

EFTPS **Individual** Enrollment Screenshots:

1 Start 2 Enroll 3 Review 4 Complete

Let's get started.

Not enrolled and need to make an immediate payment? Please use [IRS Direct Pay](#).

Already enrolled? [Log In](#).

Privacy Act and Paperwork Reduction Act

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We ask for the information on the forms on EFTPS.com and EFTPS.gov to carry out the Internal Revenue laws of the United States. We need this information to ensure that you are complying with the revenue laws and to allow us to figure and collect the right amount of tax. Our authority to ask for this information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and their applicable regulations. Section 6109 requires filers to provide their SSN or other identifying numbers. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS) and to

This is the equivalent of OMB Form No. 9779 (OMB 1545-1467)

I accept the Privacy Act and Paperwork Reduction Act.

Enroll me as a:

Business - or - **Individual** - or - **Federal Agency**

Select [?](#) for more information.

Personal information

Primary taxpayer Social Security Number [?](#)

55555559

Primary taxpayer name [?](#)

John Doe

Primary taxpayer U.S. phone

3033333333

Primary taxpayer international phone

Add joint filer information

Contact information

Name [?](#)

John Doe

Country

UNITED STATES OF AMERICA

Address

123 Mainstreet

City

Denver

State

COLORADO

ZIP

80111

U.S. phone

3033333333

International phone

Financial information

Routing number [?](#)

123123123

Account number [?](#)

12345

Reenter account number

12345

Account type

Checking - OR - Savings

Review

Please review your enrollment information before selecting *Complete*. To make changes [select Enroll](#) or select the information you entered.

Click the information you entered to edit.

Personal information

Primary taxpayer Social Security Number ?

XXX-XX-XXXX

Primary taxpayer name ?

JOHN DOE

Primary taxpayer U.S. phone

(303) 333-3333

Contact information

Name ?

JOHN DOE

Country

UNITED STATES OF AMERICA

Address

123 MAINSTREET

City

DENVER

State

COLORADO

ZIP

80111

U.S. phone

(303) 333-3333



There was no match found for the address you entered.

Address not found.

You may edit your address by clicking the text above or by going [back to the previous screen](#).

Financial information

Routing number [?](#)

123123123

Account number [?](#)

x2345

Account type

Checking

Authorization

Authorization agreements

DEBIT AUTHORIZATION AGREEMENT

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I 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

Electronic Signature [?](#)

Name [?](#)

John Doe

Date

April 14, 2025

Primary taxpayer Social Security Number [?](#)

555-55-5559

I accept the authorization agreements above.

Please review your enrollment information before selecting *Complete*. To make changes [select *Enroll*](#) or select the information you entered.

Complete

Congratulations.

Within seven days, you will receive in the mail:

- Your PIN
- Instructions on how to create an EFTPS Internet password

Please note: We will mail your PIN to the IRS address of record for your employer identification number or social security number enrollment. That address may be different from the contact information you entered.

Your enrollment number is 590182227521414052.

This is important. Print for your records.

If your payment must reach the IRS today to be timely, please visit irs.gov/epay for options.



Personal information

Primary taxpayer Social Security Number: XXX-XX-XXXX
Primary taxpayer name: JOHN DOE
Primary taxpayer U.S. phone: (303) 333-3333

Contact information

Name: JOHN DOE
Country: UNITED STATES OF AMERICA
Address: 123 MAINSTREET
City: DENVER
State: COLORADO
ZIP: 80111
U.S. phone: (303) 333-3333

Financial information

Routing number: 123123123
Account number: x2345
Account type: CHECKING

Authorization agreements

You agreed to this:

Debit Authorization Agreement

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I 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 of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Disclosure Authorization Agreement

Please read the following Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions 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, 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. 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 to afford a reasonable opportunity to act on it.

Authority to Execute an Authorization

If this authorization is signed by a primary taxpayer or on behalf of joint filers, I certify that I have the authority to have payments made from the account identified with the payment option, above, without the secondary taxpayer's authorization. If signed by a representative of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer(s) (i.e. authority provided by Form 2848, Power of Attorney and Declaration of Representative, or other power of attorney).

