modify enrollment information for the Electronic Federal Tax Payment System (EFTPS). **Critical errors and messages are defined in the accompanying enrollment cover letter.** If this cover letter indicates you have critical errors that make it impossible to complete your enrollment, it is necessary to return this form with the corrections/modification made on the right side. Also, please return this form if you wish to correct non-critical errors, or update information on the file. **If information is correct do not return this form, but keep it for future reference.**

REMEMBER – Both EFTPS payment methods are interchangeable:

- EFTPS online (www.eftps.gov)
- EFTPS by phone

For questions regarding EFTPS or this Form please call:



EFTPS Customer Service	1-800-555-4477	(24 hours a day, 7 days a week)
en español	1-800-244-4829	(24 hours a day, 7 days a week)
For TDD (hearing impaired) support	1-800-733-4829	(8 a.m. to 8 p.m. Eastern Time)

INSTRUCTIONS: All the information that EFTPS currently has on file about paying your taxes electronically is imprinted on the left side of this form. Problems or critical errors are defined in the accompanying cover letter. The right side is to be used to update or correct information relating to the problems or errors or any changes you wish to make to the current information. Solid areas on the right side, indicate information that cannot be modified by this form. When completing this form, please print using all capital letters in blue or black ink.

Taxpayer Information

Please see cover letter for necessary corrections.

Please print any updates/corrections in this space

Solid areas indicate information that cannot be modified by this form

1. Employer Identification Number (EIN). Your EIN can be filled in on this form only if the original EIN you supplied was rejected. Once an EIN has been established by EFTPS, *it can only be changed through direct communication with the IRS.*

1. Employer Identification Number (EIN):

1. CORRECTED Employer Identification Number (EIN):

2. Business Taxpayer Name:

2. CORRECTED Business Taxpayer Name:

3. Business Street Address:

4. City, State and ZIP Code:

5. Province, Country, and Postal Code:

PLEASE CALL THE IRS AT

1-800-829-4933

OR PREPARE IRS FORM 8822 TO MAKE CHANGES TO YOUR ADDRESS

2. Business Taxpayer Name. Your taxpayer name as it appears on your tax return and IRS document (for Sole Proprietors, use the owner's name rather than the DBA name) can be filled in on this form only if the original EIN you supplied was rejected. Once a taxpayer name has been accepted by EFTPS, *it can only be changed through direct communication with the IRS.*

3-5. Business Address. You may not update the business address, city, state, Zip Code, and province, country and postal code information. *The business address can only be changed through direct communication with the IRS. Form 8822 will automatically update the address on your EFTPS enrollment.*

Contact Information

Please print any updates/corrections in this space

6. Primary Contact Name. Please fill in the name of the new contact to whom future confirmations will be sent.

6. Primary Contact Name:

6. NEW Primary Contact Name:

7. Primary Contact Mailing Street Address:

7. NEW Primary Contact Mailing Street Address:

8. City, State, and ZIP Code:

8. NEW City, State, and ZIP Code:

9. International: Province, Country, and Postal Code:

9. NEW Province, Country, and Postal Code:

10. Primary Contact Phone Number:

10. NEW Primary Contact Phone Number:

US			International		
	/	-	011-	-	-
area code			country	city	number

11. E-mail Address:

11. NEW E-mail Address:

7-9. Primary Contact Address. Please fill in any associated updates to the street address, city, state, zip code, and province, country, and postal codes for the primary contact.

10. Primary Contact Phone. Please fill in any associated updates to the primary contact phone number.

11. E-mail Address. (optional)

(continued)

12. Payment Method. This information was gathered on your original enrollment form. If you enrolled in EFTPS through a financial institution, to change payment method, you must complete a new enrollment form.

Payment Information

12. Payment Method:

IF YOU ENROLLED IN EFTPS THROUGH A FINANCIAL INSTITUTION, TO CHANGE PAYMENT METHOD YOU MUST RE-ENROLL. PLEASE CALL EFTPS CUSTOMER SERVICE FOR FORM 9779 OR GO TO WWW.EFTPS.GOV

13-22. Optional Tax Form Payment Amount Limits (for EFTPS Internet or phone only). You may use this form to identify any additional Federal tax types that you plan to pay electronically. For each existing or new tax type indicated, you may wish to update a threshold amount which will warn you if you exceed this amount when you initiate a tax payment through EFTPS.

NOTE: Only alpha and numeric characters appear in the tax forms. All other characters are stripped from these fields.

