

Practitioner Priority Service Pre-Registration Application

2016

(Print or Type in Blue or Black Ink)

1 Name and PTIN First name Middle name Last name PTIN

2 SSN/ITIN and Date of Birth SSN/ITIN Date of birth (MM/DD/YYYY) 

3 Personal Mailing Address and Phone Number

Street address. Use a P.O. Box number only if the post office does not deliver mail to your street address.

City or town, state or province, country, and ZIP or foreign postal code. Do not abbreviate name of country.

Personal domestic phone number Personal international phone number

4a Business Mailing Address and Phone Number

Street address (if different than line 3 information above). Use a P.O. Box number only if the post office does not deliver mail to your street address.

City or town, state or province, country, and ZIP or foreign postal code. Do not abbreviate name of country.

Domestic business phone number International business phone number

4b Business Identification

Are you self-employed or an owner, partner, or officer of a tax return preparation business? Yes No

If "Yes," then complete this line. If "No," go to line 6.

Enter the business name. EIN

Website address (optional) CAF Number

5 Email Address

Enter the email address that should be used to contact you.

Do you wish to be on the PPS email list to receive informational updates from the Department?
Yes, I want to receive email informational updates.

Check all that apply. **Note: DO NOT check any professional credentials that are currently expired or retired.** Enter licensing jurisdiction's state abbreviation and appropriate number(s). *If the expiration date is left blank or incomplete, then the professional credential will NOT be added when the application is processed.*

License Type	Jurisdiction(s)	Number(s)	Expiration Date(s)
Attorney			
Certified Public Accountant (CPA)			
Enrolled Agent (EA)			
Enrolled Actuary			
Enrolled Retirement Plan Agent (ERPA)			
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.

Your signature Date (MM/DD/YYYY)

STATE OF HAWAII — DEPARTMENT OF TAXATION
INSTRUCTIONS FOR FORM PPS-12
Practitioner Priority Service Pre-Registration Application

WHO MUST FILE

Anyone who is a tax return preparer must pre-register in order to use the services offered by the Tax Practitioner Priority Service (PPS) office.

HOW TO FILE

By fax — Complete and send the Form PPS-12 to (808) 587-9201.

By mail — Complete and send Form PPS-12 to:
Department of Taxation
Tax Practitioner Priority Office
P.O. Box 259
Honolulu, HI 96809-0259

SPECIFIC INSTRUCTIONS

It is important to follow these instructions. If your application is incomplete, we will request that you supply the missing information within a specified time. We will be unable to process your application if you do not provide the missing information.

Line 1

Enter your legal name.

PTIN — If you have one, enter your Internal Revenue Service (IRS) Paid Preparer Tax Identification Number (PTIN).

Line 2

Enter your social security number (SSN) and date of birth. If you are an alien and were issued an individual taxpayer identification number (ITIN) by the IRS, enter your ITIN. Applicants must be at least 18 years of age to apply.

Line 3

Enter your complete personal mailing address and phone number.

Line 4a

Enter your business address and phone number if it is different from the address entered on line 3.

Line 4b

If you are self-employed or an owner, partner, or officer of a tax return preparation business, enter your applicable identification numbers. Make sure to enter any letters that are part of your Centralized Authorization File (CAF) number. If you have multiple Employer Identification Numbers (EINs), enter the number that is used most frequently on returns you prepare. Entering the business website address is optional.

Line 5

Enter the email address we should use if we need to contact you about matters regarding this form.

If you wish to be on the PPS email list to receive informational updates from the Department of Taxation, check the “yes” box.

Line 6

Check the appropriate boxes to indicate your professional credentials. Check all boxes that apply. Do not check any professional credentials that are currently expired or retired. Retired or expired credentials are those that are not valid or active at the time of the application. Include the jurisdiction, licensing number, and expiration date. If the expiration date is left blank or incomplete, that specific credential will not be added during the processing of your application. Select only from the professional credentials listed below. There is no write-in option. If you do not have any professional credentials, check the “None” box.

Recognized professional credentials include the following:

Attorney — An attorney is any individual who is licensed to practice law by the bar of the highest court of any state, territory, or possession of the United States, including a commonwealth, or the District of Columbia.

Certified Public Accountant (CPA) — A CPA is any individual who is duly qualified to practice as a CPA in any state, territory, or possession of the United States, including a commonwealth, or the District of Columbia.

Enrolled Agent (EA) — An EA is any individual enrolled as an agent who is not currently under suspension or disbarment from practice before the IRS. EAs are licensed by the IRS.

Enrolled Actuary — An enrolled actuary is any individual who is enrolled as an actuary by the Joint Board for the Enrollment of Actuaries.

Enrolled Retirement Plan Agent (ERPA) — An ERPA is any individual enrolled as a retirement plan agent who is not currently under suspension or disbarment from practice before the IRS.

SIGN HERE

Signature — The completed Form PPS-12 must be signed and dated by the applicant.