

**DEPARTMENT OF THE TREASURY**  
**ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)**  
**SYSTEM ACCESS REQUEST**

*Submit this form to Tobacco Unit via fax at (513) 684-2251*

<input type="checkbox"/> ADD USER ID	<input type="checkbox"/> MODIFY USER ID	<input type="checkbox"/> DELETE USER ID	IF MODIFYING OR DELETING, THEN PROVIDE USER ID
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**A - PROGRAM INFORMATION:** *Identify the Federal agency name and program name for which the access to pay.gov should be granted*

AGENCY NAME	ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
PROGRAM NAME	EXCISE TAX E-FILING

**B - USER INFORMATION:** *Please complete section A with all the required data to establish a user identification record on pay.gov*

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX ( <i>i.e., Jr., Sr., III</i> )
SOCIAL SECURITY NUMBER ( <i>Voluntary</i> )	DRIVERS LICENSE NUMBER	DATE OF BIRTH	MOTHER'S MAIDEN NAME
EMPLOYEE TITLE	COMPANY E-MAIL ADDRESS	ACCESS LEVEL DESIRED ( <i>Choose One</i> )	
		<input type="checkbox"/> VIEW ONLY <input type="checkbox"/> EDIT AND SAVE <input type="checkbox"/> SUBMIT	

**C - COMPANY INFORMATION:** *Provide the information about the company which is making payments via pay.gov*

COMPANY NAME	TELEPHONE NUMBER	COMPANY ADDRESS LINE 1		
COMPANY ADDRESS LINE 2	CITY	STATE	ZIP CODE	EMPLOYER IDENTIFICATION NUMBER

**D - BANKING INFORMATION:** *Provide the banking information from which payments via pay.gov will be made*

BANK NAME	BANK TRANSIT ROUTING NUMBER	BANK ACCOUNT NUMBER
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**E - PERMIT/REGISTRY LOCATION:** *Provide the information about the permit/registry/plant location for which the user will be filing returns and making payments*

LOCATION NAME	REGISTRY NUMBER	ADDRESS LINE 1		
ADDRESS LINE 2	CITY	STATE	ZIP CODE	

**F - APPROVAL REQUIRED:** *Signature of the user requesting access to pay.gov and the individual's direct manager are required to grant access to pay.gov*

REQUESTOR'S SIGNATURE	DATE	COMPANY APPROVAL SIGNATURE	DATE
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**G - TTB/SYSTEM ADMINISTRATOR USE ONLY**

TTB APPROVED	DATE	TTB COMMENTS	
SYSTEM ADMINISTRATOR COMPLETED	DATE	SYSTEM ADMINISTRATOR COMMENTS	

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## PRIVACY ACT STATEMENT

The following information is provided pursuant to Section 3 and Section 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

1. **Authority.** Solicitation of this information is made pursuant to Sections 5061 and 5703, Title 26, U.S. code, and Title 44, U.S. code and its implementing regulations at Title 36, Code of Federal Regulations, Chapter XII. Disclosure of this information is voluntary.
2. **Purpose.** To identify the applicant, to identify the company on whose behalf applicant claims to act; to verify the scope of the applicant's authority to so act, to evaluate the applicant's qualifications for access to the system.
3. **Routine Uses.** The primary use of this information is for systems administrators to approve, grant, and control access to sensitive information systems. In addition, the information may be disclosed to other Federal, State, and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute a violation of Federal law. Disclosure may otherwise be made pursuant to the routine uses most recently published in the Federal Register for ATF's Regulatory Enforcement Records System (Treasury/ATF.008).
4. **Effects of Not Supplying Information Requested.** Failure to supply complete information will delay processing of the applicant's request for system access and may result in the denial of the application.
5. **Disclosure of Social Security Number.** Disclosure of the applicant's social security number is voluntary. Solicitation of this information is pursuant to Sections 5061 and 5703, Title 26, U.S. Code. The social security number may be used to verify the applicant's identity.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information is to authenticate end users in the pilot program to electronically file excise taxes. The information is used by the Government to verify the identity of the end users prior to issuing them passwords. The information is voluntary, however, if the requested information is not submitted, the users will not be granted a password and cannot participate in the electronic filing pilot program.

The estimated average burden associated with this collection is 18 minutes per respondent or recordkeeper depending on the individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Reports Management Officer, Regulations and Procedures Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, DC 20220.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.