Form **8554**

(October 2020)

Department of the Treasury Internal Revenue Service

Application for Renewal of Enrollment to Practice Before the Internal Revenue Service

OMB Number 1545-0946

Important things you need to know and do before you file this form:

- All enrolled agents must have an active Preparer Tax Identification Number (PTIN).
- During each enrollment cycle, you must complete 72 hours of continuing education credit. Refer to Publication 5186 on www.irs.gov for a chart of CE requirements for new enrollees.
- Exception: If this is your first renewal, you have to complete 2 hours of CPE for each month you were enrolled, including 2 hours of Ethics each year. All CE hours must be Federal tax related and taken from an IRS-approved CE Provider.
- The renewal fee is \$67. You can file this form and pay at www.pay.gov. This fee is non-refundable and applies regardless of your enrollment status.

For IRS use:
Enrollment Number:
Date Enrolled:

Part 1. Enrollment Status
☐ I want approval for Active Enrolled Agent status.
Are you currently under suspension or disbarment? No
☐ I want approval to remain or be placed into Inactive Retirement status.
Note: Inactive Retirement status is not available to individuals who are under suspension or disbarment.
If you want approval for Active Enrolled Agent status, enter the number of Federal Tax Law and Ethics hours you earned in each year of the current enrollment cycle.
☐ Check here if you passed the Special Enrollment Examination (SEE) since your last renewal.
If you have re-taken and passed the Special Enrollment Examination since your last renewal, you are only required to take 16 hours of

	Year 1	Year 2	Year 3	Total
Federal Tax Law				
Ethics				

CPE, including 2 hours of Ethics, during the last year of your current enrollment cycle.

Pa	Part 2. Identifying Information					
1	Last four digits of your Social Security Number					
		☐ If you	do not have an SSN,	, please check this box.		
2	Your Enrollment Number This number is from your enrolled agent card. NOT your PTIN					
3	Your Full Legal Name		First	MI Last		
4	Your Current Address					
	☐ Check if this is a new address					
		Number	Street	Suite or Apt. Number		
	City	State	Zip Code	Country		
	Your Email Address:					
	Your Telephone Number:					

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5	Do you have a	Centralized Au	thorization Fil	e (CAF) number?		☐ Yes	☐ No		
	If Yes, enter all CAF numbers assigned to you (attach additional pages, if necessary):								
				·					
6	Do vou have a	ın Employer Ide	ntification Nu	mber (EIN)?		☐ Yes	☐ No		
				addresses below	(attach ad	_		<i>γ</i>):	
	EIN Business Name				Business Addı	ress			
6a									
6b									
6c									
				_					
ince	you have be	come an enr	olled agent	or your last rei	newal of	enrollme	nt (whichever i	s later):	
7	Are vou currer	nt with vour indi	vidual and bu	siness taxes, incl	udina anv				
	corporate and			? If No, provide					
	explanation.					∐ Yes	☐ No		
				10, or 11, please			lanation of the m	atter, includir	ng the date the
	matter occurre	ed and any addi	itional informa	tion you would lik	ke us to co	nsider.			
8	Have you been	n sanctioned by	a federal or s	state licensing au	thority?	☐ Yes	☐ No		
	-	_		_	-				
9				, government de actice ever been		☐ Yes	☐ No		
	, ,								
10	Have you been	n convicted of a	a tax crime or	any felony?		☐ Yes	☐ No		
11	Have you bee	n permanently	enjoined fron	n preparing tax r	eturns, or				
	representing o	other before the	IRS?			☐ Yes	☐ No		
12	Are you a CPA	\?	s □ No	If Yes, enter the	e states wh	nere vou ar	e licensed to pra	ctice.	
_						,	ooooo p.r.a.		
13	Are you an Att	torney? 🗌 Ye	s □ No	If Yes, enter the	States w	nere you aı	e licensed to pra	ctice.	
						-	•		
Par	t 3. Sign here								
		jury, I declare that	at I have examir	ned this application	, and to the	best of my	knowledge and bel	ief, it is true, c	orrect, and
comp							- -		
	PTIN								
	Signature					Date			