

# Login Page



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## Login

**Username**   
**Password**

[Not registered? Register here](#)

### FORGOT YOUR PASSWORD?

If you have forgotten your password, or your password is not working for some reason, [click here](#) to get a new one. You will need your username, name, SSN, date of birth, and shared secrets used in the original registration.

**WARNING!** You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

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# Select Organization Page

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Address [ID=06-36b047c9-d01-0090-0000-42b000042b&GUID=45MAUTHREASON=5&TARGET=\\$SM#https://a.dev.vds.no.irs.gov/servlets/iclient/servlet/PSCRDEV/23cmd=stat](https://a.dev.vds.no.irs.gov/servlets/iclient/servlet/PSCRDEV/23cmd=stat) Go Links

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**Select Organization**

**Select the organization you will represent in this session:**

Each item below represents an organization for which you are authorized to perform work. By selecting an organization, you are logging in as that organization; you will be able to perform work for only that organization.

**Individual**

- ALT GOLD CORP, DAGERAQYAERY, CVHZDGHZD, BLY, 21144
- THE BLOWFLAG HOUSE CHARTERED, 0004 E DEFENGLANGUAGEINSTITUTE N, IDAHO FALLS, ID, 83999
- LAVA, 123 main st, lanham, MD, 12346
- PARTNERS SMITH, INC., 1445 East Street, Lanham, MD, 20706
- john f, 123 Irs Way, lanham, MD, 20706
- stinway, 1234 MAIN rd, LANHAM, MD, 20706

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E-services page

Electronic Account Resolution

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Address <https://a.dev.vda.nc.no.ks.gov/servelets/client/servelet/FSCRODEV7/cmd=stat> Go Links

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**services**

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[Young's Experiment](#)

**welcome to IRS e-services**

**John Ford**

**Application**  
Access to apply or revise an existing application on-line for Participation in IRS e-file Program, Preparer Tax Identification Number (PTIN) or Taxpayer Identification Number (TIN) Matching

**Disclosure Authorization**  
Use **Form 2848 Power of Attorney and Declaration of Representative** to authorize an individual to represent taxpayer before the IRS. The individual authorized must be eligible to practice before the IRS. The authorization of a representative will also allow that individual to receive and inspect the individual taxpayer confidential tax information. Used with respect to any tax imposed by the Internal Revenue Code (Except alcohol and tobacco taxes and firearms activities). Use **Form 8821 Tax Information Authorization** to authorize an individual or organization to receive and inspect the taxpayer confidential tax information before the IRS.

**Electronic Account Resolution**  
Allows authorized and authenticated practitioners with the capability to submit inquiries regarding issues related to individual or business taxpayer accounts. There are five common inquiries: Account Problems Inquiry, Complex Refund Inquiry, Notice Inquiry, Installment Agreement Inquiry, and Payment Tracer Inquiry. In addition, Follow-up Inquiry allows practitioners to submit additional information on a previously submitted inquiry, and Multiple Inquiries allow practitioners to submit up to five of the common inquiries for the same taxpayer.

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# EAR Menu Page

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## Electronic Account Resolution

**services**

- Registration Services
- Problem Reporting Application
- Disclosure Automation
- Electronic Account Resolution
- Transmit Calvert Systems
- Yonks Experiment

**Account Problems Inquiry**  
Account Problems Inquiry allows a tax practitioner to submit an inquiry related to an account problem.

**Complex Refund Inquiry**  
Complex Refund Inquiry allows a tax practitioner to submit an inquiry regarding a complex refund.

**Notice Inquiry**  
Notice Inquiry allows a tax practitioner to submit an inquiry related to an IRS notice received by a taxpayer through the mail.


**Instalment Agreement Inquiry**  
Instalment Agreement Inquiry allows a tax practitioner to submit an inquiry related to a taxpayer instalment agreement with the IRS.

**Payment Tracer Inquiry**  
Payment Tracer Inquiry allows a tax practitioner to request the trace of a payment to a taxpayer's account.

**Multiple Inquiries**  
Multiple inquiries allow a tax practitioner to complete and submit multiple inquiry forms for the same taxpayer.

**Follow Up Inquiry**  
Follow-up inquiry allows a tax practitioner to submit additional information on a previously submitted inquiry.

