

Attachments

Attachment I: Primary Agency Liaison Cover letter

Dear <Participant's Name>

This is to request your help in gathering information about your agency's work with IRS Governmental Liaison and Disclosure (GLD). We would like your input as well as input from others within your agency.

The GLD evaluation is being administered in two parts.

- The first part, "Customer Satisfaction Evaluation for Primary Agency Liaison 2008," is attached and is directed to you for completion as an agency liaison.
- The second part, "Customer Satisfaction Evaluation for Users of IRS GLD Services and Products" will be sent to you separately with instructions.

As a primary liaison with the IRS, you can provide important feedback to help improve the services provided by your IRS GLD Primary Contact, as well as improving the data exchange program. Your help gathering information during the second part of the process will improve the products and services used within your agency.

Please send your completed evaluation by 11/3/08 to the following email address:

IRS.GLD.Tax.Agency.Survey@irs.gov

Evaluation responses will be compiled by IRS Research staff. Individual responses will be kept strictly confidential. Only aggregate results will be provided to the IRS Office of Governmental Liaison and Disclosure.

If you have any questions concerning the evaluation administration, please contact Cait DeStefano at 856-237-7828. Questions concerning the evaluation content may be directed to Judith Howard at 603-628-7542.

Thank you for your help with the 2008 evaluation of GLD services. We appreciate your time and assistance in providing this valuable feedback.

Thank you,
The IRS GLD Customer Satisfaction Evaluation Team

Attachment II: Primary Agency Liaison Evaluation

IRS Office of Governmental Liaison & Disclosure (GLD)
Customer Satisfaction Evaluation
For
Primary Agency Liaison
2008

Please respond by 11/03/2008

GLD Customer Satisfaction Evaluation
For Primary Agency Liaison

OMB #1545-1342

Respond by 11/03/2008
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For each question, please indicate your opinion by choosing a number from 1 to 5,
"1" means "Very Dissatisfied" and "5" means "Very Satisfied"

PLEASE CHECK ONLY ONE BOX PER QUESTION.

Your working relationship with your IRS GLD primary contact						
Please indicate your satisfaction with:		(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
1	Your working relationship with your IRS GLD Primary Contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The understanding of your agency's needs shown by your IRS GLD Primary Contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The responsiveness of your IRS GLD Primary Contact to your agency's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Your IRS GLD Primary Contact support of your agency's compliance ¹ activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The IRS special initiatives programs (e.g., State Reverse File Match Initiative (SRFMI), Questionable Employment Tax Practices (QETP), State Audit Reports to IRS).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Compliance includes case assistance, requests for specific taxpayer records, joint projects and use of taxpayer data from Transcript Delivery System (TDS) and Examination Operational Automation Database (EOAD) for tax compliance purposes.

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For Primary Agency Liaison

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IRS Program Implementation								
We would like to determine, from your perspective, how well specific programs have been implemented. For the Programs shown in the table below, please select the obstacles, if any, that you encountered during implementation.								
(Please check all that apply – Leave blank if not applicable)								
		Not Involved in this Program	Incomplete or Unclear Direction & Program Guidance from IRS	Insufficient Resources / Staffing within my agency	Computer Capacity / IT Issues within my agency	Program has a low priority for our Agency	Security Issues	Legislative Issues
6	Questionable Employment Tax Practices (QETP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Disclosure of Information to Federal State and Local Agency (DIFSLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	State Audit Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	State Reverse File Match Initiative (SRFMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please identify additional obstacles not listed above (Please specify program).

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Safeguards / Security						
Do you know the process for elevating Safeguard and Security issues? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Please indicate your satisfaction with:	(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
11	Your understanding of the requirements in Publication 1075, Tax Information Security Guidelines for Federal, State and Local Agencies and Entities (rev.10/2007) requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	IRS assistance resolving safeguard technical issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secure Data Transfer (SDT)						
	Please indicate your satisfaction with:	(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
13	IRS clearly communicating your responsibilities regarding SDT (e.g., record keeping, receipt and control and data flow)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Overall Satisfaction						
		(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
14	Overall, how satisfied are you with the services and products provided by your IRS GLD Primary Contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 What is your official title? _____

16 Which agency do you represent? Select One

17 How long have you worked in your current position? Select One

We are particularly interested in any comments or suggestions you can provide.