I am signing this agreement by typing my name, social security number, and today's date below.

Electronic signature

Name:	JOHN DOE
Date:	April 14, 2025
Primary taxpayer Social Security Number:	XXX-XX-XXXX

EFTPS **Business** Enrollment Screenshots:

1 Start 2 Enroll 3 Review 4 Complete

Let's get started.

Not enrolled and need to make an immediate payment? Please use [IRS Direct Pay](#).

Already enrolled? [Log In](#).

Privacy Act and Paperwork Reduction Act

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We ask for the information on the forms on EFTPS.com and EFTPS.gov to carry out the Internal Revenue laws of the United States. We need this information to ensure that you are complying with the revenue laws and to allow us to figure and collect the right amount of tax. Our authority to ask for this information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and their applicable regulations. Section 6109 requires filers to provide their SSN or other identifying numbers. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS) and to

This is the equivalent of OMB Form No. 9779 (OMB 1545-1467)

I accept the Privacy Act and Paperwork Reduction Act.

Enroll me as a:

Business - or - **Individual** - or - **Federal Agency**

1 Start

2 **Enroll**

3 Review

4 Complete

Select [?](#) for more information.

Stop! If you used a coupon in the past two years or if your business is less than a year old, you are pre-enrolled in EFTPS. Please locate the four-digit Personal Identification Number (PIN) that was mailed to you and call 800.555.3453 to activate your enrollment. You'll need your banking information to do so. If you can't find your PIN and have not already completed your enrollment, call 888.434.7338 and your PIN will be given to you. *If you choose instead to create a new enrollment in EFTPS by completing the form on this page, it will be five to seven business days before you receive your PIN in the mail and can schedule a payment.*

Business information

EIN: Employer Identification Number [?](#)

55-5555559

Business name [?](#)

Test LLC

Business U.S. phone

(303) 333-3333

Business international phone

Contact information

Name [?](#)

John Doe

Country

UNITED STATES OF AMERICA



Address

123 Mainstreet

City

Denver

State

COLORADO



ZIP

80111

U.S. phone

(303) 333-3333

International phone

Financial information

Payment Options [?](#)

Authorize a transaction [?](#) **OR** **Have your Financial Institution initiate your transaction** [?](#)

Free; most frequently used by small businesses and individuals.

Check with your financial institution first to see if this service is available and what fees you may be charged.

Routing number [?](#)

Account number [?](#)

Reenter account number

Account type

Checking - OR - Savings

[Review](#)

If Taxpayer selects to have their bank send ACH Credits, the bank fields are greyed out:

Financial information

Payment Options [?](#)

Authorize a transaction [?](#) **OR** **Have your Financial Institution initiate your transaction** [?](#)

Free; most frequently used by small businesses and individuals.

Check with your financial institution first to see if this service is available and what fees you may be charged.

Routing number [?](#)

Account number [?](#)

Reenter account number

Account type

Checking - OR - Savings

Please review your enrollment information before selecting *Complete*. To make changes [select Enroll](#) or select the information you entered.

Click the information you entered to edit.

Business information

EIN: Employer Identification Number ?

55-5555559

Business name ?

TEST LLC

Business U.S. phone

(303) 333-3333

Contact information

Name ?

JOHN DOE

Country

UNITED STATES OF AMERICA

Address

123 MAINSTREET

City

DENVER

State

COLORADO

ZIP

80111

U.S. phone

(303) 333-3333



There was no match found for the address you entered.

Address not found.

You may edit your address by clicking the text above or by going [back to the previous screen](#).

Financial information

Routing number [?](#)

123123123

Account number [?](#)

x2345

Account type

Checking

Authorization

Authorization agreements

DEBIT AUTHORIZATION AGREEMENT

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I 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

Electronic Signature [?](#)

Name [?](#)

John Doe

Date

April 14, 2025

EIN: Employer Identification Number [?](#)

55-555559

I accept the authorization agreements above.

