| Form W-12 |
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| (Rev. September 2012) |
| Department of the Treasury Internal Revenue Service |

IRS Paid Preparer Tax Identification Number (PTIN) Application and Renewal

OMB No. 1545-2190

| Department of the Treasury Internal Revenue Service | ► Information about Form W-12 and its separate instructions is available at www.irs.gov/w12. | | | | |
|--|---|---|--------------------|------------|--|
| 1 Name and PTIN (Print in ink or Type) | The than to | | Last name | | |
| | Initial application | Renewal application | (Enter PTIN: P |) | |
| 2 Personal Mailing Address and | Street address. Use a P.O. bo | s. Use a P.O. box number only if the post office does not deliver mail to you | | | |
| Phone Number | City or town, state/province, and, if outside U.S., country. Include ZIP or postal code where appropriate. Do not abbreviate name of country. | | | | |
| | | | one Number () | - | |
| 3 SSN and Date of Birth | SSN | Date of birth | (month, day, year) | | |
| 4 Email Address | Enter the email address that should be used to contact you. | | | | |
| 5 Past Felony Convictions | | | | 🗌 Yes 🗌 No | |
| | Service should consider you su | | | , | |
| 6 Federal Tax Compliance Are you current on both your individual and business federal taxes, includia and employment tax obligations? If you have never filed a U.S. individual income tax return because you are | | | | 🗌 Yes 🗌 No | |
| | so, check the "Yes" box. | | | | |
| | If "No," provide an explanation | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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|--|---|---|------------------------------|--|--|--|
| 7 Professional Credentials | | breviation and appropriate number(s | | | | |
| | Certified Public Accountant (CPA) - Licensed in which state(s): | Number(s): | Expiration Date(s): | | | |
| | Enrolled Agent (EA) | Number(s): | Expiration Date(s): | | | |
| | Enrolled Actuary | Number(s): | Expiration Date(s): | | | |
| | Enrolled Retirement Plan Agent (ERP/ | ۹) Number(s): | Expiration Date(s): | | | |
| | State Regulated Tax Preparer-State(s): Number(s): Expiration Date(s): | | | | | |
| | Certified Acceptance Agent | | | | | |
| | | | | | | |
| Skip lines 8, 9, and | 10 if you are an attorney, CPA, or | | | | | |
| 8 Form 1040 Preparation | | ax returns (or accompanying schedu re Form 1040-PR or Form 1040-SS | | | | |
| 9 Supervised | | r CPA firm, or other recognized firm | • | | | |
| Preparer Determination | owned by attorneys, CPAs, or Enro | U U | | | | |
| Determination | Are you supervised by an attorney, CPA, EA, ERPA, or Enrolled Actuary? Does an attorney, CPA, EA, ERPA, or Enrolled Actuary sign all of the tax returns that you prepare? Yes Vo | | | | | |
| | If you checked "Yes" to all of these questions, you are a supervised preparer and must enter your supervisor's PTIN: P | | | | | |
| 10 Continuing Education (CE) Completion | ss the Registered Tax Tax Return Preparer. tinuing education Yes INo | | | | | |
| If "No," please provide a detailed explanation. You can still renew your PTIN this first year, but you must provide an explanation and you may be contacted. | | | | | | |
| 11 Business | Are you self-employed or an owner, partner, or officer of a tax preparation business? | | | | | |
| Identification Numbers | If you check "Yes," complete this lin | | | | | |
| Numbers | Your CAF Number | EIN - | EFIN | | | |
| 12 Business Mailing Address | Business address | | | | | |
| | Business city or town, state/proving appropriate. Do not abbreviate nam | ce, and, if outside U.S., country. Incl ne of country. | ude ZIP or postal code where | | | |

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|-------------------------|---|-----|-----------------------|--|---------------|
| 13 Business | Domestic business phone number (optional) | | one number (optional) | International business phone number (optional) | |
| Phone | | | | | |
| Number | () |) – | Ext. | + | |
| 14 Business Name | Enter the business name and website address (optional). | | | | |
| and Website | | | | | |
| Address | | | | | |

If this is your **initial application** for a PTIN, continue to line 15. If you are renewing your PTIN, go to line 17.

| 15 Addres | s of | Enter the address that you used on the last individual income tax return you filed. | | | |
|-----------------------|---|---|--|--|--|
| Your | | | | | |
| Last Inc | dividual | | | | |
| Income | | If you have never filed a federal income tax return, check here . See line 15 instructions for documents that | | | |
| Return | Filed | must be submitted with this form. Skip line 16, and continue to line 17. | | | |
| 16 Filing S | 16 Filing Status Single Head of Household | | | | |
| and Tax | | | | | |
| on Last Individual | | Married filing jointly | Qualifying widow(er) with dependent child | | |
| Income Return | | Married filing separately | Tax Year | | |
| | | If your last return was filed more | than 4 years ago, see instructions. | | |
| 17 Fee | | nonrefundable. Full payment m | our fee is \$64.25. If you are renewing your PTIN, your fee is \$63.00. The fee is ist be included with your request/renewal or it will be rejected. Make your to IRS Tax Pro PTIN Fee. Do not use paper clips or staples. | | |
| | | PTIN application ► \$64 | .25 PTIN renewal ► \$63.00 | | |
| | | | bly for a PTIN, and you anticipate that you will not receive your PTIN until after ndicate whether you want your PTIN to be valid for the current calendar year or ent calendar year | | |
| Sign | is true, | | have examined this application and to the best of my knowledge and belief, it nd any false or misleading information may result in criminal penalties and/or | | |
| Sign Here | Yc | our signature | Date (MM,DD,YYYY) | | |
| | | | / / | | |
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