18 How can your IRS GLD Primary Contact improve services to your agency?

Paperwork Reduction Act Notice
The Paperwork Reduction Act requires IRS to display an OMB Control Number on all approved information requests. About three minutes will be needed to complete this voluntary questionnaire. If you have any comments regarding the time estimates associated with this study or suggestions on making the process simpler, please write to:
Internal Revenue Service
Tax Products Coordinating Committee
SEWCAS/ST-1/SPT
1111 Constitution Ave. NW
Washington, DC 20004

Department of the Treasury – Internal Revenue Service

Thank you for your time!

GLD Customer Satisfaction Evaluation
For Primary Agency Liaison

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Attachment III: Users of Products and Services Evaluation

IRS Office of Governmental Liaison & Disclosure (GLD)

Customer Satisfaction Evaluation
For
Users of IRS GLD Services and Products
2008

Please respond by 11/03/2008

GLD Customer Satisfaction Evaluation
For Users of IRS GLD Services and Products

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For each question, please indicate your opinion by choosing a number from 1 to 5,
"1" means "Very Dissatisfied" and "5" means "Very Satisfied"
-Leave blank if not applicable-

PLEASE CHECK ONLY ONE BOX PER QUESTION.

Disclosure						
Have you participated in disclosure training pertaining to federal tax information in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please indicate your satisfaction with:		(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
1.	Your ability to carry out your disclosure responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	IRS assistance with disclosure matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	IRS explanations for delays or denials of requests for returns or return information (e.g., Form 8796)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GLD Customer Satisfaction Evaluation
For Users of IRS GLD Services and Products

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Safeguards / Security						
Do you understand your responsibilities in reporting data breaches, to include lost and stolen federal tax information (Incident Reporting)? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Please indicate your satisfaction with:	(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied	
4	Your ability to carry out your security responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	IRS assistance resolving incident response issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GLD Customer Satisfaction Evaluation For Users of IRS GLD Services and Products OMB #1545-1342 Respond by 11/03/2008 Page 3

Compliance Products and Services						
The next five questions are about the compliance products and services provided by the <i>IRS Governmental Liaison and Disclosure</i> office. Examples of these products and services include case assistance, requests for specific taxpayer records, joint projects, use of taxpayer data from the Transcript Delivery System (TDS) and from the Examination Operational Automation Database (EOAD). If you are not a user please check here and skip to question 14. <input type="checkbox"/> ← Compliance Services do not apply						
Please indicate your satisfaction with:	(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied	
6	The <i>timeliness</i> of the information provided for your agency's compliance program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The <i>format</i> of the information provided for your agency's compliance program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The <i>clarity</i> of the information provided for your agency's compliance program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The <i>adequacy</i> (meets your needs) of the information provided for your agency's compliance program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The <i>accuracy</i> of the information provided for your agency's compliance program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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GL Data Exchange Program						
<p>The next five questions are about the Governmental Liaison Data Exchange Program (GLDEP) extracts overseen by the <i>IRS GLD Data Services Office</i>. This section is about the Customer Satisfaction with the timely delivery of extracts, specification books, and accuracy of extract information and/or updates provided (not Secure Data Transfer).</p> <p>If you do not use this program, please check here and skip to question 19. <input type="checkbox"/> ← GLDEP does not apply</p>						
Please indicate your satisfaction with:		(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
11	The <i>timeliness</i> of the information provided by the GLDEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The <i>format</i> of the information provided by the GLDEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The <i>clarity</i> of the information provided by the GLDEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	The <i>adequacy</i> (meets your needs) of the information provided by the GLDEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	The <i>accuracy</i> of the information provided by the GLDEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Secure Data Transfer (SDT)						
Please indicate your satisfaction with:		(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
16	The SDT Standard Operating Procedure document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Support provided by IRS SDT help desk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Satisfaction with IRS Products and Services						
		(1) Very Dissatisfied	(2) Dissatisfied	(3) Neutral	(4) Satisfied	(5) Very Satisfied
18.	Overall, how satisfied are you with the services and products provided by your IRS GLD Primary Contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What is your official title? _____

20. Which agency do you represent? Select One

21. How long have you worked in your current position? Select One

GLD Customer Satisfaction Evaluation For Users of IRS GLD Services and Products OMB #1545-1342 Respond by 11/03/2008 Page 6

We are particularly interested in any comments or suggestions you can provide.

