

5 Do you have a Centralized Authorization File (CAF) number? **Yes** **No**

If Yes, enter all CAF numbers assigned to you (attach additional pages, if necessary):

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6 Do you have an Employer Identification Number (EIN)? **Yes** **No**

If Yes, enter all EINs, business names, and addresses below (attach additional pages, if necessary):

	EIN	Business Name	Business Address
6a			
6b			
6c			

Since you have become an enrolled agent or your last renewal of enrollment (whichever is later):

7 Are you current with your individual and business taxes, including any corporate and employment tax obligations? If No, provide a written explanation. **Yes** **No**

NOTE: If you answer yes to question 8, 9, 10, or 11, please provide a written explanation of the matter, including the date the matter occurred and any additional information you would like us to consider.

8 Have you been sanctioned by a federal or state licensing authority? **Yes** **No**

9 Has any application you filed with a court, government department, commission, or agency for admission to practice ever been denied? **Yes** **No**

10 Have you been convicted of a tax crime or any felony? **Yes** **No**

11 Have you been permanently enjoined from preparing tax returns, or representing other before the IRS? **Yes** **No**

12 Are you a CPA? **Yes** **No** If Yes, enter the states where you are licensed to practice.

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13 Are you an Attorney? **Yes** **No** If Yes, enter the States where you are licensed to practice.

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Part 3. Sign here

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

PTIN

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Signature

Date