Please review your enrollment information before selecting *Complete*. To make changes [select *Enroll*](#) or select the information you entered.

Complete

Congratulations.

Within seven days, you will receive in the mail:

- Your PIN
- Instructions on how to create an EFTPS Internet password

Please note: We will mail your PIN to the IRS address of record for your employer identification number or social security number enrollment. That address may be different from the contact information you entered.

Your enrollment number is 574395011131414052.

This is important. Print for your records.

If your business payment must reach the IRS today to be timely, check with your financial institution about the availability of same-day tax wire payments. Fees may apply. The Same-Day Payment Worksheet shows the information your financial institution will need.



Business information

EIN: xx-xxx5559
Business name: TEST LLC
Business U.S. phone: (303) 333-3333

Contact information

Name: JOHN DOE
Country: UNITED STATES OF AMERICA
Address: 123 MAINSTREET
City: DENVER
State: COLORADO
ZIP: 80111
U.S. phone: (303) 333-3333

Financial information

Routing number: 123123123
Account number: x2345
Account type: CHECKING

Authorization agreements

You agreed to this:

Debit Authorization Agreement

Please read the following Authorization Agreement:

By completing the Financial Institution information above, and electronically signing by selecting "Accept" below, I 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 of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Disclosure Authorization Agreement

Please read the following Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions 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, 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. 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 to afford a reasonable opportunity to act on it.

Authority to Execute an Authorization

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to have payments made from the taxpayer's account. If signed by a representative of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer (i.e. authority provided by Form 2848, Power of Attorney and Declaration of Representative, or Form 8655, Reporting Agent Authorization for Magnetic Tape/Electronic Filers).

Electronic signature

Name:	JOHN DOE
Date:	April 14, 2025
EIN:	xx-xxx5559

EFTPS **Federal Agency** Enrollment Screenshots:

1 Start 2 Enroll 3 Review 4 Complete

Let's get started.

Not enrolled and need to make an immediate payment? Please use [IRS Direct Pay](#).

Already enrolled? [Log In](#).

Privacy Act and Paperwork Reduction Act

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We ask for the information on the forms on EFTPS.com and EFTPS.gov to carry out the Internal Revenue laws of the United States. We need this information to ensure that you are complying with the revenue laws and to allow us to figure and collect the right amount of tax. Our authority to ask for this information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and their applicable regulations. Section 6109 requires filers to provide their SSN or other identifying numbers. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS) and to

This is the equivalent of OMB Form No. 9779 (OMB 1545-1487)

I accept the Privacy Act and Paperwork Reduction Act.

Enroll me as a:

Business - or - **Individual** - or - **Federal Agency**

Federal Agency: New Taxpayer Enrollment

PLEASE NOTE

Enrollment processing can take a few business days.
Once your PIN has arrived in the mail you can begin making payments.

Please enter the following information to enroll in EFTPS. If you make a mistake simply highlight the field and re-enter your information. For help, click the help  button and information will be provided in a "Help" window.

Employer Identification Number (EIN)

-



Business Name

Enter Agency name without punctuation. Use only alpha/ numeric characters, ampersand (&) and dash (-).



Taxpayer Phone Number

For international numbers, please include country code.

U.S. () -

International 011-



[CLEAR FORM](#)

[NEXT ▶](#)

Contact Information

Primary Contact Name	<input type="text" value="John Doe"/>	
Primary Contact U.S. or International Street Address	<input type="text" value="123 Mainstreet"/>	
Primary Contact U.S. City	<input type="text" value="Denver"/>	
Primary Contact State Enter two-letter abbreviation	<input type="text" value="CO"/> List of State Abbreviations	
Primary Contact U.S. Zip Code	<input type="text" value="80111"/>	
Primary Contact International City, Province and Postal Code	<input type="text"/>	
Primary Contact International Country Enter two-letter abbreviation	<input type="text" value="US"/> List of Country Abbreviations	
Primary Contact Phone Number For international numbers, please include country code.	<p>U.S. (<input type="text" value="303"/>) <input type="text" value="333"/> - <input type="text" value="3333"/></p> <p>International 011- <input type="text"/></p>	

