

Department of the Treasury - Internal Revenue Service
**Request for Missing Information on the Application for Enrollment or
Renewal of Enrollment to Practice before the IRS**

Complete the information requested below, sign, and either fax or mail this form to the fax number or address shown at the top of the accompanying Letter 5499.

Your name (<i>print/type</i>)	Your Social Security Number	Your preparer tax ID number
---------------------------------	-----------------------------	-----------------------------

Your mailing address

Your enrollment status (*Form 8554*) (*check one*)

I want to remain in active status

I want to remain or be put in inactive retirement status

I completed _____ hours of continuing education and _____ hours of Ethics training for the _____ enrollment renewal cycle.

<input type="checkbox"/> Your answer to Question 6 (<i>Form 23 or Form 8554</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Your answer to Question 7 (<i>Form 23 or Form 8554</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Your answer to Question 8 (<i>Form 23 or Form 8554</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Your answer to Question 9 (<i>Form 23 or Form 8554</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Your answer to Question 10 (<i>Form 23 or Form 8554</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Your answer to Question 11 (<i>Form 23 or Form 8554</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Your answer to Question 12 (<i>Form 23</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continuing education certificates for the _____ enrollment renewal cycle.

Special Enrollment Examination Passing Score Reports (3)

Your active preparer tax identification number (PTIN)

Your signature

Under penalties of perjury, I declare the information I've provided above is true, correct, and complete to the best of my knowledge and belief.

Signature	Date	Enrolled Agent number
-----------	------	-----------------------