

Application to Participate in the IRS e-file Program

Please check which box(es) apply to this application: New Reapply
 Foreign filer On-line filing Revised (include EFIN and Reason)

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 all controlling office information and section 9 on page 2. Do not complete section 8. <input type="checkbox"/> No , skip to question 1k and complete sections 8 and 9 on page 2.											
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: 15%; border: 1px solid black;">ZIP Code</td> <td style="width: 50%; 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 Check the box at the right that indicates your form of organization (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) <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: 15%; border: 1px solid black;">ZIP Code</td> <td style="width: 50%; border: 1px solid black;">County</td> </tr> </table>				City	State	ZIP Code	County	r Business address (location of business) <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: 15%; border: 1px solid black;">ZIP Code</td> <td style="width: 50%; border: 1px solid black;">County</td> </tr> </table>		City	State	ZIP Code	County	FAX number	
City	State	ZIP Code	County												
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2 List all previous Electronic Filer Identification Number(s) (EFIN) and Electronic Transmitter Identification Number(s) (ETIN) assigned to you or your firm.

3 Please answer the following questions by checking the appropriate box(es).	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															
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			4 Has the firm or any corporate officer, partner, owner or responsible official: (Please attach explanation for all "Yes" responses for 4a through 4d).															
b Will you write electronic filing software? (Software Developer)			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a been assessed any preparer penalties?</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>b been convicted of a monetary crime?</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>c failed to file personal or business tax returns, or unpaid tax liabilities?</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>d been convicted of any criminal offense under the U.S. Internal Revenue laws?</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> </tr> </tbody> </table>		Yes	No	a been assessed any preparer penalties?			b been convicted of a monetary crime?			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?		
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c Will you prepare tax returns, including Forms 8453, or collect completed returns, including 8453, for the purpose of filing forms electronically? (Electronic Return Originator) . . .			5 Do you intend to file Federal/State returns electronically? (If "Yes" see page 3 of this form.)															
d Will you receive tax return information from other electronic filers, format return information and send returns to a transmitter? (Service Bureau)			6 Do you intend to file Forms 2555/2555EZ? (If "Yes" see page 3 of this form.)															
e Do you intend to file Form 4868 and/or Form 9465? . . .			7 Is the firm open 12 months a year?															

If you answer "No" to question 7, give address and telephone number that are available 12 months of the year (include area code).
 ▶

8 Principals of Your Firm or Organization (continued on page 2) **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.

8 Principals of Your Firm or Organization. You may use continuation sheets. *(Continued)* Complete if line 1d is "No."

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"/> an enrolled agent <input type="checkbox"/> a banking official <input type="checkbox"/> an officer of a publicly owned corporation <input type="checkbox"/> a C.P.A.	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:			
Home address	Social Security Number	Signature	<input type="checkbox"/> Add <input type="checkbox"/> Delete
	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"/> an enrolled agent <input type="checkbox"/> a banking official <input type="checkbox"/> an officer of a publicly owned corporation <input type="checkbox"/> a C.P.A.	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
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Title:			
Home address	Social Security Number	Signature	<input type="checkbox"/> Add <input type="checkbox"/> Delete
	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 person who oversees the daily operations of the office listed on line 1r and 11d. A responsible official may be responsible for more than one office (see instructions on page 3). 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"/> an enrolled agent <input type="checkbox"/> a banking official <input type="checkbox"/> an officer of a publicly owned corporation <input type="checkbox"/> a C.P.A.	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:			
Home address	Social Security Number	Signature	
	Date of birth (month, day, year)		

10 Drop-Off Collection Points—Complete this section as specified on page 3. (You may use continuation sheets.)

Name and address of Drop-Off Collection Point	Name of principal contact	Telephone number (include area code)
	(For official use only) CPIN	Does this office operate 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of Drop-Off Collection Point	Name of principal contact	Telephone number (include area code)
	(For official use only) CPIN	Does this office operate 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

11 Foreign Filer (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.

12 Name and title of firm official and/or principal owner (type or print)	13 Signature of firm official and/or principal owner	14 Date
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Filing Requirements

Who to Contact for Answers: If you have questions and don't know where to begin to get answers, you may contact your Electronic Tax Administration (ETA) Coordinator. Contact Information can be found under Electronic Services at the following Internet Address: <http://www.irs.ustreas.gov> in the state-by-state information, or you call toll free, 1-800-691-1894 and ask for the ETA Coordinator nearest you.

Who Must File Form 8633. (1) Applicant(s) requesting participation in the IRS *e-file* program for individual income tax returns, and (2) applicant(s) required to revise a previously submitted Form 8633 in accordance with the Revenue Procedure describing Obligations of Participants in the IRS *e-file* Program for Form 1040, U.S. Individual Income Tax Return. (3) If re-applying, please include the EFIN that was assigned to you when you first entered into the IRS *e-file* program.

When to File. New applications will be accepted through May 31, 2000. To ensure complete and timely review of your application prior to the beginning of the filing season, you must file a new application between August 1 and December 1, 1999. Each change must be identified with a red asterisk (*) in front of the change on the revised Form 8633. 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, Service Bureau, Software Developer, or On-Line Transmitter.

