

Form 5106 Guide

- US Customs and Border Patrol (CBP) requires each importer to have a current Form 5106 on file with the CBP
- SHOEBOX recommends that customers ensure they have a current Form 5106 on file with the CBP before shipment. Completed forms can be sent via ACE Portal or sent to cbp.bondquestions@dhs.gov with the subject line: "New Importer IR# + (your tax ID number)"
- If a shipment is held by Fedex because the importer has no current Form 5106 on file with the CBP, then the completed form must be sent to Fedex to release the shipment
- Most customers have an IRS-issued Employer Identification Number (EIN). If you do not have an EIN, consult the CBP website for more options on how to file a Form 5106 with the CBP <https://www.cbp.gov/trade/programs-administration/entry-summary/cbp-form-5106/importer-createupdate-identity-5106-faq>

If you DO have an EIN, you only need to fill in a few sections of the report!

1A Company Name, 1B Select Employer Identification Number (EIN) from the dropdown and insert it.

1. NAME AND IDENTIFICATION NUMBER	
*1A. Importer/Business/Private Party Name:	
1B. Internal Revenue Service (IRS) Employer Identification Number (EIN), Social Security Number (SSN), or CBP-Assigned Number: Number Type:	

NOTE: If you have an EIN, you do NOT need to fill in field 1E despite being marked as mandatory. Your EIN acts as your CBP number.

*1E. <input type="checkbox"/> I wish to be assigned a CBP Number. Check here if requesting a CBP-assigned number and indicate reason(s). Check all reasons that apply.
<input type="checkbox"/> I have a SSN, but wish to use a CBP-Assigned Number on all my entry documents <input type="checkbox"/> I have no Social Security Number <input type="checkbox"/> I have no IRS Number <input type="checkbox"/> I have not applied for an IRS number or SSN <input type="checkbox"/> I am not a U.S. Resident

You must fill in all fields marked with an asterisk in section 2.

2. ADDRESS INFORMATION		
2A. MAILING ADDRESS (Each street address line can be no more than 32 characters)		
*Street Address 1:	*City:	*State/Province: ----Please Select---
Street Address 2:	Zip Code:	Country ISO Code:
*Is the address in 2A, a <input type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input type="checkbox"/> Office Building <input type="checkbox"/> Business Service Center <input type="checkbox"/> Post Office Box or <input type="checkbox"/> Other - Explain: _____		
2B. PHYSICAL LOCATION ADDRESS (Required only if different than mailing address. 32 character limit applies to street address line)		
*Street Address 1:	*City:	*State/Province: ----Please Select---
Street Address 2:	Zip Code:	Country ISO Code:
*Is the address in 2B, a <input type="checkbox"/> Residence <input type="checkbox"/> Corporate Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Retail Location <input type="checkbox"/> Office Building or <input type="checkbox"/> Other - Explain: _____		
2C. *Phone number:	Extension:	2D. Fax number:
2E. *Email address:	2F. Website:	

NOTE: If you have an EIN, you do NOT need to fill in any of section 3.

And finally, you must fill in all fields marked with an asterisk in section 4.

4. CERTIFICATION			
By my signature below, I certify that, to the best of my knowledge and belief, all of the information included in this document is true, correct, and provided in good faith. I understand that if I make an intentional false statement, or commit deception or fraud in this 5106 document, I may be fined or imprisoned (18 U.S.C. § 1001).			
*Printed or Typed Full Name and Title:		*Signature:	
Telephone Number:	*Date:	Broker Name:	Telephone Number: