

**APPLICATION FOR ELECTRONIC RETURN ORIGINATOR
TO PARTICIPATE IN THE BOE E-FILING PROGRAM**

PLEASE PRINT OR TYPE – INSTRUCTIONS ARE AVAILABLE ON THE REVERSE OF THIS FORM

1. THIS APPLICATION IS *(please check one)*

New Revised Reinstatement

2. FEDERAL EMPLOYER IDENTIFICATION NO.

FOR BOARD USE ONLY – CLIENT IDENTIFICATION NUMBER

3. LEGAL NAME OF ELECTRONIC RETURN ORIGINATOR

4. BUSINESS NAME *(if other than #3)*

5. PERMANENT MAILING ADDRESS *(include street or P.O. box, city, state, zip code)*

6. BUSINESS ADDRESS *(if other than #5; include street, city, state, zip code)*

7. BUSINESS PHONE NUMBER, FAX PHONE NUMBER, E-MAIL ADDRESS AND URL

8. TYPE OF OWNERSHIP ENTITY

Sole Proprietorship Partnership Corporation Other *(please explain)* _____

9. CORPORATE INFORMATION *(if applicable)*

State of Incorporation:

Corporate Number:

California Secretary of State Number:

10. CONTACT REPRESENTATIVE *(please provide name, title, phone number and e-mail address)*

11. PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

Has the firm or any corporate officer, partner, owner or responsible official:

YES

NO

a. Been convicted of a monetary crime?

b. Failed to file California personal or business tax returns, or pay liabilities?

c. Been convicted of any criminal offense under the U.S. Internal Revenue or California Revenue and Taxation Codes?

If the answer is yes to any of the above inquiries, please attach a written explanation describing all pertinent facts.

12. APPLICATION AGREEMENT

Under penalty of perjury, I declare that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct, and complete. This firm and its employees will comply with all the provisions of the California Board of Equalization's E-Filing Handbook and Specifications, and related publications, including fraud prevention and detection guidelines for all years of participation. I understand that if this firm is sold or its organizational structure is changed, acceptance for participation is not transferable and a new application must be filed. I further understand that noncompliance will result in the firm or individual no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the firm.

13. NAME AND TITLE OF THE FIRM'S OFFICIAL AND/OR PRINCIPAL OWNER *(type or print)*

14. SIGNATURE OF THE FIRM'S OFFICIAL AND/OR PRINCIPAL OWNER

DATE

Please return the completed application to:
E-Filing Program Coordinator, State Board of Equalization
P.O. Box 942879 MIC:93, Sacramento, CA 94279-0093

**INSTRUCTIONS FOR FORM BOE-400-ELF
APPLICATION FOR
ELECTRONIC RETURN ORIGINATOR
TO PARTICIPATE IN THE BOE E-FILING PROGRAM****General Information****Who needs to file**

To become an Electronic Return Originator as defined in the California Board of Equalization's E-Filing Handbook and Specifications, you must submit your application and complete system testing prior to transmitting your first transaction.

Where to file

Send your completed application to:

**E-Filing Program Coordinator
State Board of Equalization
P.O. Box 942879 MIC:93
Sacramento, CA 94279-0093**

If you have questions

If you have questions, you may contact the E-Filing Program Coordinator at **(916) 323-6353**, 7:30 a.m. through 4:30 p.m.(Pacific Time), Monday through Friday, by e-mail at Efile@boe.ca.gov or **FAX (916) 327-5047**.

Specific Instructions

- Line 1** Check the appropriate box.
- Line 2** Enter your firm's Federal Employer Identification Number (FEIN).
- Line 3** If your firm is a sole proprietorship, enter the name of the sole proprietor. If your firm is a corporation or partnership, enter the legal name of the entity as shown on your income tax return.
- Line 4** If your firm uses a fictitious business name, enter that name.
- Line 5** Enter the permanent mailing address for the firm.
- Line 6** Enter the address of the physical location of the firm if different than the address listed on Line 5.
- Line 7** Enter the business phone number, FAX, business e-mail address and URL.
- Line 8** Check the box that indicates your firm's organizational structure. If your firm's structure is not listed, please check "Other" and provide a description.
- Line 9** If your firm is a corporation, please enter the state in which you are incorporated and your corporate number. Corporations doing business in California are required to register with the California Secretary of State. Please provide the number assigned by them.
- Line 10** Enter the name, title, phone number and e-mail address of the person you have designated as the contact for this program.
- Line 11** Answer "Yes" or "No" as appropriate. If "Yes", please provide a written explanation. Monetary crimes include, but are not limited to: money laundering, embezzlement, stock fraud, etc.
- Line 12** No additional information is required. Please read this section carefully prior to signing this application.
- Line 13 and 14** The person authorized to act and sign for the firm in legal matters should complete these lines. An original signature is required to complete this application.