

Department of the Treasury — Internal Revenue Service
**Application for Electronic/Magnetic Media Filing of
Forms 1041, 1065, and 5500-C/R**

1.	a. Firm's name <i>(See instructions.)</i>			b. Employer identification number <i>(EIN must have 9 digits.)</i>		
	c. P.O. Box and street address			d. Contact person's name		
	e. City	f. State	g. ZIP code	h. Daytime telephone number <i>(Include area code.)</i> (_____) _____		

2. Indicate which forms you will file by checking each appropriate box.

Form 1041, U.S. Fiduciary Income Tax Return
 Form 1065, U.S. Partnership Return of Income
 Form 5500-C/R, Return/Report of Employee Benefit Plan (with fewer than 100 Participants)

3.	a. Have you ever had an electronic filer identification number <i>(EFIN)</i> or magnetic media transmission identification number <i>(MTIN)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If yes to 3a, please provide your EFIN or MTIN.											
		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">EFIN or MTIN</th> <th style="width: 20%; text-align: center;">Year</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Business</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Employee plans</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		EFIN or MTIN	Year	Individual	_____	_____	Business	_____	_____	Employee plans	_____
	EFIN or MTIN	Year											
Individual	_____	_____											
Business	_____	_____											
Employee plans	_____	_____											

a. Will you transmit returns directly to the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure at this time	b. Will you transmit returns over telephone lines? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure at this time
c. Will you transmit or send data to another office through which the data is transmitted to IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure at this time	d. Will you develop or modify software that prepares returns for electronic/magnetic media filing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure at this time

4. e. Will you obtain appropriate signatures for the electronic/magnetic media returns? Yes No, another filer will

f. Will you file on:

magnetic tape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure at this time
Mitron?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure at this time
3½ inch floppy diskette?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure at this time
5¼ inch floppy diskette?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure at this time

g. If you file Form 5500-C/R, will you test your software using:
 your live data? IRS test package? Not sure at this time?

h. If you file returns on magnetic tape or diskette, check the method in which you would like to receive the Acknowledgment Report.
 Fax *(If box is checked, please provide your FAX telephone number)* (_____) _____ Mail

5. a. Are you a plan administrator *(Form 5500-C/R)? (See instructions.)* Yes No Not applicable

If 5a is yes, please provide:

b. Name of plan administrator	c. Plan administrator's EIN <i>(must have 9 digits)</i>
d. Street address	h. Plan administrator's phone number <i>(Include area code.)</i>
e. City	(_____) _____
f. State	
g. ZIP code	

6. May we give your name and address to firms that offer services related to electronic/magnetic media filing? *(See instructions.)*
 Yes No

7. Which software and transmission service will you use? Write their names below. *(See instructions.)*

Software Company	Transmitter

Estimated Volume to be Filed

8. Returns	Form 1041 . . . _____ Form 5500-C _____ Don't know at this time. _____	Form 1065 _____ Form 5500-R _____
9. Schedules K-1	K-1 (1041) _____ Not applicable. _____	K-1 (1065) _____ Don't know at this time. _____
Applicant Agreement	Under penalties of perjury, I declare that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct, and complete. This firm and its employees will comply with all the provisions of the procedure for magnetic media filing of Forms 1041, 1065, or 5500-C/R as applicable. The firm understand that if it is sold or its organizational structure is changed, acceptance for participation is not transferable, a new application must be filed. The firm further understands that noncompliance will result in the firm no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the firm.	
10. Name and title of person responsible for filing this application <i>(Please print.)</i>		
11. Signature of person responsible for this application		12. Date

Paperwork Reduction Act Notice

We ask for this information to carry out the Internal Revenue laws of the United States. We need it to process your application for electronic/magnetic media filing of Forms 1041, 1065, and 5500-C/R. You must give us this information if you wish to participate in the electronic/magnetic media filing program for these forms.

The time needed to complete this form will vary depending upon individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224, Attention: IRS Reports Clearance Officer T:FP; and **Office of Management and Budget**, Paperwork Reduction Project (1545-1079), Washington, DC 20503. **DO NOT** send this form to either of these offices. Instead, see the instructions below on where to file.

Instructions

Purpose of form.—File Form 9041 if you would like to take part in the electronic/magnetic media filing program for Forms 1041, 1065, and 5500-C/R. Only those who did not participate in last year's electronic/magnetic media filing program need apply, and those for whom information in item 1 has changed since we last contacted you.

When to file.—To ensure complete and timely review of your application, file Form 9041 at least 30 calendar days before the end of the accounting period for which the entity files. IRS uses the postmark date on the envelope to determine whether the application was filed timely.

Where to file.— Send the completed Form 9041 for **Forms 1041** to:
 Internal Revenue Service Center
 Philadelphia Service Center
 Attn: DP 115
 11601 Roosevelt Blvd
 Philadelphia, PA 19155

Send the completed Form 9041 for **Forms 1065** and **5500-C/R** to:
 Internal Revenue Service
 Andover Service Center
 Attn: EFU-Stop 983
 P.O. Box 4050
 Woburn, MA 01899-9741

Line 1a—Enter the name as shown on your tax return.

Line 1c—If you have both a post office box and street address, enter both addresses for the firm's main office. We need both addresses in case we need to send information to you by overnight mail.

Line 1d and 1h—If this information changes, please notify the IRS Service Center where you originally filed Form 9041.

Line 3—Electronic filer identification numbers (*EFINs*) were assigned by the Andover Service Center in previous years for electronic/magnetic media Forms 1041, 1065, and 5500-C/R filed there. Magnetic media transmission identification numbers (*MTINs*) were assigned by the Philadelphia Service Center for tax year 1989 Forms 1041 that were filed on magnetic tape.

Line 5—Complete this section if you file Form 5500-C/R, and you are a plan administrator. Please enter the plan administrator information as shown on the Form 5500-C/R.

Line 6—Complete this section if you would like your name and address given to vendors of services related to electronic/magnetic media filing. This will give you an opportunity to receive electronic/magnetic media filing information from vendors who either have applied or have participated in the program.

Line 7—If this information changes, please notify the appropriate service; i.e., Andover Service Center or Philadelphia Service Center. If you do not know what software company or transmitter you will use, or if you will use your own software or communication equipment, please indicate this in the space provided.