22. How can IRS improve products and services provided by GLD?

Paperwork Reduction Act Notice
The Paperwork Reduction Act requires IRS to display an OMB Control Number on all approved information requests. About three minutes will be needed to complete this voluntary questionnaire. If you have any comments regarding the time estimates associated with this study or suggestions on making the process simpler, please write to:

Internal Revenue Service
Tax Products Coordinating Committee
SEW/CAR/MPT/SP
1111 Constitution Ave. NW
Washington, DC 20224

Department of the Treasury - Internal Revenue Service

Thank you for your time!

GLD Customer Satisfaction Evaluation
For Users of IRS GLD Services and Products

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Respond by 11/03/2008
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Attachment IV: Users of Products and Services Cover letter

Dear <Participant's Name>

This is the second part of a request for your help in gathering information about your agency's work with IRS Governmental Liaison and Disclosure (GLD). We would like your input as well as input from others within your agency.

Please review the attached "Customer Satisfaction Evaluation for Users of IRS GLD Services and Products," and

- forward that evaluation for completion by anyone within your agency who receives any of the IRS Governmental Liaison and Disclosure services or products addressed in the evaluation
- ask those completing the evaluation to respond to all relevant questions and to provide comments as needed
- complete the evaluation yourself, including comments as needed.

Feedback from these customers and you will help us determine how to improve services and products provided by Governmental Liaison and Disclosure.

Please send your completed evaluation by 11/3/08 to the email address below. Please ask those in your agency who complete the "Customer satisfaction Evaluation for Users of IRS GLD Services and Products" to send their evaluations to the same address.

IRS.GLD.Tax.Agency.Survey@irs.gov

Evaluation responses will be compiled by IRS Research staff. Individual responses will be kept strictly confidential. Only aggregate results will be provided to the IRS Office of Governmental Liaison and Disclosure.

If you have any questions concerning the evaluation administration, please contact Cait DeStefano at 856-237-7828. Questions concerning the evaluation content may be directed to Judith Howard at 603-628-7542.

Thank you for your help with the 2008 evaluation of GLD services. We appreciate your time and assistance in providing this valuable feedback.

Thank you,
The IRS GLD Customer Satisfaction Evaluation Team

Attachment V: Follow-up / Reminder notice

Dear <Participants Name>

Recently you were sent the IRS Governmental Liaison and Disclosure (GLD) Customer Satisfaction Evaluation to complete. Our objective is to survey as many participants as possible who are familiar with the services provided by the GLD organization. This feedback will be used to improve our services and products to your agency.

If you have not already sent in your response, please send it to the email address listed below. Your feedback is important to us. We will use it to improve the services and products we provide to you. We appreciate you taking the time to complete the evaluation and return it to the email address listed below no later than 11/03/08.

IRS.GLD.Tax.Agency.Survey@irs.gov

Responses will be kept confidential. Only aggregate results will be provided to the IRS Office of Governmental Liaison and Disclosure.

If you have any questions concerning the evaluation administration, please contact Cait DeStefano at (856) 237-7828. Questions concerning the evaluation content may be directed to Judy Howard at (603) 628-7542.

Thank you for your help with the 2008 evaluation. We appreciate your time and assistance in providing this valuable feedback.

Thank you,
The IRS GLD Customer Satisfaction Evaluation Team

Attachment VI: GLD Agency Enrollment form

2008 IRS Governmental Liaison Data Exchange Program Enrollment Form

The three pages of the enrollment form must be submitted together, in addition to the need and use justification selections, in order to participate in the GL Data Exchange Program (GLDEP).

