

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 IRS - OMB Review Request Form</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: _____
<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: _____

SUPPORTING STATEMENT

1. CIRCUMSTANCES NECESSITATING COLLECTION OF INFORMATION

2. USE OF DATA

3. USE OF IMPROVED INFORMATION TECHNOLOGY TO REDUCE BURDEN

4. EFFORTS TO IDENTIFY DUPLICATION

5. METHODS TO MINIMIZE BURDEN ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

6. CONSEQUENCES OF LESS FREQUENT COLLECTION ON FEDERAL PROGRAMS OR
POLICY ACTIVITIES

7. SPECIAL CIRCUMSTANCES REQUIRING DATA COLLECTION TO BE INCONSISTENT WITH GUIDELINES IN 5 CFR 1320.5(d)(2)

8. CONSULTATION WITH INDIVIDUALS OUTSIDE OF THE AGENCY ON AVAILABILITY OF DATA, FREQUENCY OF COLLECTION, CLARITY OF INSTRUCTIONS AND FORMS, AND DATA ELEMENTS

9. EXPLANATION OF DECISION TO PROVIDE ANY PAYMENT OR GIFT TO RESPONDENTS

10. ASSURANCE OF CONFIDENTIALITY OF RESPONSES

11. JUSTIFICATION OF SENSITIVE QUESTIONS

12. ESTIMATED BURDEN OF INFORMATION COLLECTION

13. ESTIMATED TOTAL ANNUAL COST BURDEN TO RESPONDENTS

14. ESTIMATED ANNUALIZED COST TO THE FEDERAL GOVERNMENT

15. REASONS FOR CHANGE IN BURDEN

16. PLANS FOR TABULATION, STATISTICAL ANALYSIS AND PUBLICATION

17. REASONS WHY DISPLAYING THE OMB EXPIRATION DATE IS INAPPROPRIATE

18. EXCEPTIONS TO THE CERTIFICATION STATEMENT ON OMB PRA SUBMISSION FORM

19. REASON FOR EMERGENCY SUBMISSION