

Application to Participate in the IRS e-file Program

Please check the box(es) that apply to this application:

- New Reapply
 Revised EFIN: _____
 Revision Reason: _____
- On-line Filing (check **only** if you will transmit returns for taxpayers using personal computers, modems, and commercial tax preparation software)
 e-file office in a Foreign Country

1a Firm's legal name as shown on firm's tax return				b Firm's employer identification number (EIN) or social security number (SSN)											
c Doing Business As (DBA) (if other than the name in item 1a)				d Is the firm controlled by another electronic filer? <input type="checkbox"/> Yes, complete the entire form, except for section 8. <input type="checkbox"/> No, skip to 1k, complete the rest of the form, including section 8.											
e Controlling office name				f ETIN of controlling office		g EFIN of controlling office									
h Controlling office business address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">City</td> <td style="width: 10%; border: 1px solid black;">State</td> <td style="width: 20%; border: 1px solid black;">ZIP Code</td> <td style="width: 45%; border: 1px solid black;">County</td> </tr> </table>				City	State	ZIP Code	County	i Signature of RESPONSIBLE OFFICER of the controlling office		j Date					
City	State	ZIP Code	County												
k Please check the box at the right which describes your firm. (see page 3 of this form) <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership (number of partners) ▶ _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) ▶ _____				l Check this box if you will be providing electronic filing and/or tax preparation as a service NOT FOR PROFIT and not to attract customers who will pay for tax preparation or transmission services. Eligible entities include employers offering IRS e-file as a benefit to their employees, government agencies, VITA sites, etc. Attach to this form an explanation of how you will process returns for IRS e-file <input type="checkbox"/>											
m Name of contact representative (first, middle, last)				n Business telephone number (include area code)		FAX number									
o Name of alternate contact representative (first, middle, last)				p Business telephone number (include area code)		FAX number									
q Mailing address (street or P.O. box)				r Business address (physical address of the business)		FAX number									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">City</td> <td style="width: 10%; border: 1px solid black;">State</td> <td style="width: 20%; border: 1px solid black;">ZIP Code</td> <td style="width: 45%; border: 1px solid black;">County</td> </tr> </table>				City	State	ZIP Code	County	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">City</td> <td style="width: 10%; border: 1px solid black;">State</td> <td style="width: 20%; border: 1px solid black;">ZIP Code</td> <td style="width: 45%; border: 1px solid black;">County</td> </tr> </table>		City	State	ZIP Code	County		
City	State	ZIP Code	County												
City	State	ZIP Code	County												

List all previous Electronic Filer Identification Number(s) (EFIN) and Electronic Transmitter Identification Number(s) (ETIN) assigned to you or your firm.

2

3 Please answer the following questions by checking the appropriate box(es). a Will you transmit tax return data directly to IRS? (Transmitter) If "Yes," see page 3, Line 3 instructions. Transmit using asynchronous communication protocol and indicate the file transfer protocol you will be using (mark only one): <input type="checkbox"/> XMODEM—Checksum <input type="checkbox"/> YMODEM—G <input type="checkbox"/> XMODEM—CRC <input type="checkbox"/> YMODEM—Batch <input type="checkbox"/> XMODEM—1K <input type="checkbox"/> ZMODEM b Will you write electronic filing software? (Software Developer) (if "Yes," see page 3, Line 3 instructions) c Will you originate the electronic submission of income tax returns to the IRS? (Electronic Return Originator) d Will you receive tax return information from EROs or from taxpayers who file electronically, using personal computers, modems, and commercial tax preparation software, process the information, and either forward to a transmitter, or send the information back to the EROs or taxpayers? (Intermediate Service Provider) e Do you intend to e-file Forms 4868 (Application for Automatic Extension of Time to File) and/or Forms 9465 (Installment Agreement Request)?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr> </table>	Yes	No	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	f I expect to transmit to or accept returns for transmission to the following service centers. (Software Developers: Also indicate service centers in whose areas you expect to market your software.) (See page 4 for service center chart.): <input type="checkbox"/> Andover <input type="checkbox"/> Austin <input type="checkbox"/> Cincinnati <input type="checkbox"/> Memphis <input type="checkbox"/> Ogden 4 Has the firm or any corporate officer, partner, owner or responsible official: a been assessed any preparer penalties? b ever been convicted of a crime? If "Yes," state the offense of conviction c failed to file personal or business tax returns, or unpaid tax liabilities? d been convicted of any criminal offense under the U.S. Internal Revenue laws? (Please attach explanation for all "Yes" responses for 4a through 4d). 5 Do you intend to e-file Federal/State returns? (If "Yes" see page 3 of this form.) 6 Do you intend to e-file returns with Forms 2555/2555EZ with foreign addresses or with addresses in U.S. Possessions? (If "Yes", see page 3, Line 6 instructions.) 7 Is the firm open 12 months a year? If you answer "No," please complete section 7a	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td></tr> </table>	Yes	No	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
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7a If you answer "No" to question 7, give address and telephone number that are available 12 months of the year (include area code).
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8 Principals of Your Firm or Organization. Complete only if line 1d is "No."

