Form 211 (Rev. August 2007)

Department of the Treasury -Internal Revenue Service

Application for Award for Original

OMB No.
Date Claim Received:

` ,	Application for	ormation		iyiriai		
	Claim No. (completed by IRS):					
		1		ī		
1. Name of individual claimar	ıt	2. Claimant's D			3. Claimant's SSN or ITIN	
		Month	Day	Year		
4. Name of spouse (if applica	hle)	5 Snoi	ISE'S Da	ate of Birth	6. Spouse's SSN or ITIN	
4. Name of spouse (if applicable)			Day	Year		
		Month	- 3.5			
7. Address of claimant, include	ling zip code, and telephone	e number				
8. Name and Title of IRS employee to whom violation was reported:				9. Date violation reported:		
10. Name of taxpayer (inclu who committed the viol		ers 1	11. Taxpayer Identification Number(s) (e.g., SSN, ITIN, or EIN):			
12. Taxpayer's address, inclu		1	13. Taxpayer's date of birth or approximate age:			
violation of the tax laws. 15. Describe how you learned	g information that is not atta	ched.) Ex	plain wh	y you believe	the act described constitutes a	
	ed by the taxpayer(s). Pleas unt owed. (Attach sheet if no		a sumn	nary of the info	ormation you have that supports	
Declaration under Penalty of I declare under penalty of perjur and aver that such application is	y that I have examined this app				ent _. s., and supporting documentation	
17. Signature of Claiman	t(s)	_		Date	.	
MAIL THE COMPLETED FORM	1 TO THE ADDRESS SHOWN	I ON THE B	ACK			

General Information:

On December 20, 2006, Congress made provision for the establishment of a Whistleblower Office within the IRS. This office has responsibility for the administration of the informant award program under section 7623 of the Internal Revenue Code. Section 7623 authorizes the payment of awards from the proceeds of amounts the Government collects by reason of the information provided by the claimant. Payment of awards under 7623(a) is made at the discretion of the IRS. To be eligible for an award under Section 7623(b), the amount in dispute (including tax, penalties, interest, additions to tax, and additional amounts) must exceed \$2,000,000.00; if the taxpayer is an individual, the individual's gross income must exceed \$200,000.00 for any taxable year at issue.

Submit completed form along with any supporting information to:

Internal Revenue Service
Whistleblower Office
SE:WO: WO
1111 Constitution Ave., NW
Washington, DC 20224

Instructions for Completion of Form 211:

Ouestions 1 - 7

Information regarding Claimant (informant): Name, Date of Birth, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), address including zip code, and telephone number (telephone number is optional).

Ouestions 8 - 9

If you reported the violation to an IRS employee, provide the employee's name and title and the date the violation was reported.

Ouestions 10 - 13

Information about Taxpayer – Provide specific and credible information regarding the taxpayer or entities that you believe have failed to comply with tax laws and that will lead to the collection of unpaid taxes.

Question 14

Attach all supporting documentation (for example, books and records) to substantiate the claim. If documents or supporting evidence are not in your possession, describe these documents and their location.

Question 15

Describe how the information which forms the basis of the claim came to your attention, including the date(s) on which this information was acquired, and a complete description of your relationship to the taxpayer.

Question 16

Describe the facts supporting the amount you claim is owed by the taxpayer.

Question 17

Information provided in connection with a claim submitted under this provision of law must be made under an original signed Declaration under Penalty of Perjury.

Joint claims must be signed by each claimant.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE: We ask for the information on this form to carry out the internal revenue laws of the United States. Our authority to ask for this information is 26 USC 6109 and 7623. We collect this information for use in determining the correct amount of any award payable to you under 26 USC 7623. We may disclose this information as authorized by 26 USC 6103, including to the subject taxpayer(s) as needed in a tax compliance investigation and to the Department of Justice for civil and criminal litigation. You are not required to apply for an award. However, if you apply for an award you must provide as much of the requested information as possible. Failure to provide information may delay or prevent processing your request for an award; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 35 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can email us at *taxforms@irs.gov (please type "Forms Comment" on the subject line) or write to the Internal Revenue Service, Tax Forms Coordinating Committee, SE: W: CAR: MP: T: T: SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Send the completed Form 211 to the above <u>Washington Ogden</u> address. Do **NOT** send the Form 211 to the Tax Forms Coordinating Committee. Catalog Number XXXXXXXXX www.irs.gov Form 211 (Rev. 8-2007)