

Form 4419 (Rev. August 2013)	Department of the Treasury - Internal Revenue Service Application for Filing Information Returns Electronically (FIRE) IRS encourages transmitters who file for multiple payers to submit one application and use the assigned TCC for all payers.	OMB Number 1545-0387
		IRS Use Only

1. Transmitter and/or Payer Information

Legal Name (associated with EIN in Box 3)

ABC Company, Inc.

Mailing Address

123 Main St.

City

Nowhere

State

CA

ZIP code

55555

2. Person to contact about this request

Name

John Smith

Title

Controller

Email Address

John@abccompany.com

Telephone Number

555-555-5555

3. Employer Identification Number (EIN)
Social Security Number Not Permitted

12-3456789

4. Is the request for a Foreign Transmitter without a TIN?

Yes No

5. What Tax Year will electronic filing begin?

2014

6. Will TCC be used for Electronic Extension of Time Files only? Yes No

7. Type of return to be reported (Check the box(es) next to the returns you will file electronically.)

Important: Form W-2 information is sent to the Social Security Administration (SSA) only. Do not use Form 4419 to request authorization to file this information electronically. Contact SSA for W-2 electronic filing information at 1-800-772-6270.

Note: For the forms referenced below, electronic filing does not refer to online fill-in forms.

<input checked="" type="checkbox"/> Forms 1097, 1098, 1099, 3921, 3922, 5498 and W-2G See Publication 1220	<input type="checkbox"/> Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding See Publication 1187	<input type="checkbox"/> Form 8027, Employer's Annual Information Return of Tip Income and Allocated Tips See Publication 1239	<input type="checkbox"/> Form 8955-SSA, Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits See Publication 4810
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8. Check the appropriate box:

I have or will have software. (Name of software if known) eShares, Inc. I have a service provider who will file my data for me.

Under penalties of perjury, I declare that I have examined this document, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete.

9. Official of the company or organization	Name	Title
	John Smith	Controller
	Signature (A computer generated signature is not acceptable.)	Date
		1/1/15