Do not complete this section if you checked the box in item 1d "Yes" or checked box 1l of this form. If you are a sole proprietor, list your name, home address, and social security number, and respond to each question. If your firm is a partnership, list the name, home address, social security number, and respond to each question for each partner who has a five percent (5%) or more interest in the partnership. If your firm is a corporation, list the name, title, home address, social security number, and respond to each question for the President, Vice-President, Secretary, and Treasurer of the corporation. If you are a for-profit entity and checked "Other," on line 1k or you are a partnership and no partners have at least 5% interest in the partnership, list the name, title, home address, social security number, and respond to each question for at least one individual authorized to act for the firm in legal and/or tax matters. (You may use continuation sheets.) The signature of each person listed authorizes the Internal Revenue Service to conduct a credit check on that individual.

Unless you marked the box in 1l, or your only "Yes" response in Section 3 is to question b, you must provide a completed fingerprint card for each responsible official, corporate officer, owner, or partner listed below. If a corporate officer, owner, or partner changes, a completed fingerprint card must be provided for each new corporate officer, owner, or partner. If the corporate officer, owner, or partner is an attorney, banking official who is bonded and has been fingerprinted in the last two years, CPA, enrolled agent, or an officer of a publicly owned corporation, evidence of current professional status may be submitted in lieu of the fingerprint card (see Revenue Procedures). **Your application will not be processed if you do not provide a completed fingerprint card or evidence of professional status and the signature of each responsible official, corporate officer, partner, and owner.**

Type or print name (first, middle, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legal resident alien	Is the individual: <input type="checkbox"/> an attorney <input type="checkbox"/> a banking official <input type="checkbox"/> a C.P.A.	<input type="checkbox"/> an enrolled agent <input type="checkbox"/> an officer of a publicly owned corporation	Is the individual licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:		Signature <input type="checkbox"/> Add <input type="checkbox"/> Delete		
Home address	Social Security Number	Date of birth (month, day, year)		
Type or print name (first, middle, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legal resident alien	Is the individual: <input type="checkbox"/> an attorney <input type="checkbox"/> a banking official <input type="checkbox"/> a C.P.A.	<input type="checkbox"/> an enrolled agent <input type="checkbox"/> an officer of a publicly owned corporation	Is the individual licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:		Signature <input type="checkbox"/> Add <input type="checkbox"/> Delete		
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Type or print name (first, middle, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legal resident alien	Is the individual: <input type="checkbox"/> an attorney <input type="checkbox"/> a banking official <input type="checkbox"/> a C.P.A.	<input type="checkbox"/> an enrolled agent <input type="checkbox"/> an officer of a publicly owned corporation	Is the individual licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:		Signature <input type="checkbox"/> Add <input type="checkbox"/> Delete		
Home address	Social Security Number	Date of birth (month, day, year)		

9 Responsible Official (Please complete this section and provide an original signature even if it is the same as Line 8.)

The responsible official is the individual with responsibility for and authority over the operations at designated sites. The responsible official is the first point of contact with the IRS, has the authority to sign revised applications, and is responsible for ensuring that all requirements of the IRS e-file program are adhered to. A responsible official may be responsible for more than one office. A principal listed in Section 8 may also be a responsible official.

