

## Application/Registration for Electronic/Magnetic Media Filing of Business Returns

This application is: (check one) new  revised

<b>1a</b> Firm's name	<b>b</b> Employer identification number (EIN) (EIN must be 9 digits.)
<b>c</b> Mailing address (Street, P.O. Box, city, state, ZIP code)	<b>d</b> Contact person's name Daytime telephone number (Include area code.) ( ____ ) _____ FAX telephone number (Include area code.) ( ____ ) _____ Contact E-mail address(es) (Optional) _____

<b>2</b> Indicate which forms you will file by checking the appropriate box. <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> <b>941 e-file Program</b></td> <td><input type="checkbox"/> <b>Form 1041</b>, U.S. Income Tax Return for Estates and Trusts</td> </tr> <tr> <td><input type="checkbox"/> <b>941 On-Line Filing Program</b></td> <td><input type="checkbox"/> <b>Form 1065</b>, U.S. Return of Partnership Income</td> </tr> <tr> <td><input type="checkbox"/> <b>940 e-file Program</b></td> <td><input type="checkbox"/> <b>Form</b> _____</td> </tr> <tr> <td><input type="checkbox"/> <b>940 On-Line Filing Program</b></td> <td></td> </tr> </table>	<input type="checkbox"/> <b>941 e-file Program</b>	<input type="checkbox"/> <b>Form 1041</b> , U.S. Income Tax Return for Estates and Trusts	<input type="checkbox"/> <b>941 On-Line Filing Program</b>	<input type="checkbox"/> <b>Form 1065</b> , U.S. Return of Partnership Income	<input type="checkbox"/> <b>940 e-file Program</b>	<input type="checkbox"/> <b>Form</b> _____	<input type="checkbox"/> <b>940 On-Line Filing Program</b>		<b>3a</b> List any Electronic Transmitter Identification Number(s) and Magnetic Media Transmitter Identification Number(s) we previously assigned to you or your firm. ..... ..... <b>3b</b> If you have previously been suspended from any IRS Electronic Filing Program, please check here. <input type="checkbox"/>
<input type="checkbox"/> <b>941 e-file Program</b>	<input type="checkbox"/> <b>Form 1041</b> , U.S. Income Tax Return for Estates and Trusts								
<input type="checkbox"/> <b>941 On-Line Filing Program</b>	<input type="checkbox"/> <b>Form 1065</b> , U.S. Return of Partnership Income								
<input type="checkbox"/> <b>940 e-file Program</b>	<input type="checkbox"/> <b>Form</b> _____								
<input type="checkbox"/> <b>940 On-Line Filing Program</b>									

**4** Please answer the following questions:

a Will you send return data directly to IRS? . . . . .	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
b Will you develop or modify software that prepares returns for electronic/magnetic media filing? . . . . .	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
c Will you file using Magnetic tape? <input type="checkbox"/> Floppy Diskette (3 1/2" and 5 1/4")? <input type="checkbox"/> Modem? <input type="checkbox"/>		
d <b>FOR 941 FILERS ONLY:</b> Will you be transmitting files in . . . . .		
Electronic Data Interchange (EDI)? <input type="checkbox"/>		
Non EDI? . . . . .	<input type="checkbox"/>	
Both? . . . . .	<input type="checkbox"/>	

**If you will be using EDI, please provide the version number here.**

**5** If you know which software company and/or transmission service you will use, please enter the names, addresses and phone numbers below.

Software Company	Transmitter

**6** Estimated tax return volume to be filed:  
 Form . . . . . K-1 . . . . .

**7** Comments/Additional Information

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<b>Applicant Agreement</b>	Under the penalties of perjury, I declare that I have examined this application/registration 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 procedures for electronic/magnetic media filing of Forms 940, 941, 1041 and 1065 as applicable. The firm understands that if it is sold or its organizational structure is changed, acceptance for participation is not transferable; a new application/registration 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.
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**8** Name and title of person responsible for filing this application (Please print or type.)

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<b>9</b> Signature of person responsible for this application/registration	Date
<b>10</b> Name and title of designated PIN Recipient (See instructions)	Date
<b>11</b> Signature of Designated PIN Recipient (See instructions)	Date

**Privacy Act Notice.**—The Privacy Act of 1974 requires that when we ask you for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for the information is Internal Revenue Code sections 6001, 6011, and 6012(a) and their regulations. We are asking for this information to verify your standing as a person qualified to participate in the electronic filing program. Your response is voluntary. Failure to provide the requested information could result in your disqualification from the electronic filing program. If you provide fraudulent information, you may be subject to criminal prosecution.

**Paperwork Reduction Act Notice.**—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You must give us the information if you wish to participate in the electronic/magnetic media filing program. We need it to process your application/registration to file Business Returns on electronic/magnetic media.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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 simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send this application to this office. Instead, see instructions below for **Where to file**.

## General Instructions

**Who must file.**—File Form 9041 if you would like to take part in the electronic/magnetic media filing program for Forms 940, 941, 1041, and 1065. 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 60 calendar days before you file electronically. 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 940, 941, and 1065** to:

Internal Revenue Service  
Austin Service Center  
Attn: EFU, Stop 6380  
P.O. Box 1231  
Austin, TX 78767  
Phone: 512-460-8900

Send the completed Form 9041 for **Forms 1041** to:

Internal Revenue Service  
Philadelphia Service Center  
Attn: DP 2720  
11601 Roosevelt Blvd.  
Philadelphia, PA 19154  
Phone: 215-516-7533

**Reporting Agents Please Note:** Your application must be accompanied by your Agent's List, containing the names and EINs of the taxpayers for whom you will be filing returns. In addition, you must have an authorization made on Form 8655, with a revision date of October 1995 or later (or its equivalent), for each taxpayer on the Agent's List. For instructions regarding Form 8655, please refer to Revenue Procedure 96-17.

## Specific Line Instructions

**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.**—If this information changes, please notify the IRS Service Center where you originally filed Form 9041. We need this information in case questions arise and to fax revised documentation or the Acknowledgement Report if it is six pages or less.

**Line 2.**—If you want to electronically file a form that isn't listed and you know we've added it to our electronic filing program since this form's revision date (lower right corner), please enter it on one of the blank lines labeled Form. See Publication 1524, procedures for more information about filing Form 1065 electronically.

**Line 5.**—If this information changes, please notify the appropriate service center. If you will use your own software or communication equipment, please indicate this in the space provided. Please include the name, address, phone number, and contact person's name, if applicable.

**Line 6.**—Please enter the approximate number of each return type that you anticipate filing. If you are filing Forms 1065 or 1041, please also indicate the estimated number of Schedules K-1 that you will be filing.

**Line 7.**—Use this space to include any additional information that you believe we will require to process your application.

**Line 10.**—Enter the name and title of the individual that is the designated recipient of the Personal Identification Number (PIN). This is the individual who is authorized to sign returns on behalf of the business, or for their clients (Reporting Agents).