Tax Form Payment Amount Limits (using EFTPS on the Internet or by phone.)

Tax Form and Threshold Amount	New Threshold Amount (updates or corrections)	Tax Form and Threshold Amount	New Threshold Amount (updates or corrections)
13.	13.	18.	18.
14.	14.	19.	19.
15.	15.	20.	20.
16.	16.	21.	21.
17.	17.	22.	22.

23-27. Financial Institution Information. You may use this portion of the form to correct errors or change a bank and/or bank account from which you can initiate electronic tax payments.

NOTE: You may also change your Financial Institution Information using EFTPS on the Internet or by phone.

CAUTION: You may find it prudent to delete a RTN/account combination from EFTPS only after you have previously added a new RTN/account combination to take its place, and you have received confirmation from EFTPS that the new bank has been successfully accepted.

28. You may choose to have EFTPS verify your bank account information with your financial institution. This process takes about 10 days. Check **YES** to have your account information verified. Check **NO** if you would like to use EFTPS more quickly and elect **not** to verify your bank account information with your financial institution. Once you receive your new PIN, you may use EFTPS immediately. If #28 is left blank, your bank account information will be verified.

NOTE: You are responsible for the accuracy of the bank account information. If the information is incorrect, your financial institution may return your payments and you may incur an IRS penalty.

29. Authorization. This section authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the accounts you designate if you have requested EFTPS on the Internet or by phone as a payment method.

30. Taxpayer Signature. Regardless of the changes made on this Confirmation/Update form, the taxpayer must sign this section to authorize participation in EFTPS and must return it to EFTPS.

NOTE: if no changes are made, there is no need to return this form.

This section also provides authorization to share the information provided with your financial institution(s), required for EFTPS processing.

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, the signer certifies that they have authority to execute this authorization on behalf of the taxpayer.

Financial Institution Information

Please print any updates/corrections in this space

23. RTN:	23. NEW RTN:
24. Account Number:	24. NEW Account Number:
25. Type:	25. NEW Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
26. State:	26. NEW State:
27. ZIP Code:	27. NEW ZIP Code:
	28. <input type="checkbox"/> YES , I elect to have my bank account information verified with my financial institution. <input type="checkbox"/> NO , I elect not to have my bank account information verified with my financial institution.

Authorization

29. For all payment methods: Please read the following Authorization Agreement:

I (as defined as the taxpayer whose signature is below) hereby authorize the contact person (listed in item 6 of this form) and the financial institution(s) involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, and answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Only EFTPS on the Internet or by phone: Please read the following Authorization Agreement:

By completing the information in boxes 23-28 and signing below, I hereby authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS debit entries to the financial institution account indicated above, for payment of Federal taxes owed to the IRS upon request by taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

30. Taxpayer Signature

Taxpayer Signature _____

Date _____

Print Name _____

Title _____

Paperwork Reduction Act Notice: In accordance with the Paperwork Reduction Act of 1995, we ask for the information in the Electronic Federal Tax Payment System (EFTPS) Enrollment Form in order to carry out the requirements of 26 United States Code 6001, 6011, and 6109. You are not required to provide 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. This information is used by the Internal Revenue Service to assure that payment(s) are properly credited to the appropriate account(s). Your response is mandatory if you are required by regulations to use Electronic Funds Transfer to make your Federal Tax Deposits. The time needed to provide this information will vary depending on individual circumstances. The estimated average time is ten minutes. If you have comments concerning the accuracy of this time estimate or suggestions for reducing this burden, we would be happy to hear from you. You can write to the IRS Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224. Please do not send the enrollment form to this address. The Privacy Act of 1974 requires that when we ask individuals for information about themselves, we state our legal right to ask for the information, why we are asking for the information, and how it will be used. We must also tell you what could happen if we do not receive all or part of it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and applicable regulations. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS). The information may not be disclosed except as provided by section 6103 of the Internal Revenue Code. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may also give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their laws. We may give it to foreign governments because of tax treaties they have with the United States. Your response is mandatory if you are required by regulations to use electronic funds transfer to make your deposits. If you are not required by regulations to use electronic funds transfer, your response is voluntary. If you do not provide all or part of the information, you may not be eligible to participate in the EFTPS. If you are required to use electronic funds transfer by regulation, you may be subject to penalties. If you are not required to use electronic funds transfer to pay taxes owed, you need to pay the taxes due by another method.