State Abbreviation: ▶	Agency Name: ▶	Agency Code: ▶
Extract	Distribution Period	Indicate Participation
1099 Misc. TY 2006	April 2008	<input type="checkbox"/>
Appeals EY2007 by TIN (Tickler)	May 2008	<input type="checkbox"/>
BMF EY2008 by EIN (Tickler)	Dec 2008	<input type="checkbox"/>
BMF EY 2008 by State Code ♦	Oct 2008	<input type="checkbox"/>
BMF EY 2008 by Zip Code (Tickler) ♦♦	Dec 2008	<input type="checkbox"/>
BRTF EY 2008 by EIN (Tickler)	Dec 2008	<input type="checkbox"/>
BRTF EY 2008 by State Code ♦	Nov 2008	<input type="checkbox"/>
BRTF EY2008 by Zip Code (Tickler) ♦♦	Dec 2008	<input type="checkbox"/>
Corporate Affiliations EY2008 by State Code	Sept 2008	<input type="checkbox"/>
Corporate Affiliations EY2008 by EIN (Tickler)	Sept 2008	<input type="checkbox"/>
CP2000 TY2006 by State Code ♦ Tolerance Total Adjustment to Income \$()	Apr 2008 – Nov 2009	<input type="checkbox"/>
CP 2000 TY2006 by SSN (Tickler)	Dec 2009	<input type="checkbox"/>
CP2000 TY2006 by Zip Code – Cities	Apr 2008 – Nov 2009	<input type="checkbox"/>
Exam EY2007 by TIN (Tickler)	May 2008	<input type="checkbox"/>
Examination Operational Automation Database (EOAD)	Jan 2008 – Dec 2008	<input type="checkbox"/>
FEIN EY2008	Feb 2008 – Jan 2009	<input type="checkbox"/>
IMF EY2008 by SSN (Tickler)	Nov 2008	<input type="checkbox"/>
IMF EY2008 by State Code ♦	Sept 2008	<input type="checkbox"/>
IMF EY2008 by Zip Code (Tickler) ♦♦	Oct 2008	<input type="checkbox"/>
IRTF EY2008 by SSN (Tickler)	Nov 2008	<input type="checkbox"/>
IRTF EY2008 by State Code ♦	Sept 2008	<input type="checkbox"/>
IRTF EY2008 by Zip Code (Tickler) ♦♦	Oct 2008	<input type="checkbox"/>
IRMF TY2006 Payee by State Code	Jun 2008	<input type="checkbox"/>
IRMF TY2006 Non-Resident K-1 ♦♦♦	Sept 2008	<input type="checkbox"/>
Optional Non-Resident W-2/1099-MISC	♦♦♦	<input type="checkbox"/>
ITIN EY2008	Feb 2008 – Jan 2009	<input type="checkbox"/>
Levy TY2007 by TIN (Ticklers)	May 2008 – Apr 2009	<input type="checkbox"/>
Military Combat Zone EY2008 by State Code ♦	Jan 2008 – Dec 2008	<input type="checkbox"/>
Non-Itemizer EY2008	Nov 2008	<input type="checkbox"/>
PTIN EY2008	Jan-Apr-Jul-Oct 2008	<input type="checkbox"/>
TAR EY2008 by SSN (Tickler)	Feb 2008 - Jan 2009	<input type="checkbox"/>

- ♦ Extracts available to states only
- ♦♦ Tickler submission required for state agencies only. City agency zip codes are preprogrammed.
- ♦♦♦ Participation for the IRMF Non-Resident K-1 extract is required in order to select the optional Non-Resident W-2/1099-MISC.

TY – Tax Year: Information extracted for a specific tax year.
EY – Extract Year: Period of processing time the extract covers other than a specific tax year.

**2008 IRS Governmental Liaison Data Exchange Program
Enrollment Form (Cont'd)**

The **State Reverse File Match Initiative (SRFMI)** Enrollment must be completed by all State Taxing Agencies that enrolled for the **IMF/IRTF Extracts by State Code** and/or the **BMF/BRTF Extracts by State Code**.