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# EAR Menu Page

The screenshot shows a web browser window displaying the Internal Revenue Service (IRS) website. The browser's address bar shows the URL: <https://a.dsv.vda.nc.no.irs.gov/servlets/clientzservice/PSCRDEV?cmd=start>. The page header includes the IRS logo and the text "Internal Revenue Service The Digital Daily" and "DEPARTMENT OF THE TREASURY". A navigation bar contains links for "Home", "e-services", "Online Tutorials", "Help", and "Sign Out".

The main content area is titled "Electronic Account Resolution" and lists several services:

- Account Problems Inquiry**: Account Problems Inquiry allows a tax practitioner to submit an inquiry related to an account problem.
- Complex Refund Inquiry**: Complex Refund inquiry allows a tax practitioner to submit an inquiry regarding a complex refund.
- Notice Inquiry**: Notice Inquiry allows a tax practitioner to submit an inquiry related to an IRS notice received by a taxpayer through the mail.
- Installment Agreement Inquiry**: Installment Agreement inquiry allows a tax practitioner to submit an inquiry related to a taxpayer's installment agreement with the IRS.
- Payment Tracer Inquiry**: Payment Tracer inquiry allows a tax practitioner to request the trace of a payment to a taxpayer's account.
- Multiple Inquiries**: Multiple inquiries allow a tax practitioner to complete and submit multiple inquiry forms for the same taxpayer.
- Follow Up Inquiry**: Follow-up inquiry allows a tax practitioner to submit additional information on a previously submitted inquiry.

A sidebar on the left lists various services: Registration Services, Problem Resolution, Application, Disclosure Authorization, Electronic Account Resolution, Transcript Delivery System, and e-file Enrollment. The "Electronic Account Resolution" link is highlighted.

At the bottom of the page, there is a "e-services Privacy Policy" link and a "Captured by Snagit" watermark with the text "Buy now to prevent this tag www.techsmith.com".

# Account Problems Taxpayer Info Page - Individual



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|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFOR               |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

## Please Enter Primary Taxpayer Information

**Primary Taxpayer Information**

Social Security Number    Employer Identification Number

\*Social Security Number (Required): 123-47-7339

Business Name: \_\_\_\_\_

\*First Name (Required): Sal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 45834 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Orlando

\*State (Required): Florida

\*Postal Code (Required): 21153

\*Country (Required): United States

- To continue, please select one of the following:
- Select *Previous* to go back to the previous page.
  - Select *Next* to go the specific inquiry page.
  - Select *Cancel* to return to the Electronic Account Resolution Menu page.
  - Please print this screen. If you do not have access to a printer, please record the information for your records.

[Previous](#)   [Next](#)   [Cancel](#)



## Account Problems Specific Page - Individual

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Address https://a.dev.vda.nc.no.irs.gov/servlets/olenterservlet/PSCRDEV?cmd=start

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e-services > e-services > Electronic Account Resolution > EAR > Account Problems Inquiry

### Account Problems

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:  No  Yes

\*Tax Form Number (Required):

\*Tax Period (Required):  (e.g. YYYYMM)

- Select **Add** to add. Your addition will appear in the table below.
- Select **Clear** to clear the form.

| Tax Form Number | Tax Period | Edit |        |
|-----------------|------------|------|--------|
| 1 1040          | 197112     | Edit | Delete |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen, if you do not have access to a printer, please record the information for your records.

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**List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)**





# Account Problems Comments Page - Individual

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Address: https://fa.dev.vde.nc.no.irs.gov/servlets/clientserve/PSCRDEV7/cmd-stat Go Links

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### Comments

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFOR               |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |


Please Enter Your Comment( Limit = 5000 Characters)

**\*Enter Comments(Required):**

Comments

To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the *Electronic Account Resolution* Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Account Problems Confirmation Page - Individual

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---

**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                         |                              |
|-------------------------|------------------------------|
| Primary Taxpayer:       | Sal Smith                    |
| Social Security Number: | 123-47-7339                  |
| Tracking Number:        | 567918942164448              |
| Date/Time:              | 04/17/2003 4:49PM            |
| Inquiry Type:           | Account Problem - Individual |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Account Problems Taxpayer Page - Business



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Electronic e-services > Electronic Account Resolution > EAR > Account Problems Inquiry

## Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

## Please Enter Primary Taxpayer Information

Social Security Number     Employer Identification Number

\*Employer Identification Number (Required):

\*Business Name (Required):   
First Name:   
Middle Initial:   
Last Name:

\*Address Line 1 (Required):   
Address Line 2:   
Address Line 3:

\*City (Required):   
\*State (Required):   
\*Postal Code (Required):   
\*Country (Required):

- To continue, please select one of the following:
- Select **Previous** to go back to the previous page.
  - Select **Next** to go to the specific inquiry page.
  - Select **Cancel** to return to the Electronic Account Resolution Menu page.
  - **Please print this screen.** If you do not have access to a printer, please record the information for your records.



