



### Individual Enrollment Form for EFTPS – This form contains instructions to complete the Electronic Federal Tax Payment System (EFTPS) Enrollment Form for Individual Taxpayers. It is to be used either for initial enrollment in the system or to add financial institution information. If you wish to use multiple accounts in one financial institution, or accounts in multiple financial institutions, you will need to provide multiple copies of the enrollment form.

For questions regarding EFTPS or this Enrollment Form please call:



**EFTPS Customer Service**

For TDD (hearing impaired) support  
en español

**1-800-945-8400 or 1-800-555-4477**

1-800-945-8900 or 1-800-733-4829

1-800-945-8600 or 1-800-244-4829



When your form is *completed*, please *mail* to:



**EFTPS Enrollment Processing Center**

**P.O. Box 4210**

**Iowa City, Iowa 52244-4210**

You should receive your Confirmation/Update Form and instructions on using EFTPS approximately three to four weeks after we receive your Enrollment Form.

#### INSTRUCTIONS

**1. Primary Taxpayer Identification Number (SSN).** Enter your nine-digit Social Security Number, without dashes. If this enrollment is for joint filers, enter the SSN of the primary taxpayer. The primary taxpayer is the taxpayer listed first on your tax return. *Enter the SSN on the back of the form in the upper right corner as well.*

**2. Language Preference.** Mark an "X" in the box next to your language preference for confirmation forms and payment instructions.

**3. Taxpayer Name(s).** Print your taxpayer name exactly as it appears on the tax return. The only valid characters are A-Z, 0-9, -, &, and blank. For joint filers, enter primary taxpayer name first: JOHN AND MARY SMITH, or JOHN SMITH AND MARY JONES.

**4. Joint Filer Taxpayer Identification Number (SSN).** If this is a joint filing, please provide the joint filer's Social Security Number.

**5. Primary Taxpayer Address.** This address should be the address as it appears on your tax return but cannot be a P.O. Box.

**6. Primary Taxpayer Phone Number.** Provide your area code and phone number.

*Note: If the address has been pre-printed and is incorrect, it can only be changed by submitting an IRS Change of Address (Form 8822) to the Internal Revenue Service. See the back of Form 8822 to determine where the form should be mailed.*

**7. Primary Contact Name.** Print the name of a person, company, or third party who can be contacted in the event questions arise regarding this enrollment or tax payments. All EFTPS mailings will be sent to your primary contact.

**8-9. Primary Contact Mailing Address and Phone Number (if different from #5-6 above).** You need not complete the address and phone section if your contact's address and phone is the same as the primary taxpayer. If an address is provided here, it will be used to mail confirmation materials and instruction booklets.

- Marking Instructions:
- Use black or blue ink only.
  - Please print legibly. Use one character per block. **Use only capital letters.** Keep all printing within the boxes.
  - Do not make any stray marks on this form.

#### MARKING EXAMPLE:

IA

State

52471

Zip Code

#### Taxpayer Information

1. Taxpayer Identification Number (SSN) – (Please enter SSN on reverse side also):

2. Language Preference:

English

Spanish

3. Taxpayer(s) Name:

4. Joint Filer's Taxpayer Identification Number (SSN):

5. Primary Taxpayer Address (cannot be a P.O. Box):

City: State: Zip Code:

International: Province, Country, and Postal Code:

6. Primary Taxpayer Phone Number:

**US** Area Code International Country Code City Code

011-

#### Contact Information

7. Primary Contact Name (if different from #3 above):

8. Primary Contact Mailing Street Address (if different from #5 above/cannot be a P.O. Box):

City: State: Zip Code:

International: Province, Country, and Postal Code:

9. Primary Contact Phone Number (if different from #6 above):

**US** Area Code International Country Code City Code

011-



(over)

(continued)

**For side 2 please fill in**

Social Security Number (SSN)

SSN:    -   -

**Payment Information**

**10. Payment Method.** Check EFTPS-Direct as your payment method if you will instruct EFTPS to transfer payment from your account (see item 11).

10. Payment Method

**EFTPS-Direct:** check here if you will instruct EFTPS to transfer payment from your account (see item 11).

**11. Input Method used for EFTPS-Direct.** Mark the box(es) next to the input option(s) you expect to use. Please check all methods you will be using.

11. Input Method used for EFTPS-Direct (check as many boxes as you wish).

Personal Computer-Software     Telephone     TDD/TTY (for hearing impaired)

**Tax Form Payment Amount Limits** (for EFTPS-Direct)

**12. Tax Form Payment Amount Limits**

**This section is optional.** You may set an amount limit for the tax type to prevent an overpayment. The system will compare your payment amount against your stated limit and provide a warning if you exceed the limit. You may override the warning if you wish.

12. \$   ,    ,

**Financial Institution Information** (for EFTPS-Direct)

**13. Routing Transit Number (RTN).** This is the nine-digit number associated with your financial institution. You may contact your financial institution to verify this number.

13. RTN:

14. Account Number:

15. Type:

Checking  
 Savings

**14. Account Number.** Enter the number of the account you will use to pay your taxes.

16. State:

Zip Code:      -

**15. Type.** Please mark one box to indicate whether the account is a checking or savings account.

**16. Financial Institution State and Zip Code.** Use the two-character letter abbreviation for the state your financial institution is located in and indicate Zip Code.

**17. Authorization.** This section authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the account(s) you designate if you requested the EFTPS-Direct payment method.

**18. Taxpayer Signature.** The taxpayer (and joint filer, if applicable) *must* sign this section to authorize participation in EFTPS. If there is no signature, the form will be returned.

This section also provides authorization to share the information provided with your financial institution, required for the processing of the Electronic Federal Tax Payment System.

If signed on behalf of the individual taxpayer, the signer certifies that they have the authority to execute this authorization on behalf of the taxpayer.

**Remember to sign and mail your enrollment form to:**

EFTPS Enrollment Processing Center  
P.O. Box 4210  
Iowa City, Iowa 52244-4210

**Authorization**

17. Please read the following Authorization Agreement:

I (as defined by the taxpayer whose signature is below) hereby authorize the contact person (listed on this form in item 7) 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, 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.

By completing the information in boxes 13-16 and signing below, I hereby authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS-Direct 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.

18. Taxpayer Signature

\_\_\_\_\_  
Taxpayer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Joint Filer's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

**For EFTPS use only**

- Env     B
- FTD     C
- S/H     D
- A         E

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 Internal Revenue Service, Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. 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 may not be disclosed except as provided by section 6103 of the Internal Revenue Code. We may give it 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.