Governmental Liaison Data Exchange Program Enrollment Form State Reverse File Match Initiative (SRFMI)			
State Abbreviation: ▶	Agency Name: ▶	Agency Code: ▶	
SRFMI Extract	Date State File Due to IRS	Indicate Participation	
		Yes	No
SRFMI for Individual Agencies must have enrolled for the IMF/IRTF Extracts by State Code on Page 1. The extracts by SSN can also be incorporated into the SRFMI process.	July 15, 2009	<input type="checkbox"/>	<input type="checkbox"/>
SRFMI for Corporate Agencies must have enrolled for the BMF/BRTF Extracts by State Code on Page 1. The extracts by EIN can also be incorporated into the SRFMI process.	July 15, 2009	<input type="checkbox"/>	<input type="checkbox"/>
SRFMI for Withholding Agencies must have enrolled for the BMF/BRTF Extracts by State Code on Page 1. The extracts by EIN can also be incorporated into the SRFMI process.	July 15, 2009	<input type="checkbox"/>	<input type="checkbox"/>
SRFMI for Sales Agencies must have enrolled for the BMF/BRTF Extracts by State Code and the IMF/IRTF Extracts by State Code on Page 1. The IMF/IRTF Extracts by SSN and the BMF/BRTF Extracts by EIN can also be incorporated into the SRFMI process.	July 15, 2009	<input type="checkbox"/>	<input type="checkbox"/>

- The State Reverse File Match Initiative (SRFMI) Enrollment must be completed by all State Taxing Agencies that enrolled for the IMF/IRTF Extracts by State Code or SSN and/or the BMF/BRTF Extracts by State Code or EIN
- The IRS has started to receive state data that will help identify federal nonfilers and underreporters. Under the State Reverse File Match Initiative (SRFMI), states will supply individual income tax, corporate income tax, sales tax, and withholding data annually to IRS.
- IRS will use the SRFMI data in compliance programs, including field audits and collections, correspondence audits, the Automated Substitute for Return Program, and the Automated Underreporter Program. All IRS operating divisions will be potentially able to access and use the state data.
- Your IRS Governmental Liaison can provide you with additional information concerning participation in SRFMI to include a copy of the Specification Book. Specific questions concerning SRFMI can also be sent to the SRFMI Mailbox at SBSE.SRFMI@irs.gov.
- Beginning with the 2008 Governmental Liaison Data Exchange Program (GLDEP) Enrollment Form, SRFMI has become a permanent part of the enrollment process.

2008 IRS Governmental Liaison Data Exchange Program Enrollment Form (Cont'd)		
State Abbreviation: ▶	Agency Name: ▶	Agency Code ▶
1 st Line Street Address For Requesting Agency: ▶		
2 nd Line Street Address ▶		Room Number: ▶
City: ▶	State: ▶	Zip: ▶
<input type="checkbox"/> New Address (Check if appropriate)		
Authorizing Official for Requesting Agency (Typed): ▶		Title: ▶
Signature of Agency Authorizing Official THE GLDEP NEED AND USE JUSTIFICATION LIST MUST BE COMPLETED AND ATTACHED TO THIS ENROLLMENT FORM. ▶		Date: ▶
I acknowledge that the extract information received from the IRS is federal tax information that must be safeguarded at all times in accordance with 26 U.S.C. 6103(p)(4) and the guidelines described in Publication 1075. I further acknowledge that FTI is to be used only in accordance with the provisions of IRC 6103(d) for the purpose of, and to the extent necessary, in state tax administration.		
Requesting Agency's Contact for Data Exchange Extract Questions (Typed)		Telephone: ▶
▶ Name:		Fax: ▶
▶ Title:		
▶ E-Mail:		
BELOW SECTION IS FOR IRS SIGNATURES AND CERTIFICATION		
Signature of Authorizing IRS Disclosure Manager certifying the "GLDEP Need and Use" of this information for the above agency in accordance with IRC 6103(d)(1):		
Type Name ▶	Signature ▶	Date: ▶
		Telephone: ▶
Signature of Authorizing IRS Governmental Liaison to certify agency participation: I certify that by signing this enrollment form, I have compared the current year's enrollment to that of the previous year, researched any discrepancy, and have contacted the agency as necessary.		
Type Name: ▶	Signature: ▶	Date: ▶
		Telephone: ▶

IRS GLDEP 2008 Enrollment Form (Rev. 8/2007)