

For questions or more information please call EFTPS Provider Help Desk at 1-866-553-9413.

*When your form is completed, please mail or send by facsimile to:* Internal Revenue Service, Attn: Michael Mancini, 2970 Market Street, MDP 2-J08.112, Philadelphia, PA 19104-5016 or Fax number 1-888-201-0517

**Trustee Information**

1. Trustee Taxpayer Identification Number (TIN) *(enter your Trustee nine-digit Employer Identification Number, without dashes)*

2. Trustee name *(print/type) (the only valid characters are A-Z, 0-9, -, &, and blank)*

3. Trustee address *(print/type your mailing address)*

City	State	ZIP code
		-

**Contact Information**

4. Primary contact name <i>(print/type the name of a person who can be contacted in the event questions arise regarding this form)</i>	Primary contact telephone number
	Area code
	/                      -

Primary contact email address

**Software Vendor & Bank Information**

*Software Vendor and Bank Name (print/type name vendor and phone number of your software, and name of your bank)*

5. Software vendor name	Software vendor telephone number
	Area code
	/                      -

Bank name

**Trustee Signature**

*The registration from must be signed to authorize participation in the EFTPS program.*

6. If signed by a Corporate Officer, Partner, or Fiduciary on behalf of the trustee, he/she certifies that the undersigned has the authority to execute this authorization on behalf of the trustee

Authorized signature	Date
----------------------	------

Name <i>(print/type)</i>	Title
--------------------------	-------

*This form can be mailed or sent via facsimile (see information at the top of this form.)*