How to Complete the Form Page 1

Please check the boxes that apply to this application. If you check "REVISED," you must also provide a reason. The ON-LINE Filing box should be checked **ONLY** if you intend to transmit returns for individual taxpayers who choose the on-line method of filing.

Note: See Publication 1345, Section 4, *Acceptance in the Form 1040 IRS e-file Program, for information on when to file a new and revised application.*

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 (see **Note** below) 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 (see **Note** below) 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.

Note: For the purpose of this question, a drop-off collection point is not considered to be another business location.

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 official 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. Foreign locations must complete line 11 on page 2 of this application.

Line 3.—Check all that apply. If you answer "Yes" to 3a, you must use asynchronous communication protocol and transmit directly to IRS. **If you mail your application in for processing and later decide you will not transmit directly to IRS, you must file a revised application to change your answer from "Yes" on your original application to "No".**

Line 4a-4d.—Misrepresentation when answering these questions may result in the rejection of an application to participate in the IRS *e-file* Program. Monetary crimes include, but are not limited to, money laundering, embezzlement, etc.

Line 5.—A "Yes" entry on this line will be combined with entries you make on line 3e. 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.

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 9—Tier I Responsible Officials.—Include first time applicants, reapplicants, and those individuals who have not otherwise participated in the IRS *e-file* program as responsible officials during the last two consecutive filing seasons. Tier I responsible officials may be listed on a maximum of ten applications, but if so, the responsible official should be able to physically visit each office on a daily basis.

Tier II Responsible Officials.—Must have participated as responsible officials for the last two consecutive filing seasons and have never been suspended from the IRS *e-file* program. Tier II responsible officials may be listed on a maximum of 20 applications, but if so, the responsible official should be able to physically visit any office on a daily basis.

Line 10—Drop-Off Collection Points.—A drop-off collection point is where taxpayers can deposit their completed tax return, including Form 8453, for the purpose of having you file their returns electronically. Follow the format on page 2 for a listing of your drop-off collection points. If you acquire additional drop-off collection points after you file your application, you will need to submit a revised Form 8633.

Line 11.—If you complete line 11, then be sure to complete lines 1m, 1n, 1o, 1p, and 1q of Form 8633 for contact representatives in the United States. Do not complete line 1r. Correspondence will occur through the contact representatives you list.

Lines 12-14—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

Line 3f Chart		
Your Regular Service Center Relationship	Service Center	Additional Service Center Relationships
<p>If you are an ERO and your business location is in one of the following states, check this service center on your application.</p> <p>If you are a Transmitter Service Bureau or Software Developer, check all the service centers where your clients and customers will be transmitting returns.</p> <p>If you are an On-Line Transmitter, check all five service centers.</p>		
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia	Andover	Connecticut, Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Rhode Island, Virginia
Illinois, Iowa, Kansas, Minnesota, Missouri, New Mexico, Oklahoma, Texas, Wisconsin	Austin	Illinois, Iowa, Kansas, Missouri, New Mexico, Oklahoma, Wisconsin
Florida, Indiana, Kentucky, Michigan, Ohio, South Carolina, West Virginia	Cincinnati	Indiana, Kentucky, Michigan, Ohio, South Carolina, West Virginia
Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, Tennessee	Memphis	Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Ogden	Arizona, Colorado, Idaho, Montana, Nebraska, North Dakota, Oregon, Utah,
If your clients file Forms 2555 or 2555-EZ with their Forms 1040, add 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

This CHECKLIST should be completed after you have answered all questions on pages 1 and 2 and then verified against Form 8633 to ensure the correct information has been provided. Failure to answer these questions after you complete Form 8633 may result in your application being returned.

1. **Is your Form 8633 the most current application? ____ Yes ____ No**
If the revision date is not July 1999, 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 provide us with a mailing address for question 1q? ____ Yes ____ No**
Did you provide us with a P.O. Box for question 1q? ____ Yes ____ No
If you provided a P.O. Box for 1q you must also provide us with a business address for 1r but it cannot be a P.O. Box. If you provide a complete address for 1q and 1r that is the same, write in 1r "same as 1q".

4. **Did you answer "Yes" to question 3a? ____ Yes ____ No**
If you answered **Yes**, you **MAY** be required to purchase software to send returns directly to IRS and later test if suitability is passed. You must "Transmit using asynchronous communication protocol" and also check the last box for "**ZMODEM**." If you do not intend to transmit returns directly to IRS, you should answer **No** for this question and file through a 3rd party. If you do not intend to file directly, after checking the box **Yes** and have mailed your application in for processing, you must file a revised application to change your answer to **No**.

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 beginning at the bottom of page 1 through the top of page 2? 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 owner, principals, responsible officials, and contact persons of your firm reached age 21 as of the date your application is mailed? ____ Yes ____ No**
Each individual listed must have attained the age of 21 as of the date of the application. If anyone listed is under the age of 21, your application will be rejected.

8. **If you were suspended, has your prior suspension period been completed? ____ Yes ____ No**
If you answered "**No**", your application will be rejected and mailed back to you.

9. **Did you remember to provide original signatures for 1i, 8, 9 and 13? ____ Yes ____ No**
If you failed to provide signatures in the areas listed above, your application will be returned.

