

PAPERWORK REDUCTION ACT SUBMISSION

Please read the Instructions before completing this form.

1. Type of IC Review: <input type="checkbox"/> New Form (<i>Attach Supporting Statement</i>) <input type="checkbox"/> Revision to Previously Approved IC (<i>Attach Summary of Changes</i>) <input type="checkbox"/> Extension to previously approved IC (<i>3-yr</i>) <input type="checkbox"/> Reinstatement of previously approved IC <input type="checkbox"/> Existing IC in use that does not contain an OMB control number <input type="checkbox"/> Deletion of currently approved IC	2. Agency : Department of Treasury, Internal Revenue Service 3. OMB Control No: <u>1 5 4 5</u> - _____ 4. Type of Review: <input type="checkbox"/> Regular <input type="checkbox"/> Emergency * – Date Requested By: ____/____/____ 5. Small Entities: Will this ICR have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Requested Expiration Date: <input type="checkbox"/> Three years from approval date <input type="checkbox"/> Other - Specify: _____	7. Emergency Justification: Technical Authorization(TA): (<i>provide reference source</i>)

8. Emergency Justification Statement:

IC INFORMATION

9. Title:
10. Agency form number(s) (if applicable):
11. Authorizing Statute(s) for this IC: <input type="checkbox"/> US Code: _____ USC: _____ Name of Law: _____ Acts to be performed by agents <input type="checkbox"/> Public Law: _____ Public Law: _____ Section: _____ Name of Law: _____ <input type="checkbox"/> Statute at Large: _____ Statute: _____ Name of Law: _____ <input type="checkbox"/> EO: _____ EO: _____ Name/Subject of EO: _____

12. Abstract:

13. Affected Public: (Mark primary with "P" and all others that apply with "X") <input type="checkbox"/> Individuals or households <input type="checkbox"/> Farms <input type="checkbox"/> Business or other for-profit <input type="checkbox"/> Federal Government <input type="checkbox"/> Not-for-profit institutions <input type="checkbox"/> State, Local, or Tribal Gov't	16. Obligation to respond: (Mark primary with "P" and all others that apply with "X") <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory <input type="checkbox"/> Required to obtain or retain benefits
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14. Annual Reporting and Recordkeeping burden hours: a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	17. CFR citations: (Provide source(s) of change) A. _____ CFR _____ B. _____ CFR _____ C. _____ CFR _____
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14a. Verification of estimated filers: (Provide source of estimated filers)	18. Purpose of IC: (Mark primary with "P" and all others that apply with "X") <input type="checkbox"/> Application for benefits <input type="checkbox"/> Program planning or management <input type="checkbox"/> Program evaluation <input type="checkbox"/> Research <input type="checkbox"/> General Purpose statistics <input type="checkbox"/> Regulatory or compliance <input type="checkbox"/> Audit
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15. Statistical Method: Does the ICR contain surveys, censuses, or employ statistical methods? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Frequency of Recordkeeping or Reporting: (check all that apply) <input type="checkbox"/> Recordkeeping <input type="checkbox"/> Third party disclosure <input type="checkbox"/> Reporting: <input type="checkbox"/> On occasion <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Biennially <input type="checkbox"/> Other (describe) _____
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20. Agency Contact: Name: _____ Phone: _____
