



Electronic Federal Tax Payment System

Please use Capital Letters to fill out this form.

Legal Name of Company : _____
Employer ID Number : _____
Owner's Name : _____
Country : _____
Address : _____
City : _____
State : _____
Zip : _____
Direct Contact Phone # : _____

If you wish to authorize a transaction yourself Yes / No

If Yes Bank Routing # : _____
Account # : _____
[] Checking / [] Savings

Declaration: I understand that the above information is 100% accurate at my knowledge and I have authority to provide information for legal purpose. I am authorizing ICAITE INC to submit above information to U.S. Department of Treasury.

Signature : Date
Print Name : _____ Title: _____

“After your information is validated with the Internal Revenue Service (IRS), you will receive a Personal Identification Number (PIN) in five to seven business days via U.S. Mail.”
