

Form **23**

(Rev. September 2002)

Department of the Treasury - Internal Revenue Service

**Application for Enrollment to Practice  
Before the Internal Revenue Service***For IRS Use Only*

Enrollment Number

Enrollment Date

**Instructions (General)**

Complete and sign this form (*type or print legibly using ink*), and attach check or money order for \$80, payable to the Internal Revenue Service. Mail to: U.S. Treasury/IRS Enrollment, P.O. Box 845854, Dallas, TX 75284-5854. The fee is **NON-REFUNDABLE**. All items require an entry. Enter "N/A" if an item does not apply to you. **AN INCOMPLETE APPLICATION WILL BE RETURNED.** If you have additional questions, you may contact us via email at EPP@IRS.GOV

**1. Full Name** (Last, First, Middle)**2. Other Names Used and Dates Used**  
(including maiden name)**3. Telephone/E-mail**

Home (\_\_\_\_) \_\_\_\_\_

Office (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Instructions** for question 4:

- As applicable, enter: street number; street; apartment, suite, or box number; city; state; and ZIP code.
- The address you enter will be the address under which you are enrolled; it is the address where we send your correspondence concerning your enrollment.
- If your enrollment mailing address changes, you must promptly send us a written change of address. Your written change of address must include: your name; your old address; your new addresses; your social security number; the date; and your signature.
- Send your change of address to: IRS—Detroit Computing Center, P.O. Box 33968 Detroit, MI 48232, Attn: EPP Unit
- Sending Form 8822, Change of Address, to the address specified on that form will change your address for tax purposes but will **not** change your enrollment mailing address (nor will sending Form 8822 to us change your address for tax purposes). However, you may, if you choose, send Form 8822 (original or copy) to us as your written change of address.
- Your enrollment mailing address is protected as confidential under the Privacy Act. If you choose to sign the Optional Privacy Act Consent to Public Disclosure of Enrollment Mailing Address, we may disclose your enrollment mailing address, with your name, to the general public by print or electronic media. Disclosures to the general public may include: mailing lists requested by individuals or organizations seeking to offer you goods or services; telephone contacts or correspondence with individual members of the public; and Websites.
- If you do **not** sign the Optional Privacy Act Consent to Public Disclosure of Enrollment Mailing Address, your enrollment mailing address will remain confidential. However, regardless of whether you sign such consent, if you are censured, suspended, or disbarred in connection with IRS practice, the fact of such sanction is public information, and we may disclose the fact of suspension, or disbarment, with your name, city, and state (but not your street address) to the general public by print or electronic media.

**4. Enrollment Mailing Address****5a. Date of Birth** (MM/DD/YY)**Optional Privacy Act Consent to Public Disclosure of Enrollment Mailing Address—See instructions above.**

By my signature in this block, I, \_\_\_\_\_, hereby submit my written consent  
(sign your name)  
under the Privacy Act for the Office of Director of Practice to disclose my enrollment mailing address to the general public.

**5b. Place of Birth**  
(City and State/Country)**6. Social Security Number**

As part of the enrollment procedures, we verify that you timely filed your Federal tax returns. So that we can locate your returns without delay, we ask that you provide us your social security number. If you filed jointly with your spouse, we also need the social security number of your spouse. Disclosure is voluntary; no law requires this disclosure, but not giving the social security number(s) may result in delayed processing of this application.

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

**7. Eligibility Information**

a. Are you a successful Special Enrollment Examination candidate?  
(If "Yes," attach copy of letter advising you of this.)

b. Are you a former Internal Revenue Service employee seeking enrollment under section 10.4(b) of Treasury Department Circular No. 230?  
(If "Yes," complete Schedule A.)

c. Have you read and are you familiar with Treasury Department Circular No. 230?

YES NO

**If you answered "No" to question 7a and 7b, DO NOT COMPLETE this form. You are not eligible to become an enrolled agent.**

8. Professional Practice and Other Data <i>(if any answer to 8a through 8f is "YES," explain in detail in Schedule B.)</i>	YES	NO
a. Have you ever been required to appear before or been sanctioned by any professional body or Federal or State Agency for alleged misconduct? <i>(including any office within any Federal Agency)</i>		
b. Have you ever previously filed a Form 23, Application for Enrollment to Practice Before the Internal Revenue Service?		
c. Have you ever been previously enrolled to practice before the Internal Revenue Service? <i>(if "Yes," enter your enrollment number.)</i> _____		
d. Has any application for admission to practice you filed with a court or government department, commission, or agency, ever been denied or rejected?		
e. Has any Internal Revenue Service office ever held you ineligible for limited practice without enrollment?		
f. In the last 10 years or since your 18th birthday if sooner, have you ever been convicted or fined for the violation of any law, police regulation, or ordinance <i>(excluding minor traffic violations for which a fine or forfeiture of \$500 or less was imposed)</i> ? If "Yes," give details of each case in Schedule B, including the date and nature of the offense or violation, the name and location of the court, any penalty imposed and/or other disposition of the matter		