## Account Problems Specific Page - Business

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**Account Problems**

---

First Name: John  
Last Name: Ford  
Telephone: NONE  
Fac: None

Address: 1445 East Street  
City: Lanham  
State: MD  
Zip: 20708

User ID: JOHNFORD  
Email: laura.b.mangoba@irs.gov  
Company: PARTNERS SMITH, INC.  
EFIN: 820514

---

**Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press Add button to add CAF Information in the table and press Accept button for CAF check.**

**Please Enter Required Information(May Enter More Than Once)**

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):  (e.g. YYYYMM)

- Select **Add** to add. Your addition will appear in the table below.
- Select **Clear** to clear the form.

|   | Tax Form Number | Tax Period | Edit |        |
|---|-----------------|------------|------|--------|
| 1 | 11120           | 197112     | Edit | Delete |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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**List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)**

| Ques         | Answer           | Category   |   |        |
|--------------|------------------|------------|---|--------|
| TIN_TYPR_IRS | HFT_TYPR_HBR_IRS | HFT_CD_IRS | HFT_TYPR_TAX_IRS  | FURMLR |
| 0            | 1040             | 30         | Income  | 1040,  |
| 0            | 1040A            | 30         | Income  | 1040,  |
| 0            | 1040C            | 30         | Income  | 1040,  |
| 0            | 1040EZ           | 30         | Income  | 1040,  |
| 0            | 1040NR           | 30         | Income  | 1040,  |
| 0            | 1040REZ          | 30         | Income  | 1040,  |
| 0            | 1040PR           | 30         | Income  | 1040,  |
| 0            | 1040SS           | 30         | Income  | 1040,  |
| 0            | 1040X            | 30         | Income  | 1040,  |
| 2            | CT-1             | 9          | Railroad Retirement   | CT-1   |
| 2            | 1041             | 5          | Fiduciary   | 1041,  |
| 2            | 1041A            | 36         | Trust Accumulation  | 1041A, |
| 2            | 1041W            | 5          | Fiduciary   | 1041,  |
| 2            | 1041OPT          | 5          | Fiduciary   | 1041,  |
| 2            | 1042             | 12         | Annual Withholding Tax Return for US Source Income of Foreign Persons | 1042   |
| 2            | 106S             | 6          | Partnership   | 106S,  |
| 2            | 106SB            | 6          | Partnership   | 106S,  |
| 2            | 106SPTP          | 6          | Partnership   | 106S,  |
| 2            | 1066             | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066   |
| 2            | 1066 SCH Q       | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066   |
| 2            | 11C              | 69         | Special Tax Return and Application for Registry-Wagering              | 11C    |
| 2            | 1120             | 2          | Corporation Income  | 1120   |
| 2            | 1120A            | 2          | Corporation Income  | 1120   |
| 2            | 1120F            | 2          | Corporation Income  | 1120   |
| 2            | 1120FSC          | 2          | Corporation Income  | 1120   |
| 2            | 1120H            | 2          | Corporation Income  | 1120   |
| 2            | 1120L            | 2          | Corporation Income  | 1120   |
| 2            | 1120ND           | 2          | Corporation Income  | 1120   |
| 2            | 1120PC           | 2          | Corporation Income  | 1120   |
| 2            | 1120PDL          | 2          | Corporation Income  | 1120   |
| 2            | 1120RIT          | 2          | Corporation Income  | 1120   |
| 2            | 1120RIC          | 2          | Corporation Income  | 1120   |
| 2            | 1120S            | 2          | Corporation Income  | 1120   |
| 2            | 1120SF           | 2          | Corporation Income  | 1120   |
| 2            | 1120X            | 2          | Corporation Income  | 1120   |
| 2            | 1139             | 2          | Corporation Income  | 1139   |
| 2            | 2290             | 60         | Heavy Highway Vehicle Use   | 2290,  |
| 2            | 2290EZ           | 60         | Heavy Highway Vehicle Use   | 2290,  |
| 2            | 4570             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 4720             | 50         | Excise Tax  | 4720   |
| 2            | 5227             | 37         | Split-Interest Trust  | 5227   |
| 2            | 5300             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5303             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5307             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5309             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5310             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5310A            | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5330             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5500             | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5500C/R          | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 5500EZ           | 74         | 5500 - Pension Plans  | 5300,  |
