

# Application for Enrollment to Practice Before the Internal Revenue Service

Department of the Treasury  
Internal Revenue Service

See Instructions on Page 3

## Important things you need to know and do before you file this form:

- Take and pass the Special Enrollment Examination
- You must obtain a Preparer Tax Identification Number (PTIN) before completing this form
- Read Circular 230
- The application fee is \$30.

Visit [www.pay.gov](http://www.pay.gov) to file and pay electronically. **This fee is non-refundable.**

Check here if you are a former Internal Revenue Service Employee, and enter the date you separated from the Service

## Part 1. Tell Us About Yourself

**1** Your Social Security Number   
 If you do not have an SSN, please check this box.

**2** Date of Birth   
mm/dd/yyyy

**3** Your Full Legal Name     
Last First MI

**4** Current Address     
Number Street Suite or Apt Number

City State Zip Code United States Country

Your email address

Your Contact Telephone Number

**5** Enter your PTIN number issued by the IRS

**6** Do you have an Employer Identification Number (EIN)?  Yes  No  
 If Yes, enter all EINs, business names, and addresses below (attach additional pages, if necessary)

EIN	Business Name	Business Address

**7** Do you have a Centralized Authorization File (CAF) number?  Yes  No  
 If Yes, enter all CAF numbers assigned to you (attach additional pages if necessary):

**8** Have you ever been sanctioned by a federal or state licensing authority?  Yes  No

**9** Has any application you filed with a court, government department, commission, or agency for admission to practice been denied?  Yes  No

**10** Have you been convicted of a tax crime or any felony?  Yes  No

**11** Have you been permanently enjoined from preparing tax returns, or representing others before the IRS?  Yes  No

**NOTE:** If you answered yes to question 8, 9, 10 or 11, please describe on a separate page, the matter, including the date of when the matter occurred, and provide any additional information about the matter that you would like us to consider.

**12** Are you a CPA?  Yes  No If "Yes", enter the states where you are licensed to practice.

**13** Are you an Attorney?  Yes  No If "Yes", enter the states where you are licensed to practice.

## Part 2. Sign Here

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature  Date

### Filling out this form:

It is important to answer all questions on the form. Failure to answer any questions or sign the form could result in processing delays.

Any intentionally false statement or omission identified with your application is a violation of Circular 230 10.51(a)(4) and 18 U.S.C. 1001 and may be grounds for suspension or disbarment from practice.

**Instructions:**

You must obtain a PTIN before completing this form.

You must take and pass the Special Enrollment Examination (SEE) before you can apply. You may register for the examination at [www.Prometric.com/see](http://www.Prometric.com/see).

**Former IRS Employees:**

**Please Note:** Your eligibility to practice may be limited based upon your work experience.

You may request a waiver to take the SEE through the submission of an application within three (3) years from the date of your separation with the Internal Revenue Service (IRS). Please check the box at the top of the form which indicates you are requesting a waiver from taking the SEE. See Circular 230 Section 10.4(d) for more information. To gain full enrollment status you must take and pass the SEE before you can apply. You may register for the examination at [www.Prometric.com/see](http://www.Prometric.com/see).

**What if I don't have a Social Security Number?**

If you are living and working in the United States (U.S.), you are required to have a Social Security Number (SSN). If you are working outside of the U.S. and you do not have an SSN or an ITIN check the box on line 1.

**Electronic Application and Payments:**

You can pay electronically by visiting [www.pay.gov](http://www.pay.gov).

**Where to send this form:**

You can use overnight mail or regular mail to send us this form.

If you want to use regular mail:

U.S. Treasury/Enrollment  
PO Box 301510  
Los Angeles, CA 90030-1510

If you want to use overnight mail:

Internal Revenue Service  
Attn: Box 301510  
19220 Normandie Ave. Ste. B  
Torrance, CA. 90502

**How long will it take to process your application for enrollment?**

It generally takes about 60 days to process applications. Your enrollment status is not effective until we approve your request. You are not authorized to practice before the IRS as an EA until enrollment has been granted.

**Who do I call if I have questions?**

**Please allow 60 days for processing before calling to check on the status of your application.** To check on the status of your application you may call 1-855-472-5540.

**Privacy Act and Paperwork Reduction Act Notice.** Section 330 of title 31 of the United States Code authorizes us to collect this information. We ask for this information to administer the program of enrollment to practice before the IRS. Applying for renewal of enrollment is voluntary; however, if you apply you must provide the information requested on this form. Failure to provide this information may delay or prevent processing your application; providing false or fraudulent information may subject you to penalties. Generally, this information is confidential pursuant to the Privacy Act. However, certain disclosures are authorized under the Act, including disclosure to: the Department of Justice, and courts and other adjudicative bodies, with respect to civil or criminal proceedings; public authorities and professional organizations for their use in connection with employment, licensing, disciplinary, regulatory, and enforcement responsibilities; contractors as needed to perform the contract; third parties as needed in an investigation; the general public to assist them in identifying enrolled individuals; state tax agencies for tax administration purposes; appropriate persons when the security of information may have been compromised for their use to prevent, mitigate or remedy harm.

You are not required to provide the information requested on a form that is subject to the requirements of the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions should be retained as long as their contents may become material in the administration of the law. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 15 minutes, including **recordkeeping, learning about the law or the form, preparing the form, and copying and sending the form to the IRS.**

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to Office of Enrolled Agent Policy & Management; P.O. Box 33968; Detroit, MI, 48232. Do not send this form to this address; instead see the *Where to send this form* section of the instructions.

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**Instructions:** Please fill in the information below related to the questions you answered "yes" to on page 1.

**FAX Information:** If you need more room for questions 7, 8, 9, 10, or would like to provide supportive documentation, or details, or would like to submit additional CAF or EIN information, please FAX this information to: (313) 234-1622. Be sure to include on your Fax Cover Sheet: Your Full Name and your PTIN or Candidate Number.

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