Name of responsible official (first, middle, last)	U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legal resident alien	Is the individual: <input type="checkbox"/> an attorney <input type="checkbox"/> a banking official <input type="checkbox"/> a C.P.A.	<input type="checkbox"/> an enrolled agent <input type="checkbox"/> an officer of a publicly owned corporation	Is the individual licensed or bonded in accordance with state or local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Title:		Signature <input type="checkbox"/> Add <input type="checkbox"/> Delete		
Home address	Social Security Number	Date of birth (month, day, year)		

10 e-file Office in a Foreign Country (please provide all information)

a Name of contact representative (first, middle, last)	c Telephone number of foreign location (please include international access codes, country codes, or city codes)
b Mailing address (including city, country and postal codes, if applicable)	d Business address (of foreign location including city, country and and postal codes if applicable)

Applicant Agreement

Under the penalties of perjury, I declare that I have examined this application and read all accompanying information, and to the best of my knowledge and belief the information I have provided you is true, correct and complete. This firm and employees will comply with all the provisions of the Revenue Procedure for Electronic Filing of Form 1040, U.S. Individual Income Tax Return, and related publications, for each year of our participation.

Acceptance for participation is not transferable. I understand that if this firm is sold or its organizational structure is changed, a new application must be filed. I further understand that noncompliance will result in the firm and/or the individuals listed on this application no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the firm.

11 Name and title of firm official and/or principal owner (type or print)	12 Signature of firm official and/or principal owner	13 Date
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Filing Requirements

Who to Contact for Answers: If you have questions and don't know where to get answers, information can be found under Electronic Services at the following Internet Address: <http://www.irs.gov>, or you may call toll free, 1-800-691-1894.

Who Must File Form 8633. (1) Applicants (including foreign filers) and (2) Current participants revising a previously submitted Form 8633, in accordance with the IRS *e-file* program requirements.

When to File: New Applications—The application period begins August 1 of each year and ends May 31 of the following year. To ensure your participation in the IRS *e-file* season beginning January 1, submit your application between August 1 and December 1. **Reapply**—complete an application to **reapply** to the program if you were suspended and want to be reconsidered or if you were dropped from the program and would like to continue. Please remember to include your previously assigned EFIN. Revised applications are accepted all year.

Where to File. Send Form(s) 8633 to the Andover Service Center. See page 4 for the daytime and overnight mailing address. See page 4 for instructions on what service center to check under 3f, page 1, depending on your location and Service Center relationship as an ERO, Transmitter, Intermediate Service Provider, Software Developer, or On-Line Transmitter.

How to Complete the Form

Page 1

Please check all boxes which apply to this application. For example, if you are a "new applicant" with an *e-file* office in a foreign country, check "New" and "*e-file* office in a foreign country." If you check "Revised" also provide the reason for the revision, and each change should be identified with an asterisk (*). **On-Line Filing should be checked only if you will be transmitting returns for taxpayers, using personal computers, modems, and commercial tax preparation software.**

On-Line Filing applicants should complete and submit an application for each service center. Depending on the applicant's anticipated volume, it may be necessary to submit more than one application for each service center. The applications must have original signatures. The name of the software to be used for transmitting should be written on the applications.

On-Line Filing applicants must also provide the following information:

1. The brand name of the software the applicant will be using, has developed, or will be transmitting, including the name of the software developer; the name of the transmitter for the software; the retail cost of the software; any additional costs for transmitting the electronic portion of the taxpayer's return; whether the software can be used for Federal/State returns;

whether the software is available on the internet, and if so, the internet address; the professional package name of the software submitted for testing (PATS); and whether the software has successfully completed PATS.

2. The applicant's point of contact (including telephone number) for matters relating to On-Line Filing, and the applicant's customer service number.

3. The procedures the applicant will use to ensure that no more than five returns are transmitted from one software package or from one e-mail address.

Line 1a.—If your firm is a sole proprietorship, enter the name of the sole proprietor. If your firm is a partnership or corporation, enter the name shown on the firm's tax return. If submitting a revised application, **and the firm's legal name is not changing**, be sure this entry is identical to your original application.

Line 1b.—If your firm is a partnership or a corporation, provide the firm's employer identification number (EIN). If your firm is a sole proprietorship, with employees, provide the business employer identification number (EIN). If you do not have employees, provide the social security number (SSN).

Line 1c.—If, for the purpose of IRS *e-file*, you or your firm use a "doing business as" (DBA) name(s) other than the name on line 1a, include the name(s) on this line. Use an attachment sheet if necessary to list all names.