CLEAR FORM

◀ PREVIOUS | NEXT ▶

Payment Profile Information

Agency Location Code (ALC)	<input type="text" value="55555555"/>	
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CLEAR FORM

◀ PREVIOUS | NEXT ▶

Verify Enrollment Data

Please review the enrollment information below. If it is correct, press the 'Next' button to confirm this information. If you wish to make any changes to the following enrollment information use the 'Previous' button below to go back to sections of the Enrollment Form to make changes.

Enrollment Information	Entered Data
Employer Identification Number	55-5555559
Agency Location Code (ALC)	55555555
Business Name	TEST FEDERAL AGENCY
U.S. Phone Number	(303) 333-3333
Primary Contact Name	JOHN DOE
Primary Contact U.S. or International Street Address	123 MAINSTREET
Primary Contact City	DENVER
Primary Contact State	COLORADO
Primary Contact Zip Code	80111
Primary Contact Country	UNITED STATES OF AMERICA (US)
Primary Contact U.S. Phone Number	(303) 333-3333
Payment Method	Intragovernmental

[◀ PREVIOUS](#) | [NEXT ▶](#)

Authorization Agreements

Disclosure Authorization Agreement

Please read the following Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS®) payments to receive confidential information necessary to effect enrollment in EFTPS® tax payment service, electronic payment of taxes, 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 someone other than the taxpayer, I certify that I have the authority (i.e., Form 2848, Power of Attorney and Declaration of Representative or Form 8655, Reporting Agent Authorization for Magnetic Tape/Electronic Filers) 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 written notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Electronic Signature

Please enter and verify the information below:

Name	<input type="text" value="John Doe"/>
Title	<input type="text" value="Test Role"/>
Date (yyyy-mm-dd)	2025-04-14
EIN	<input type="text" value="55"/> - <input type="text" value="5555559"/>

DECLINE

By selecting "Decline" you will not be able to complete your enrollment application at this time. Should you need additional information on EFTPS, please [click here](#).

ACCEPT

By selecting "Accept" you agree to the Disclosure Authorization Agreement above, and the enrollment information will be submitted to EFTPS for processing.

◀ PREVIOUS

Congratulations!

Here's your enrollment number. You'll need this information if you contact us about your enrollment.

ENROLLMENT NUMBER	358915321231414052
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Within a few business days, you will receive by U.S. mail:

- Your Personal Identification Number (PIN).
- Instructions on how to obtain your Internet password.

If you do not receive your PIN, call Customer Service at 1-877-333-8292.

You'll receive a copy of the new PIN via U.S. mail in the next five to seven days at your IRS address of record. You will need to wait for that letter to begin using the new PIN.

Enrollment Information Submitted:

You accepted the following Disclosure Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS®) payments to receive confidential information necessary to effect enrollment in EFTPS® tax payment service, electronic payment of taxes, 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 someone other than the taxpayer, I certify that I have the authority (i.e., Form 2848, Power of Attorney and Declaration of Representative or Form 8655, Reporting Agent Authorization for Magnetic Tape/Electronic Filers) 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 written notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Enrollment Information	Entered Data
Employer Identification Number	55-5555559
Agency Location Code (ALC)	55555555
Business Name	TEST FEDERAL AGENCY
U.S. Phone Number	(303) 333-3333
Primary Contact Name	JOHN DOE
Primary Contact U.S. or International Street Address	123 MAINSTREET
Primary Contact City	DENVER
Primary Contact State	COLORADO
Primary Contact Zip Code	80111
Primary Contact Country	UNITED STATES OF AMERICA (US)
Primary Contact U.S. Phone Number	(303) 333-3333
Payment Method	Intragovernmental

Electronic Signature	
Name	JOHN DOE
Title	TEST ROLE
Date	2025-04-14
EIN	55-5555559

Thank You