

# Form 14737A, Responsible Individual Personal Attestation (RIPA)



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### Responsible Individual Personal Attestation - Gather Your Information

Before you begin your Responsible Individual Personal Attestation (RIPA), please gather the following required information:

- The business name of the CPEO applicant.
- The Employer Identification Number (EIN) of the CPEO applicant.
- Your ownership percentage of the CPEO applicant, if applicable.
- The business names and EINs of all entities that are related entities of the CPEO applicant. For more information about what entities are covered by this requirement, see the [CPEO FAQs](#)
- Any entity related to the CPEO Applicant where the Responsible Individual completing this RIPA has at least a 33% ownership in each entity.
- The business name and EIN of the parent company of a CPEO applicant, if any.

View the [the CPEO Privacy Act and Paperwork Reduction Act Notice here](#).

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### Responsible Individual Personal Attestation - Basic Information

Click the "Add" button to add another CPEO applicant. If you need to delete a record, click the "Remove" button below to delete an entry. When you have finished adding all CPEO applicants, click the "Next" button at the bottom of this page to continue.

First Name:	*****	
Middle Name:		
Last Name:	*****	
Social Security Number:	*****	
Date of Birth:	*****	(mm/dd/yyyy)

**Alternate Name(s)** ⌵ Add

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### Responsible Individual Personal Attestation - Basic Information

Click the "Add" button to add another CPEO applicant. If you need to delete a record, click the "Remove" button below to delete an entry. When you have finished adding all CPEO applicants, click the "Next" button at the bottom of this page to continue.

First Name:	*****	
Middle Name:		
Last Name:	*****	
Social Security Number:	*****	
Date of Birth:	*****	(mm/dd/yyyy)

**Alternate Name(s)** ⌵ Add

Delete

First Name:	<input type="text"/>	
Middle Name:	<input type="text"/>	
Last Name:	<input type="text"/>	

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### Responsible Individual Personal Attestation - Home Address

Home Address

\* Address Line1 

Address Line2


Address Line3

\* Zip Code:

\* City:

\* State:

\* Country:

\* Phone Number:  

Extension:

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### Responsible Individual Personal Attestation - Business Information

#### Add CPEO applicant information

##### Add CPEO applicant information

Provide the CPEO Applicant name, Federal EIN, your title and ownership percentage, if applicable. Refer to [FAQs](#) for definitions of a responsible individual in order to complete the following question.

Click the "Add" button to add another CPEO applicant. If you need to delete a record, click the "Remove" button below to delete an entry. When you have finished adding all CPEO applicants, click the "Next" button at the bottom of this page to continue.

* Federal EIN:	<input type="text"/>
* CPEO Applicant business name:	<input type="text"/>
* Title:	<input type="text"/>
* % Ownership:	<input type="text"/>



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### Responsible Individual Personal Attestation - Related Entities

Add related entities of the CPEO applicant based solely on your ownership interest, if any. [Add](#)

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### Responsible Individual Personal Attestation - Related Entities

Add related entities of the CPEO applicant based solely on your ownership interest, if any. [Add](#)

**Add related entities of the CPEO applicant based solely on your ownership interest, if any.**

Click the "Add" button to add another Related Entity. If you need to delete a record, click the "Remove" button below to delete an entry. When you have finished adding all Related Entities, click the "Next" button at the bottom of this page to continue.

If you are a responsible individual of the CPEO applicant owning 33% or more of the CPEO applicant, and you also own 33% or more of another provider of employment-related services, the provider of employment-related services is a related entity of the CPEO applicant.

Please provide the information requested below for the provider of the related entity. For information on how to determine what entities to include below, see the [CPEO FAQs](#).

Click the "Add" button to add another Related Entity. If you need to delete a record, click the "Remove" button below to delete an entry. When you have finished adding all Related Entities, click the "Next" button at the bottom of this page to continue.

- Federal EIN:
- Provider of Employment-Related Services Business Name:
- Title:
- % Ownership:

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### Responsible Individual Personal Attestation - Experience

#### Personal Attestations - Experience

Answer the following questions related to your knowledge or experience in the following areas. Any answer of "Yes" must also include the number of years for this related experience.

- \* 1. Do you have knowledge or experience with respect to federal or state employment tax reporting, depositing, and withholding requirements?  YES  NO
- \* 2. Do you have knowledge or experience with the handling and accounting of payroll, tax payments and other funds on behalf of others?  YES  NO
- \* 3. Do you have knowledge or experience in general business and risk management?  YES  NO

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### Responsible Individual Personal Attestation - Other Attestations


#### Other Personal Attestations

The IRS may initiate a full background and tax compliance check on every responsible individual. Answer the following questions. If your response is "Yes," provide an explanation. Include within any explanation to questions 1 and 2 whether the failure was due to reasonable cause.

- 1. Have you ever failed to file or pay any required federal, state or local taxes, including information returns, in a timely and accurate manner?  YES  NO
- 2. Have you ever been assessed a penalty under IRC 6672, Failure to Pay Over Tax (Trust Fund Recovery Penalty)?  YES  NO
- 3. Have you ever been charged or convicted of any criminal offense under the laws of the United States or any state, or been the subject of an active IRS criminal investigation?  YES  NO
- 4. Have you ever been sanctioned, or had a license, registration, or accreditation denied, suspended, or revoked by a licensing board, assurance or other professional organization, federal or state agency, court, body, board, or other authority for misconduct that involves dishonesty, fraud, or breach of trust?  YES  NO
- 5. Have you ever been sanctioned or penalized for the manipulation of state account numbers and/or unemployment insurance experience rates (aka State Unemployment Tax Act (SUTA) dumping)?  YES  NO
- 6. Have you ever filed for bankruptcy? (If yes, provide a brief explanation including date of discharge and chapter number.)  YES  NO
- 7. Are there any unsatisfied liens on your property for failure to pay taxes?  YES  NO
- 8. Have you ever had any judgments entered against you or against any employment-related services firm (PEO or other) in which you had an ownership interest?  YES  NO

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### Responsible Individual Personal Attestation - Point of Contact for Tax Matters

**Point of Contact for Tax Matters**



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### Responsible Individual Personal Attestation - Point of Contact for Tax Matters

**Point of Contact for Tax Matters**

Provide a Point of Contact (POC) that can discuss tax issues of the responsible individual, if different from the responsible individual.

If you have a Power of Attorney or representative for Tax Matters, please provide their information below. If not, click the "Remove" button and click the "Next" button at the bottom of this page to continue.

**NOTE:** If the Point of Contact is not the responsible individual, Form 2848 *Power of Attorney and Declaration of Representative* must be on file before IRS employees can discuss any tax issues of the responsible individual with the contact person.

- \* Name:
- \* Daytime Phone Number:   
*Numbers only, No dashes.*
- \* Best Time to Contact, starting hours:
- \* Best Time to Contact, ending hours:
- Point of Contact Email address:



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### Responsible Individual Personal Attestation - Sign your Form

Review and agree to the statement below before submitting your form.

Under penalties of perjury, I declare that I am at least 18 years of age, and I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete. I understand any false or misleading information may result in criminal penalties and/or denial of certification. By signing below, I also authorize the Internal Revenue Service to conduct a tax compliance check and a background check of my criminal and credit histories.

- Yes - I have read and agree to the statement above.
- No - I do not agree to the statement above.

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### Summary Report and Next Steps

Your Responsible Individual Personal Attestation has been successfully submitted. Follow the "Next Steps" below to complete this attestation.

Click on "View PDF Summary Report" and print this report for your records. Select "Main Menu" to return to the Main Menu.

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[View PDF Summary Report](#)