Line 1d.—Answer this question "No" if your firm does not operate electronic filing businesses at more than one location or if this application is for a controlling office. A controlling office applies to firms that operate IRS *e-file* businesses at more than one location and the entries in lines 1a and 1b are the same on all applications. The firm must designate one location as the controlling office. Answer this question "Yes" if this application is not for a controlling office and complete lines 1e–1j and the rest of the form including section 9 on page 2.

Line 1e–1h. If 1d is "Yes," enter all controlling office information, including the controlling office ETIN and EFIN.

Line 1i.—Provide an original signature of the responsible officer of the controlling office.

Line 1k.—"Other" represents organizations that don't fall within the category of a sole proprietorship, partnership, or corporation. Examples are: Limited Liability for Partners and Partnerships (LLPs), Limited Liability for Corporations (LLCs); associations; credit unions; an employer or organization who offers the service as a benefit to its employees or members; government agencies; Volunteer Income Tax Assistance (VITA) sites.

Line 1l.—Generally, few applicants meet the criteria for checking this box. Eligible entities include employers offering IRS *e-file* as a benefit to their employees, government agencies, VITA sites, etc. If you check this box, you must also attach a description of how you will process electronic returns.

Lines 1m and 1o.—Contact representatives must be available on a daily basis to answer IRS questions during testing and throughout the processing year.

Line 1q.—Mailing address if different from the business address. Include P.O. box if applicable. Remember, bulk shipments or overnight mail cannot be addressed to a P.O. box. You must provide a year-round mailing address.

Line 1r.—Address of the physical location of the firm. A Post Office box (P.O. box) will not be accepted as the location of your firm. Do not complete if the applicant in 1a is in a foreign country. APO/FPO excluded.

Line 3.—Check all that apply.

Line 3a.—If you are unsure how you will transmit to the IRS, check "no." If you decide later to transmit directly to the IRS, you can revise your application. If you answered "yes" to line 3b, attach a list of the product names for each software package you intend to market. This includes on-line, as well as *e-file* software.

Line 3f.—See the Service Center Chart on page 4.

Line 4a–4d.—Misrepresentation when answering these questions may result in the rejection of an application to participate in the IRS *e-file* Program.

Line 5.—A "Yes" entry on this line will be combined with entries you make on line 3f. This will allow your EFIN to be accepted at multiple service centers to enable you to submit Federal/State returns to centers other than your primary service center.

Line 6.—If you answer "Yes" to this question, you must check the box in 3f for Andover in addition to any other boxes that are applicable. Attach a list of the foreign countries and/or U.S. Possessions for which you plan to file returns. **Note: All foreign returns and returns from U.S. Possessions must be filed through a U.S. based (stateside) transmitter.**

Lines 8 and 9.—Each individual listed must be a U.S. citizen or lawful permanent resident, have attained the age of 21 as of the date of the application, and if applying to be an Electronic Return Originator, meet state and local licensing and/or bonding requirements. Please check the appropriate boxes if you are revising your application and changing these sections from your original application by adding or deleting a name.

Page 2

Line 10.—If you complete line 10, then be sure to complete lines 1m–1q of Form 8633 for contact representatives in the United States. Do not complete line 1r. Correspondence will be sent through the contact representatives you list.

Lines 11–13—Signature Lines.—The responsible officer to act and sign for the firm in legal and/or tax matters should complete these lines.

Mail your application(s) to the address shown below.

Daytime: Internal Revenue Service
 Andover Service Center
 Attn: EFU Acceptance
 Testing Stop 983
 P.O. Box 4099
 Woburn, MA 01888-4099

Overnight Mail: Internal Revenue Service
 Andover Service Center
 Attn: EFU Acceptance
 Testing Stop 983
 310 Lowell Street
 Andover, MA 05501-0001

Line 3f Chart	
Your Regular Service Center Relationship	Service Center
<p>New Applicants and Current Participants: If your business location is in one of the following states, check the corresponding service center on your application. If you are applying to be a Federal/State ERO, you must meet the application guidelines for each state you will be <i>e-filing</i> to. Be sure to check all corresponding service centers on your application. Fed/State Participants are in bold italics.</p> <p>Transmitters, Intermediate Service Providers, and Software Developers: Check all of the service centers where your clients will be transmitting returns.</p> <p>On-Line Transmitters: Check all five service centers.</p>	
<i>Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia</i>	Andover
<i>Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, Oklahoma, Texas, Wisconsin</i>	Austin
Florida, <i>Indiana, Kentucky, Michigan, Ohio, South Carolina, West Virginia</i>	Cincinnati
<i>Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, Tennessee</i>	Memphis
Alaska, <i>Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming</i>	Ogden
If your clients file Forms 2555 or 2555-EZ with their Forms 1040, check Andover.	

