

# IRS Paid Preparer Tax Identification Number (PTIN) Application and Renewal

OMB No. 1545-2190

► Go to [www.irs.gov/FormW12](http://www.irs.gov/FormW12) for instructions and the latest information.

<b>1 Name and PTIN</b> (Print in ink or Type)	<div style="display: flex; justify-content: space-between;"> <span>First name</span> <span>Middle name</span> <span>Last name</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Initial application</span> <span><input type="checkbox"/> Renewal application (Enter PTIN: P )</span> </div>		
<b>2 Year of Application/ Renewal</b>	<p>If you checked the "Initial application" box and are submitting this form between October 1 and December 31, indicate below whether you want your PTIN to be valid for the current calendar year or the next calendar year.</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Current calendar year</span> <span><input type="checkbox"/> Next calendar year</span> </div> <p><b>Prior year(s) (YYYY):</b> Check box(es) below for the prior year(s) you are renewing your PTIN. See line 2 instructions for additional guidance.</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> 2016</span> <span><input type="checkbox"/> 2017</span> <span><input type="checkbox"/> 2018</span> </div> <p><input type="checkbox"/> Other prior year(s)</p>		
<b>3 SSN and Date of Birth</b>	<div style="display: flex;"> <div style="flex: 1;"> SSN  <div style="text-align: center;">- -</div> </div> <div style="flex: 1;"> Date of birth (MM/DD/YYYY)  <div style="text-align: center;">/ /</div> </div> </div>		
<b>4 Personal Mailing Address and Phone Number</b>	<p>Street address. Use a P.O. box number only if the post office does not deliver mail to your street address.</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code. Do not abbreviate name of country.</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"></div> <div>Phone Number ( ) -</div> </div>		
<b>5a Business Mailing Address and Phone Number</b>	<p>Business address <input type="checkbox"/> Check here if your business address is the same as your personal mailing address. If different, enter it below.</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code. Do not abbreviate name of country.</p> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Domestic business phone number ( ) - EXT. </div> <div style="flex: 1;"> International business phone number + </div> </div>		
<b>b Business Identification</b>	<p>Are you self-employed or an owner, partner, or officer of a tax return preparation business? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p><b>If "Yes," then complete this line. If "No," go to line 6.</b></p> <p>Enter the business name.</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Your CAF Number</div> <div>EIN -</div> <div>EFIN</div> </div> <hr/> <p>Website address (optional)</p>		
<b>6 Email Address</b>	<p>Enter the email address that should be used to contact you.</p>		

**For Internal Use Only**

F: \_\_\_\_\_  
E: \_\_\_\_\_  
A: \_\_\_\_\_

<b>7 Past Felony Convictions</b> You must check a box. If "Yes," you must provide an explanation.	Have you been convicted of a felony in the past 10 years? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If "Yes," list the date and the type of felony conviction(s).
If this is your <b>initial application</b> for a PTIN, continue to line 8. If you are renewing your PTIN, go to line 10.	
<b>8 Address of Your Last U.S. Individual Income Tax Return Filed</b>	Enter the address used on your last <b>U.S. individual income tax return</b> you filed.  <input type="checkbox"/> Check here if you have <b>never filed</b> a U.S. income tax return or do not have a U.S. income tax filing requirement. See line 8 instructions for documents that must be submitted with this form and continue to line 10.
<b>9 Filing Status and Tax Year on Last U.S. Individual Income Tax Return Filed</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Single  <input type="checkbox"/> Married filing jointly  <input type="checkbox"/> Married filing separately         </div> <div> <input type="checkbox"/> Head of Household  <input type="checkbox"/> Qualifying widow(er) with dependent child            Tax Year (YYYY) _____         </div> </div> <p><b>Note:</b> If your last return was filed more than 4 years ago, see instructions.</p>
<b>10 Federal Tax Compliance</b>	Are you current on both your individual and business federal taxes, including any corporate and employment tax obligations? <b>Note:</b> If you have never filed a U.S. individual income tax return because you are not required to do so, check the "Yes" box. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If "No," provide an explanation.
<b>11 Data Security Responsibilities</b>	As a paid tax return preparer, I am aware of my legal obligation to have a data security plan and to provide data and system security protections for all taxpayer information. Check the box to confirm you are aware of this responsibility. <input type="checkbox"/>

**12 Professional Credentials**

Check all that apply. **Note: DO NOT check any professional credentials that are currently expired or retired.** Enter state abbreviation and appropriate number(s). **If the expiration date is left blank or incomplete, then NO professional credential will be added when the application is processed.**

<input type="checkbox"/> Attorney—Licensed in which jurisdiction(s): _____	Number(s): _____	Expiration Date(s): _____
<input type="checkbox"/> Certified Public Accountant (CPA)—Licensed in which jurisdiction(s): _____	Number(s): _____	Expiration Date(s): _____
<input type="checkbox"/> Enrolled Agent (EA)	Number(s): _____	Expiration Date(s): _____
<input type="checkbox"/> Enrolled Actuary	Number(s): _____	Expiration Date(s): _____
<input type="checkbox"/> Enrolled Retirement Plan Agent (ERPA)	Number(s): _____	Expiration Date(s): _____
<input type="checkbox"/> State Regulated Tax Return Preparer—Licensed in which jurisdiction(s): _____	Number(s): _____	Expiration Date(s): _____
<input type="checkbox"/> Certifying Acceptance Agent (CAA)	Number: _____	
<input type="checkbox"/> None		

**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. I understand any false or misleading information may result in criminal penalties and/or the denial or termination of a PTIN.



Your signature (Please use blue or black ink)

Date (MM/DD/YYYY)

/ /

**How To File**

**Online.** Go to the webpage [www.irs.gov/ptin](http://www.irs.gov/ptin) for information. Follow the instructions to submit Form W-12. If you submit your application online, your PTIN generally will be provided to you immediately after you complete the application.

**By mail.** Complete Form W-12. Send the form to:

IRS Tax Professional PTIN  
Processing Center  
1605 George Dieter PMB 678  
El Paso, TX 79936

**Note:** Allow 4 to 6 weeks for processing of PTIN applications. For additional information, refer to the separate Instructions for Form W-12.

**For Internal Use Only**

Form **W-12** (Rev. 10-2019)