(Rev. April 2012)

Department of the Treasury

Application for Renewal of Enrollment to Practice Before the Internal Revenue Service as an Enrolled Retirement Plan Agent (ERPA)

OMB No. 1545-0946

internal nevertue Service								
Important things you need to know and do before you file this form:								
• The Renewal Fee is \$30.								
• You must complete 72 hours of Continuing Professional Education (ERPA-CPE) over the three-year enrollment cycle to remain active. This must include at least 2 hours of Ethics CPE each year.								
 Exception: If this is your first renewal, you had 	For IRS use:							
enrolled, including 2 hours of Ethics each year	Enrollment Number:							
	Enrollment Number.							
You can file this form and pay electronically at www.pay.gov. This fee is non-refundable and applies regardless of your enrollment status.								
f you have re-taken and passed the ERPA Sp	Date Enrolled:							
renewal, you are only required to take 16 hour your current enrollment cycle.								
Check here if you passed the ERPA Special Enrollment Examination (ERPA-SEE) since your last renewal.								
Part 1. Enrollment Status								
I want approval for Active Enrolled Retirer	ment Plan Agent	status						
Are you currently under suspension or dis			☐ Yes ☐	No				
I want approval to remain or be placed into								
Note: Inactive Retirement status is not available to the contract of the contr			•					
If you want approval for Active Enrolled Retire year of the current enrollment cycle.	ement Plan Agen	it status, ente	er the number of	CPE and Ethics no	burs you earned in each			
Year 1 Year 2	Year 3	Total						
CPE Ethics								
Part 2. Identifying Information								
Last four digits of your Social Security	Number							
☐ If you do not have an CSN places shock this hav								

Га	rt 2. Identifying information				
1	Last four digits of your Social Security Number				
		☐ If you d	lo not have an SSN,	please check this box.	
2	Your Enrollment Number				
3	Your Full Legal Name		Last	First M	
4	Your Current Address				
	Check if this is a new address	Ļ			\Box
		Number	Street	Suite or Apt. Numb	er
	City	State	Zip Code	Country	
	Your email Address:				
	Your Contact Number:				

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5	Do you have a	a Centralized Authorization File (CAF) number?	☐ Yes	☐ No		
	If Yes, enter all CAF numbers assigned to you (attach additional pages, if necessary):					
					J [
6	Do you have a	an Employer Identification Number (EIN)?	☐ Yes	☐ No		
		III EINs, business names, and addresses below (atta	ch additional pa			
	EIN Business Name		Business Address			
6a						
0 1						
6b						
6c						
Since	you have he	ecome an ERPA Agent or your last renewal o	of enrollment	(whichever is later):		
J	, you have be	, como un Em Aragont or your lact renowar		(willower to later):		
7	Have you been	en sanctioned by a federal or state licensing authority	y?	☐ No		
8	Has any appli	lication you filed with a court, government departn	nent,			
	commission, o	or agency for admission to practice ever been denie	ed?	☐ No		
9	Have you been	en convicted of a tax crime or any felony?	☐ Yes	□No		
10	Have you bee	en permanently enjoined from preparing tax return	s, or			
	representing of	other before the IRS?	☐ Yes	☐ No		
	NOTE: If you	answered yes to question 7, 8, 9 or 10, please des	scribe on a sepa	arate page, the matter,	including the date of	
	when the matt	ter occurred, and provide any additional information	about the matt	er that you would like us	to consider.	
11	Are you a CPA	A? Yes No If Yes, enter the state	es where vou ar	e licensed to practice.		
			7			
12	Are you an Att	torney? Yes No If Yes, enter the Stat	es where you ar	re licensed to practice.		
13	Are you a Reg	gistered Tax Return Preparer (RTRP)?	☐ Yes	□No		
4.4	Are you on En	availad A goat (FA)2	□ Vaa	□Ne		
14	Are you an En	nrolled Agent (EA)?	☐ Yes	∐ No		
Par	t 3. Sign here					
Unde	r penalties of perju	ury, I declare that I have examined this application, and to the	e best of my knowle	edge and belief, it is true, co	rrect, and complete.	
	PTIN		<u>_</u>			
			☐ If yo	u do not have a PTIN ple	ease check this box.	
	O : 1		_			
	Signature		Date			

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Note:

This form is used to renew your status as an Enrolled Retirement Plan Agent (ERPA). You **must** renew your enrollment every three (3) years. For additional information on renewal, see Circular 230 or visit the Retirement Plan Community webpage at *www.irs.gov.*

When must I renew my enrollment?