Privacy Act Notice.—The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive 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, 5 U.S.C. 500, 551-559, 31 U.S.C. 330, and Executive Order 9397.

We are asking for this information to verify your standing as a person qualified to participate in the electronic filing program. The information you provide may be disclosed to the FBI and other agencies for background checks, to credit bureaus for credit checks, and to third parties to determine your suitability.

The IRS also may be compelled to disclose information to the public. In response to requests made under 5 U.S.C. 552, the Freedom of Information Act, information that may be released could include your name and business address and whether you are licensed or bonded in accordance with state or local requirements.

Your response is voluntary. However, if you do not provide the requested information, you could be disqualified from participating in the IRS *e-file* program.

If you provide fraudulent information, you may be subject to criminal prosecution.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You must give us the information if you wish to participate in the IRS *e-file* program. We need it to process your application to file individual income tax returns electronically.

You are not required to provide the 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. The time needed to complete this form will vary depending on the individual circumstances. The estimated time is 60 minutes. 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 the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send this application to this office. Instead, see instructions above for information on where to file.

FORM 8633 ACCURACY CHECKLIST

Please answer this checklist after you have completed your application. Failure to correctly provide all of the information needed on your application can result in the application being returned to you.

1. **Is your Form 8633 the most current application?** ____ Yes ____ No
If the revision date is not July 2000, your application may be returned.

2. **Did you answer "Yes" to question 1d?** ____ Yes ____ No
If you answered **Yes**, you should also complete 1c, 1e, 1f, 1g, 1h, 1i, 1j and section 9 on page 2. Please verify Form 8633 to ensure all of this information is included. If you answered **No**, please continue with the questions starting with question 1k and complete the rest of page 1; then continue to answer **all** questions on page 2.

3. **Did you complete 1q and 1r?** ____ Yes ____ No
Your application may be returned to you if 1q and 1r are incomplete.

4. **Did you answer "Yes" to question 3a?** ____ Yes ____ No
If you answered **Yes** are you sure at this time that you will be transmitting directly to the IRS? If not, please check **No**. If after looking at the options available to you, you decide to transmit directly, you can revise your application.

5. **Will some of your clients live in different states?** ____ Yes ____ No
If you answered **Yes**, you should check all boxes for question 3f where you expect to transmit returns. See the Service Center chart on page 4 to determine the correct boxes to check for 3f on page 1.

6. **Did you read all of Section 8? Did you provide us with a fingerprint card on all principals of your firm who are not exempt, evidence of professional status on those who are exempt, and all original signatures?** ____ Yes ____ No
Acceptable evidence of current professional status consists of the following:
CPA CERTIFICATION—copy of the certificate. (LPS is not considered exempt)
ENROLLED AGENT—copy of his or her current enrollment card issued by the IRS
ATTORNEY—copy of credentials
BANK OFFICIAL—a copy of the bonding certificate and proof of fingerprinting within the last two years
OFFICER OF A PUBLICLY OWNED CORPORATION—a copy on corporate letterhead which carries the name of the officer, the stock symbol, the exchange where listed, and the name under which the stock is traded for the individual listed in section 8 or 9 on Form 8633.

7. **Have the principals and responsible officials of your firm reached age 21 as of the date on your application?** ____ Yes ____ No
Your application will be rejected if anyone listed is under the age of 21.

8. **Have you been suspended from the IRS e-file program?** ____ Yes ____ No
If you answer **Yes**, your suspension period must be complete. Please call the Andover Service Center at: 1-800-691-1894 (toll free) to verify this information.

9. **Did you remember to provide original signatures for 1i, 8, 9 and 12?** ____ Yes ____ No
If you failed to provide signatures in the areas listed above, your application will be returned.

