



**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

**1-800-316-6541 or 1-800-945-8400**

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

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

Visit our web site at [www.EFTPS.gov](http://www.EFTPS.gov) to enroll online. 24 hours a day, 7 days a week



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 two to four weeks after we receive your Enrollment Form.

**INSTRUCTIONS**

**1. Primary Taxpayer Identification Number (SSN).** Enter your nine-digit Social Security Number. 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. Taxpayer Name(s).** Print your 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.

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

**4. Primary Taxpayer Address.** This address should be the address as it appears on your tax return.

*Note: If the address is incorrect, it can only be changed by submitting an IRS Change of Address (Form 8822) to the Internal Revenue Service. The address on your EFTPS enrollment will automatically be updated when Form 8822 is submitted. See the back of Form 8822 to determine where the form should be mailed.*

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

**6. 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.

**7-8. Primary Contact Mailing Address and Phone Number (if different from #4 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.

**9. Primary Contact E-mail Address.** (optional)

- 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:

I	A
State	

5	2	4	7	1
Zip Code				

**Taxpayer Information**

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

2. Taxpayer(s) Name:

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

4. Primary Taxpayer Address:  
  
 City:  State:  Zip Code:   
 International: Province, Country, and Postal Code:

5. Primary Taxpayer Phone Number:  
 US Area Code /   
 International Country Code City Code  
**011-**

**Contact Information**

6. Primary Contact Name (if different from #2 above):

7. Primary Contact Mailing Street Address (if different from #4 above):  
  
 City:  State:  Zip Code:   
 International: Province, Country, and Postal Code:

8. Primary Contact Phone Number (if different from #5 above):  
 US Area Code /   
 International Country Code City Code  
**011-**

9. Primary Contact E-mail Address (use as many spaces as needed up to 60):

(over)

(continued)

**For side 2 please fill in**

Social Security Number (SSN)

SSN:    -   -

**Payment Information**

10. Payment Method

**EFTPS-Direct:** check here if you will instruct EFTPS to transfer payment from your account.  
(For EFTPS-Direct you can interchange input payment methods: EFTPS-Phone and EFTPS-OnLine).

**Tax Form Payment Amount Limit**

11. \$   ,    ,

**Financial Institution Information**

12. RTN: <input type="text"/>	13. Account Number: <input type="text"/>	14. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
15. State: <input type="text"/>	Zip Code: <input type="text"/>	

**Authorization**

16. 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 #6) 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 someone other than the taxpayer, I certify that I have the authority (i.e., Form 2848 Power of Attorney and Declaration of Representative or other Power of Attorney) 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 12-15 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.

17. Taxpayer Signature

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

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

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

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

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

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

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 IRS Tax Products Coordinating 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 will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS). The information may not be disclosed except as provided by section 6103 of the Internal Revenue Code. We may give the information 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.

