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Form PPS-12 (Rev. 2018)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Verified Practitioner Registration Application

(Print or Type in Blue or Black Ink)

☐ **Amended**

1 Name and PTIN

First name | Middle name | Last name | PTIN

2 SSN/ITIN, CAF# and Date of Birth

SSN/ITIN | CAF Number | 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 Identification

Enter the business name.

EIN

Website address (optional)

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.

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

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.)

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). *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)			
Other (Please explain)			

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.

Sign Here

Your signature

Date (MM/DD/YYYY)

Human Readable text here

ID NO XX

STATE OF HAWAII — DEPARTMENT OF TAXATION

INSTRUCTIONS FOR FORM PPS-12

Verified Practitioner 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.

AMENDED FORMS

Check the box at the top of the Form if you are amending a 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.