| 2            | 706              | 52         | Estate  | 706    |
| 2            | 706B             | 52         | Estate  | 706    |
| 2            | 706GD            | 78         | Generation-Skipping Transfer for Distribution                         | 706GS, |
| 2            | 706GS-T          | 77         | Generation-Skipping Transfer for Terminations                         | 706GS, |
| 2            | 706MA            | 52         | Estate  | 706    |
| 2            | 709              | 51         | Gift  | 709,   |
| 2            | 709A             | 51         | Gift  | 709,   |
| 2            | 720              | 3          | Excise  | 720    |
| 2            | 730              | 64         | Wagering  | 730,   |
| 2            | 730C             | 64         | Wagering  | 730,   |
| 2            | 8030             | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8030G            | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8030GC           | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8030T            | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8752             | 15         | Computation of Required Payment or Refund                             | 8752   |
| 2            | 8804             | 8          | Partnership Withholding   | 8813,  |
| 2            | 8805             | 8          | Partnership Withholding   | 8813,  |
| 2            | 940              | 10         | FUTA  | 940,   |
| 2            | 940B-FILR        | 10         | FUTA  | 940,   |
| 2            | 940EZ            | 10         | FUTA  | 940,   |
| 2            | 940PR            | 10         | FUTA  | 940,   |
| 2            | 940V             | 10         | FUTA  | 940,   |
| 2            | 941              | 1          | Employers Quarterly   | 941,   |
| 2            | 941C(PR)         | 1          | Employers Quarterly   | 941,   |
| 2            | 941E             | 1          | Employers Quarterly   | 941,   |
| 2            | 941PR            | 1          | Employers Quarterly   | 941,   |
| 2            | 941SS            | 1          | Employers Quarterly   | 941,   |
| 2            | 941THL           | 1          | Employers Quarterly   | 941,   |
| 2            | 941V             | 1          | Employers Quarterly   | 941,   |
| 2            | 942              | 4          | Household Employees FICA  | 942    |
| 2            | 942PR            | 4          | Household Employees FICA  | 942    |
| 2            | 942V             | 4          | Household Employees FICA  | 942    |
| 2            | 943              | 11         | Agricultural  | 943,   |
| 2            | 943PR            | 11         | Agricultural  | 943,   |
| 2            | 943V             | 11         | Agricultural  | 943,   |
| 2            | 945              | 16         | Annual Return of Withheld Federal Income Tax                          | 945    |
| 2            | 945A             | 16         | Annual Return of Withheld Federal Income Tax                          | 945    |
| 2            | 990              | 67         | Return of Organization Exempt from Income                             | 990,   |
| 2            | 990C             | 33         | Farmer's Co-op  | 990C   |
| 2            | 990EZ            | 67         | Return of Organization Exempt from Income                             | 990,   |
| 2            | 990PF            | 44         | Return of Private Foundation  | 990PF  |
| 2            | 990T             | 34         | Trust   | 990T   |


99 Row(s) affected

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### Comments

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

Please Enter Your Comment (Limit = 5000 Characters)


**\*Enter Comments(Required):**

account problem for business comments

**To continue, please select one of the following:**


- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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Address <https://a.dev.vda.nc.no.irs.gov/servez/c/e/servic/PSCRDEV/7cmd=stat> Go Links

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e-services > e-services > Electronic Account Resolution > EAR > Account Problems Inquiry

---

### Confirmation Message

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | UserID: JOHNFOR                |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**

|                                 |                            |
|---------------------------------|----------------------------|
| Primary Taxpayer:               | ABC Co                     |
| Employer Identification Number: | 62-3467237                 |
| Tracking Number:                | 013153477171737            |
| Date/Time:                      | 04/17/2003 5:19PM          |
| Inquiry Type:                   | Account Problem - Business |


---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

---

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# Complex Refund Taxpayer Info Page - Individual

File Edit View Favorites Tools Help  
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Address: https://a.dev.vde.no.no.is.gov/services/client/service/PSCRDEV/7cmd=stat Go Links ?

