Consent To Disclosure of Return Information

Note: Prior to completing this Form, please be sure that you have reviewed the terms of this agreement.

This consent is valid only if the IRS designates me as unsuitable for employment AND the IRS must report its decision to the Office of Personnel Management (OPM). The IRS must report to OPM the reason for my rejection if the IRS has determined that I am not suitable for employment in <u>any</u> position with the Service. If the IRS' rejection of my application is based upon my prior compliance with the tax laws, this consent will permit the IRS to disclose to OPM the return information listed below. Additionally, if I choose to challenge this rejection before the Merit Systems Protection Board (MSPB), this consent will permit the IRS to disclose the return information described below to the MSPB for related proceedings.

I. TAXPAYE	R INFORMATION (Please type or print)	
Taxpayer Name		Social Security Number (SSN)
Address		Daytime Phone
Name and ad	dress shown on last three (3) returns Indicated an N	IR for a non return year (If different from above)
Tax Year	Name	City/State
Tax Year	Name	City/State
Tax Year	Name	City/State
Spouse's nam	ne SSN and address as shown on last (3) returns if f	iled jointly Indicated an N/R for a non return year
Tax Year	Name	Spouse's SSN (if Known)
Tax Year	Name	Spouse's SSN (if Known)
Tax Year	Name	Spouse's SSN (if Known)
19 Wa	S. Office of Personnel Management, Investigati 00 E St., NW Room 5416 ashington, DC 20415-4000 RIZATION TO DISCLOSE he IRS to release to my designees any returns	on Service Merit Systems Protection Board 1615 M St., NW Washington, DC 20419 or return information in IRS possession that provides evidence
have bed this sign submitte	r I failed to file a Federal income tax return for a en required. (The "last three years" means the	
	r any of the returns identified in #1 above were ard to any extension(s) of the time for filing).	filed more than 45 days after the filing due date (determined
	I failed to pay any tax, penalty, or interest liabit of the date of which the IRS gave notice of the	lity during the current or last three calendar years within amount due and request for payment.
4. Whether	r I am presently or was previously under investi	gation by the IRS for a possible criminal tax offense.
Date:	Signatu	ire:

AND RECEIVED BY IRS WITHIN 60 DAYS OF THE DATE ABOVE.)

Privacy Act and Paperwork Reduction Act Notices -

The Service's authority for requesting this information is 5 U.S.C. § 301, and the authority for requesting your social security number is Executive Order 93-97. While providing this information is voluntary, failure to supply all or part of the information requested may result in rejection of your employment application. By providing the information herein and by signing this consent to disclose, authorize the Internal Revenue Service (IRS) to release my return information to the designated recipients. My returns and return information for the last three years will be reviewed in the evaluation of my suitability for appointment or employment with the IRS. This consent is made pursuant to 26 U.S.C. § 6103(c), which permits the release of returns and return information, which would otherwise be confidential, to my designee. This consent is considered part of my application for employment with the Service and is subject to the Privacy Act of 1974, 5 U.S.C. § 552a.

We ask for the information on this form in order to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. 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. Generally, tax returns and return information are confidential, as required by I.R.C. § 6103.

The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time is 10 minutes per response. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

For IRS Use Only			
Has applicat filled and paid their tax returns on a timely basis for years stated in part 1?	Intelligence Interest		
☐ Yes ☐ No	☐ Yes ☐ No		
Remarks:			
Signature of IRS Official	Date		
Requesting Office			
Location of Office (Be specific)			
Full Name			
Title	Date		