Your status as an ERPA Agent must be renewed every three years as determined by the last digit of your Tax Identification Number (TIN). Applications for renewal of enrollment must be submitted between April 1 and June 30, of the year that your next enrollment cycle begins.

If your TIN ends in:

- 0, 1, 2, or 3 Your next enrollment cycle begins April 1, 2013.
- 4, 5, or 6 Your next enrollment cycle begins April 1, 2014.
- 7, 8, or 9 Your next enrollment cycle begins April 1, 2015.

It is your responsibility to apply for renewal of enrollment timely by filing Form 8554-EP.

Filling out this form.

It is important to answer all questions on the form. Failure to answer any questions or sign the form could result in processing delays.

An intentionally false statement or omission identified with your application is a violation of Circular 230 10.51(a)(4) and 18 U.S.C. 1001 and may be grounds for suspension or disbarment from practice.

Continuing Professional Education:

You must keep proof of your continuing professional education for four years from the date of your renewal.

Do not attach records to this form. If we need this information, we will request it from you.

Electronic Application and Payments

You can renew and pay electronically by visiting www.pay.gov.

If you are mailing your application:

Enclose a check or money order in the amount of \$30 made payable to the United States Treasury.

Where to send this form:

You can use overnight mail or regular mail to send us this form.

If you want to use overnight mail, send it to:

Internal Revenue Service Attn: Box 301510 19220 Normandie Ave. Ste. B Torrance, CA. 90502

If you want to use regular mail, send it to:

U.S. Treasury/Enrollment PO Box 301510 Los Angeles, CA 90030-1510

What we will do when we receive your form.

As part of the application process, we will check your tax compliance history to verify that you have timely filed and paid all federal taxes. If you own or have any interest in a business, we will also check the tax compliance history of your business(es).

How long will it take to process your application for renewal?

The processing cycle begins July of every year, and it generally takes about 90 days to process applications. Your status is not effective until your application for renewal is approved, and you receive your new enrollment card.

Who do I call if I have questions?

To check on the status of your application for renewal after September 30, call 1-313-234-1280. Please allow 90 days for processing before calling to check on the status of your application.

Privacy Act and Paperwork Reduction Act Notice. Section 330 of title 31 of the United States Code authorizes us to collect this information. We ask for this information to administer the program of enrollment to practice before the IRS. Applying for renewal of enrollment is voluntary; however, if you apply you must provide the information requested on this form. Failure to provide this information may delay or prevent processing your application; providing false or fraudulent information may subject you to penalties. Generally, this information is confidential pursuant to the Privacy Act. However, certain disclosures are authorized under the Act, including disclosure to: the Department of Justice, and courts and other adjudicative bodies, with respect to civil or criminal proceedings; public authorities and professional organizations for their use in connection with employment, licensing, disciplinary, regulatory, and enforcement responsibilities; contractors as needed to perform the contract; third parties as needed in an investigation; the general public to assist them in identifying enrolled individuals; state tax agencies for tax administration purposes; appropriate persons when the security of information may have been compromised for their use to prevent, mitigate or remedy harm.

You are not required to provide the information requested on a form that is subject to the requirements of the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions should be retained as long as their contents may become material in the administration of the law. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 30 minutes, including recordkeeping, learning about the law or the form, preparing the form, and copying and sending the form to the IRS.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to Office of Enrolled Agent Policy & Management; P.O. Box 33968; Detroit, MI 48232. Do not send this form to this address; instead see the Where to send this form section of the instructions.