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e-services > e-services > Electronic Account Resolution > EAR > Complex Refund Inquiry

### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFOR               |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Information

Primary Taxpayer Information

Social Security Number     Employer Identification Number

\*Social Security Number (Required): 123-47-7339

Business Name: \_\_\_\_\_

\*First Name (Required): Sal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 45834 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Washington

\*State (Required): District of Columbia

\*Postal Code (Required): 21153

\*Country (Required): United States

### Secondary Taxpayer Information (Optional)

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

Previous    Next    Cancel

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## Complex Refund Specific Page - Individual

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Address: https://ia.dev.vda.nc.no.irs.gov/services/clientsest/PSCRDEV/?cmd=stat

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eservices > e-services > Electronic Account Resolution > EAR > Complex Refund Inquiry

### Complex Refund

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

**Please Enter Required Information(May Enter More Than Once)**

|  |  |
|--|--|
| *Centralized Authorization File Number (CAF) (Required): | <input type="text" value="030000074"/>               |
| *Practitioner Email Address (Required):                  | <input type="text" value="laura.b.mangoba@irs.gov"/> |
| Alternate Service Site:                                  | <input type="text" value="No"/>                      |
| *Tax Form Number (Required):                             | <input type="text"/>                                 |
| *Tax Period (Required):                                  | <input type="text" value="(e.g. YYYYMM)"/>           |
| *Refund Type (Required):                                 | <input type="text"/>                                 |
| *Refund Title (Required):                                | <input type="text"/>                                 |
| *Amount of Refund (Required):                            | <input type="text"/>                                 |
| *Date Tax Form Was Filed (Required):                     | <input type="text"/>                                 |

- Select **Add** to add. Your addition will appear in the table below.
- Select **Clear** to clear the form.

|  | Tax Form Number | Tax Period | Refund Type | Refund Title | Amount of Refund | Date tax form was filed | Edit                 |                        |
|--|-----------------|------------|-------------|--------------|------------------|-------------------------|----------------------|------------------------|
|  | 14120           | 197112     | Paper Check | Not Received | 333.00           | 04/17/2003              | <a href="#">Edit</a> | <a href="#">Delete</a> |

Your entries are shown above. To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)



## Complex Refund Type Values From Drop-down Button

Complex Refund Component - Microsoft Internet Explorer

Address: <https://la.dev.vdo.nc.no.irs.gov/servlets/clientServlet/PSCRDEV/7cmd=stat>

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First Name: JGMH Address: 1443 Last Street User ID: JGMH01010  
Last Name: Ford City: Lanham Email: laura.b.mangoba@irs.gov  
Telephone: NONE State: MD Company: PARTNERS SMITH, INC.  
Fax: None Zip: 20706 EFIN: 820514

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Refund Type (Required):

\*Refund Title (Required):

\*Amount of Refund (Required):

\*Date Tax Form Was Filed (Required):

- Select **Add** to add. Your addition will appear in the table below
- Select **Clear** to clear the form.

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Done

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## Complex Refund Title Values From Drop-down Button

Complex Refund Component - Microsoft Internet Explorer

Address: https://fa.dev.vde.nc.no.is.gov/servlets/clientServlet/PSCRDEV/7cmd-start

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First Name: JAMES  
Last Name: Ford City: Lanham Email: laura.b.mangoba@irs.gov  
Telephone: NONE State: MD Company: PARTNERS SMITH, INC.  
Fax: None Zip: 20708 EFIN: 820514

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information (May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required): laura.b.mangoba@irs.gov

Alternate Service Site: No

\*Tax Form Number (Required):

\*Tax Period (Required):  (e.g. YYYYMM)

\*Refund Type (Required):

\*Refund Title (Required):

\*Amount of Refund (Required):

\*Date Tax Form Was Filed (Required):  
Destroyed  
Lost  
Not Received  
Received and Signed  
Stolen


- Select **Add** to add Your addition will appear in the table
- Select **Clear** to clear the form.