### 9. Tax Return Information

a. Your filing history will be reviewed for compliance with Federal tax laws and regulations for the current year and each of the preceding 3 years. We may also consider any compliance issues arising prior to this time in evaluating your application. Timely filing of all taxes due, as well as any assessment of penalties or other additions to tax, will be considered in the overall evaluation of your application. Please initial here indicating that you have read and understand this statement.	<i>(initial)</i> _____
b. Please <b>COMPLETE</b> Schedule B in detail if you did not timely file your required Federal Tax returns and/or pay all taxes due for the current year and/or each of the preceding 3 years.	
c. Please <b>COMPLETE</b> this section for any returns filed for the current year and each of the preceding 3 years as it relates to you individually or in your business capacity. e.g. Partner, Officer or Business Owner. Attach additional pages if you need more space.	

Year (YYYY)	Enter Exact Names and Addresses As Shown on the Returns	Taxpayer Identification Number	Type of Return <i>(940, 941, 1040, 1041, 1120, 1120-S 1045, 720, etc.)</i>
_____			
_____			
_____			
20____			
20____			

### 10. Signature and Date

An investigation of your application will be made. An intentionally false statement or a material omission in completing this application is a violation of 18 U.S.C. 1001, and may also be grounds for denial of your application, for later revocation of your enrollment, or for suspension or disbarment from practice before the Internal Revenue Service.

Under penalties for intentional false statements or major omissions, *(18 U.S.C. 1001)*, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
*(Applicant's signature)*

\_\_\_\_\_  
*(Date)*

**SCHEDULE A** (For use by former Internal Revenue Service employees only)**Instructions:**

Complete Schedule A only if your enrollment application is based on former Internal Revenue Service employment. Include only qualifying employment. Section 10.4(b)(3) of Treasury Department Circular No. 230, provides that enrollment resulting from employment in the Internal Revenue Service may be of unlimited scope or may be limited to permit the presentation of matters only of the particular class or only before the particular unit or division of the Internal Revenue Service for which the former employment in the Internal Revenue Service has qualified the applicant. It shall be requisite for enrollment resulting from such employment that the applicant shall have had a minimum of 5 years continuous employment in the Internal Revenue Service and during such time was regularly engaged in applying and interpreting the provisions of the Internal Revenue Code and the regulations thereunder. Application for enrollment resulting from employment in the Internal Revenue Service must be made within 3 years from the date of separation from such employment. **Attach** a copy of your position description for the employment under which you are basing eligibility for enrollment. Also, please **attach** any information regarding formal education, training, licenses and work experience that would impact on the approval of your application for enrollment to practice before the IRS.

**FORMER INTERNAL REVENUE SERVICE EMPLOYMENT INFORMATION****1. Enter your date of separation from employment with the Internal Revenue Service (MM/DD/YYYY):** \_\_\_\_\_

Application for enrollment resulting from employment in the Internal Revenue Service must be made within 3 years from the date of separation from such employment. The application for enrollment should not be filed until the individual has separated from employment with the Internal Revenue Service.

State the reason(s) you left Internal Revenue Service employment:

**2. While employed with the Internal Revenue Service, were you ever:**

(NOTE: An affirmative answer may not preclude you from being enrolled. However, an untruthful answer may be viewed as the submission of false information, and may serve as a separate basis for any denial of your application. If particular items have been removed from your personnel file due to the passage of time, you must answer yes to any of the following relevant questions, as if the items were not removed.)

	YES	NO
a. Given a written reprimand?		
b. Placed under a Performance Improvement Plan, or given any other written notification of unsatisfactory job performance?		
c. Suspended from your job?		
d. Notified, in writing, of a proposal to remove you from Internal Revenue Service employment?		
e. Under investigation by any branch of the United States government and resigned prior to the investigation's conclusion?		

**Provide a detailed explanation in Schedule B of any "YES" answers to the above questions. Former Internal Revenue Service employees MUST fully complete question 3. If you need additional space, use Schedule B.**

**3. Job History**

Employment Dates		1. Position Title 2. Job Classification and Grade 3. Years and/or months in each Grade	1. Operating Division 2. Telephone number and name of supervisor and/or current Head of Office 3. Nature of work performed
From	To		

**Instructions:**

[illegible]

## PRIVACY ACT STATEMENT

## Paperwork Reduction Act Notice

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: 1 hour.

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