

Verified Practitioner Registration Application

(Print or Type in Blue or Black Ink)



PPS12_C 2022A 01 VID01

☐ Amended

1	Name and PTIN	First name	Middle name	Last name	PTIN
		<input type="text"/>			<input type="text" value="P"/>

2	SSN/ITIN, CAF# and Date of Birth	SSN/ITIN	CAF Number	Date of birth (MM-DD-YYYY)
		<input type="text"/>	<input type="text"/>	<input type="text"/>

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.			
		<input type="text"/>			
		City or town, state or province, country, and ZIP or foreign postal code. Do not abbreviate name of country.			
		<input type="text"/>			
		Personal domestic phone number	<input type="text"/>	Personal international phone number	<input type="text"/>

4a	Business Identification	Enter the business name.	EIN
		<input type="text"/>	<input type="text"/>
		Website address (optional)	<input type="text"/>

4b	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.			
		<input type="text"/>			
		City or town, state or province, country, and ZIP or foreign postal code. Do not abbreviate name of country.			
		<input type="text"/>			
		Domestic business phone number	<input type="text"/>	International business phone number	<input type="text"/>

5	Email Address	Enter the email address that should be used to contact you. (By providing your email address you are consenting to receive informational updates occasionally distributed by the Department of Taxation.)
		<input type="text"/>

6	Professional Credentials	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). <i>If the expiration date is left blank or incomplete, then the professional credential will NOT be added when the application is processed.</i>			
		License Type	Jurisdiction(s)	Number(s)	Expiration Date(s)
		<input type="checkbox"/> Attorney	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Certified Public Accountant (CPA)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Enrolled Agent (EA)		<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Enrolled Actuary		<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Enrolled Retirement Plan Agent (ERPA)		<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Other (Please explain)	<input type="text"/>		

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.	
	<input type="text"/>	<input type="text"/>
	Your signature	Date (MM-DD-YYYY)

STATE OF HAWAII — DEPARTMENT OF TAXATION
INSTRUCTIONS FOR FORM PPS-12
Verified Practitioner Registration Application

WHO MUST FILE

Any person who represents a taxpayer in a professional capacity before the Department must register and obtain a Verified Practitioner Identification Number (VPID). Representing a taxpayer before the Department includes being authorized to discuss, present, receive and inspect confidential tax information and to perform acts on behalf of the taxpayer.

HOW TO FILE

Complete and mail Form PPS-12 to:

Department of Taxation
Tax Registration Section
P.O. Box 259
Honolulu, HI 96809-0259

Or fax Form PPS-12 to (808) 587-1670

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 are unable to process your application if you do not provide the missing information.

AMENDED FORMS

Check the box at the top of the Form if you are amending Form PPS-12 that you filed earlier.

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. Make sure to enter any letters that are part of your Centralized Authorization File (CAF) number. Applicants must be at least 18 years of age to apply.

Line 3

Enter your complete personal mailing address and phone number.

Line 4a

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 4b

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

Line 5

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

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. If you do not have any professional credentials, complete Form TMR-12 instead.

Recognized professional credentials include the following:

Attorney — An attorney is any individual who is in good standing and 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.

Other — Tax return preparers and other professionals who receive compensation for their services. Please explain the service you are compensated for (e.g., property manager, realtor, etc.).

SIGN HERE

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