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# Complex Refund Comments Page - Individual

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Address <https://a.dev.vdo.nc.no.irs.gov/servlets/clientServlet/PSCRDEV?cmd=stat> Go Links

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e-services > e-services > Electronic Account Resolution > EAR > Complex Refund Inquiry

### Comments

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NCNE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |


Please Enter Your Comment (Limit = 5000 Characters)

**\*Enter Comments(Required):**

Complex Refund for Individual comments

To continue, please select one of the following:

- Select *Previous* to go back to the previous page.
- Select *Next* to send your information for processing.
- Select *Cancel* to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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# Complex Refund Confirmation Page - Individual

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Address: <https://a.dev.vde.no.no.us.gov/services/client/service/PSCRDEV/?cmd=stat> Go Link

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---

**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORN              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: NONE        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                         |                             |
|-------------------------|-----------------------------|
| Primary Taxpayer:       | Sal Smith                   |
| Social Security Number: | 123-47-7339                 |
| Tracking Number:        | 371998556172393             |
| Date/Time:              | 04/17/2003 5:27PM           |
| Inquiry Type:           | Complex Refund - Individual |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Complex Refund Taxpayer Page - Business

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Address <https://ia.dev.vdo.nc.no.irs.gov/servlets/identifierServlet/PSCRDEV/7cmd=stat> Go Link

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---

### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

### Please Enter Primary Taxpayer Information

Primary Taxpayer Information

Social Security Number  Employer Identification Number

\*Employer Identification Number (Required): 52-3289098

\*Business Name (Required): BBB Co

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

\*Address Line 1 (Required): 1 Main st

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Washington

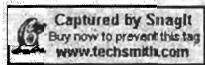
\*State (Required): District of Columbia

\*Postal Code (Required): 20037

\*Country (Required): United States

To continue, please select one of the following:

- Select *Previous* to go back to the previous page.
- Select *Next* to go to the specific inquiry page.
- Select *Cancel* to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Complex Refund Specific Page - Business

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Address: <https://a.dev.vde.no.irs.gov/servlets/clientervlet/PSCRDEV?cmd=start>

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Home > e-services > Electronic Account Resolution > EIR > Complex Refund Inquiry

### Complex Refund

|                  |                           |   |
|------------------|---------------------------|---|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD   |
| Last Name: Ford  | City: Lanham              | Email: <a href="mailto:laura.b.mangoba@irs.gov">laura.b.mangoba@irs.gov</a> |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.   |
| Fax: None        | Zip: 20708                | EFIN: 820514  |

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

**Please Enter Required Information(May Enter More Than Once)**

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Refund Type (Required):

\*Refund Title (Required):

\*Amount of Refund (Required):

\*Date Tax Form Was Filed (Required):

- Select **Add** to add . Your addition will appear in the table below.
- Select **Clear** to clear the form.

|   | Tax Form Number | Tax Period | Refund Type | Refund Title | Amount of Refund | Date tax form was filed | Edit |        |
|---|-----------------|------------|-------------|--------------|------------------|-------------------------|------|--------|
| 1 | 1040            | 197412     | Paper Check | Lost         | 344.00           | 04/17/2003              | Edit | Delete |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)



| FORM         | Result           | Category   | FORM  |
|--------------|------------------|------------|---|
| TIN_TYPR_IRS | MFI_TYPR_NBR_IRS | MFI_CD_IRS | MFI_TYPR_TAX_IRS  |
| 0            | 1040             | 30         | Income  |
| 0            | 1040A            | 30         | Income  |
| 0            | 1040C            | 30         | Income  |
| 0            | 1040EZ           | 30         | Income  |
| 0            | 1040NR           | 30         | Income  |
| 0            | 1040NREZ         | 30         | Income  |
| 0            | 1040PR           | 30         | Income  |
| 0            | 1040SS           | 30         | Income  |
| 0            | 1040X            | 30         | Income  |
| 2            | CT-1             | 9          | Railroad Retirement   |
| 2            | 1041             | 5          | Fiduciary   |
| 2            | 1041A            | 36         | Trust Accumulation  |
| 2            | 1041M            | 5          | Fiduciary   |
| 2            | 1041QFT          | 5          | Fiduciary   |
| 2            | 1042             | 12         | Annual Withholding Tax Return for US Source Income of Foreign Persons |
| 2            | 1065             | 6          | Partnership   |
| 2            | 1065B            | 6          | Partnership   |
| 2            | 1065FP           | 6          | Partnership   |
| 2            | 1066             | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             |
| 2            | 1066 SCH Q       | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             |
| 2            | 11C              | 63         | Special Tax Return and Application for Registry-Wagering              |
| 2            | 1120             | 2          | Corporation Income  |
| 2            | 1120A            | 2          | Corporation Income  |
| 2            | 1120F            | 2          | Corporation Income  |
| 2            | 1120FSC          | 2          | Corporation Income  |
| 2            | 1120H            | 2          | Corporation Income  |
| 2            | 1120L            | 2          | Corporation Income  |
| 2            | 1120ND           | 2          | Corporation Income  |
| 2            | 1120PC           | 2          | Corporation Income  |
| 2            | 1120POL          | 2          | Corporation Income  |
| 2            | 1120REIT         | 2          | Corporation Income  |
| 2            | 1120RIC          | 2          | Corporation Income  |
| 2            | 1120S            | 2          | Corporation Income  |
| 2            | 1120SF           | 2          | Corporation Income  |
| 2            | 1120X            | 2          | Corporation Income  |
| 2            | 1139             | 2          | Corporation Income  |
| 2            | 2290             | 60         | Heavy Highway Vehicle Use   |
| 2            | 2290EZ           | 60         | Heavy Highway Vehicle Use   |
| 2            | 4578             | 74         | 5500 - Pension Plans  |
| 2            | 4720             | 50         | Excise Tax  |
| 2            | 5227             | 37         | Split-Interest Trust  |
| 2            | 5300             | 74         | 5500 - Pension Plans  |
| 2            | 5303             | 74         | 5500 - Pension Plans  |
| 2            | 5307             | 74         | 5500 - Pension Plans  |
| 2            | 5309             | 74         | 5500 - Pension Plans  |
| 2            | 5310             | 74         | 5500 - Pension Plans  |
| 2            | 5310A            | 74         | 5500 - Pension Plans  |
| 2            | 5390             | 74         | 5500 - Pension Plans  |
| 2            | 5500             | 74         | 5500 - Pension Plans  |
| 2            | 5500/R           | 74         | 5500 - Pension Plans  |
| 2            | 5500EZ           | 74         | 5500 - Pension Plans  |
| 2            | 706              | 52         | Estate  |
| 2            | 706B             | 52         | Estate  |
| 2            | 706GS-D          | 78         | Generation-Skipping Transfer for Distribution                         |
| 2            | 706GS-T          | 77         | Generation-Skipping Transfer for Terminations                         |
| 2            | 706MA            | 52         | Estate  |
| 2            | 709              | 51         | Gift  |
| 2            | 709A             | 51         | Gift  |
| 2            | 720              | 3          | Excise  |
| 2            | 730              | 64         | Wagering  |
| 2            | 730C             | 64         | Wagering  |
| 2            | 8036             | 46         | Non-Master File Assessment Voucher                                    |
| 2            | 8038C            | 46         | Non-Master File Assessment Voucher                                    |
| 2            | 8038CC           | 46         | Non-Master File Assessment Voucher                                    |
| 2            | 8038T            | 46         | Non-Master File Assessment Voucher                                    |
| 2            | 8752             | 15         | Computation of Required Payment or Refund                             |
| 2            | 8804             | 8          | Partnership Withholding   |
| 2            | 8805             | 8          | Partnership Withholding   |
| 2            | 940              | 10         | FUTA  |
| 2            | 940X-FILE        | 10         | FUTA  |
| 2            | 940EZ            | 10         | FUTA  |
| 2            | 940PR            | 10         | FUTA  |
| 2            | 940V             | 10         | FUTA  |
| 2            | 941              | 1          | Employers Quarterly   |
| 2            | 941C(PB)         | 1          | Employers Quarterly   |
| 2            | 941M             | 1          | Employers Quarterly   |
| 2            | 941PR            | 1          | Employers Quarterly   |
| 2            | 941SS            | 1          | Employers Quarterly   |
| 2            | 941TEL           | 1          | Employers Quarterly   |
| 2            | 941V             | 1          | Employers Quarterly   |
| 2            | 942              | 4          | Household Employees FICA  |
| 2            | 942R             | 4          | Household Employees FICA  |
| 2            | 942V             | 4          | Household Employees FICA  |
| 2            | 943              | 11         | Agricultural  |
| 2            | 943PR            | 11         | Agricultural  |
| 2            | 943V             | 11         | Agricultural  |
| 2            | 945              | 16         | Annual Return of Withheld Federal Income Tax                          |
| 2            | 945A             | 16         | Annual Return of Withheld Federal Income Tax                          |
| 2            | 990              | 67         | Return of Organization Exempt from Income                             |
| 2            | 990C             | 38         | Farmers Co-op   |
| 2            | 990EZ            | 67         | Return of Organization Exempt from Income                             |
| 2            | 990FF            | 44         | Return of Private Foundation  |
| 2            | 990T             | 34         | Trust   |

99 Row(s) affected

## Complex Refund Type Values From Drop-down Button

Complex Refund Component - Microsoft Internet Explorer

Address: <https://la.dev.vde.nc.no.irs.gov/servlets/clientserve/PSCRDEV/?cmd=stat>

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|------------------|---------------------------|------------------|--------------------------------|----------|
| First Name: JOHN | Address: 1443 East Street |                  | User ID: JOHN GND              |          |
| Last Name: Ford  | City: Lanham              |                  | Email: laura.b.mangoba@irs.gov |          |
| Telephone: NONE  | State: MD                 |                  | Company: PARTNERS SMITH, INC.  |          |
| Fax: None        | Zip: 20706                |                  | EFIN: 820514                   |          |

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Refund Type (Required):

\*Refund Title (Required):

\*Amount of Refund (Required):

\*Date Tax Form Was Filed (Required):

- Select **Add** to add . Your addition will appear in the table below
- Select **Clear** to clear the form.

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Done

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# Complex Refund Title Values From Drop-down Button

**Complex Refund Component - Microsoft Internet Explorer**

Address: <https://la.dev.vde.nc.no.irs.gov/services/client/service/PSCRDEV7/cmd-start>

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First Name: John Address: 1445 Lanham Blvd  
Last Name: Ford City: Lanham Email: laura.b.mangoba@irs.gov  
Telephone: NONE State: MD Company: PARTNERS SMITH, INC.  
Fax: None Zip: 20706 EFIN: 820514

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required): laura.b.mangoba@irs.gov  
Alternate Service Site: No

\*Tax Form Number (Required):

\*Tax Period (Required):  (e.g. YYYYMM)

\*Refund Type (Required):

\*Refund Title (Required):

\*Amount of Refund (Required):

\*Date Tax Form Was Filed (Required):  
Destroyed  
Lost  
Not Received  
Received and Signed  
Stolen


- Select **Add** to add . Your addition will appear in the table.
- Select **Clear** to clear the form.

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# Complex Refund Taxpayer Bank Info Page

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Address: <https://a.dev.vde.nc.no.us.gov/servlets/clientserve/PSCRDEV/?cmd=stat> Go Links

 **Internal Revenue Service** The Digital Daily  
DEPARTMENT OF THE TREASURY

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e-services > e-services > Electronic Account Resolution > EAR > Complex Refund Inquiry

### Taxpayer Bank Information

|                  |                           |   |
|------------------|---------------------------|---|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD   |
| Last Name: Ford  | City: Lanham              | Email: <a href="mailto:faura.b.mangoba@irs.gov">faura.b.mangoba@irs.gov</a> |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.   |
| Fax: None        | Zip: 20706                | EPIN: 820514  |

Please Enter Primary Taxpayer Bank Information


Primary Taxpayer Bank Information

|  |  |
|--|--|
| *Business Taxpayer Bank Name (Required):           | <input type="text" value="Citibank"/>  |
| Refund Anticipation Loan:                          | <input type="text"/>                   |
| *Business Taxpayer Bank Account Number (Required): | <input type="text" value="234527388"/> |
| *Business Taxpayer Bank Routing Number (Required): | <input type="text" value="090967067"/> |

To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the comments Page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen, if you do not have access to a printer, please record the information for your records.

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# Complex Refund Comments Page - Business

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**Comments**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |


Please Enter Your Comment( Limit = 5000 Characters)

**\*Enter Comments(Required):**

Complex Refund for Business comments

To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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# Complex Refund Confirmation Page - Business

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---

**Confirmation Message**

---

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | UserID: JOHNFORD               |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request was forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                                 |                           |
|---------------------------------|---------------------------|
| Primary Taxpayer:               | ABC Co                    |
| Employer Identification Number: | 52-3523678                |
| Tracking Number:                | 742027039173035           |
| Date/Time:                      | 04/17/2013 5:33PM         |
| Inquiry Type:                   | Complex Refund - Business |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

---

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# Notice Taxpayer Info Page - Individual

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Address: https://a.dev.vde.no.irs.gov/servlets/client/servlet/PSCRDEV?cmd=stat

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---

### Taxpayer Information

---

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

### Please Enter Primary Taxpayer Information

Primary Taxpayer Information

Social Security Number     Employer Identification Number

\*Social Security Number (Required): 123-47-7339

Business Name: \_\_\_\_\_

\*First Name (Required): Bal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 450345 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Orlando


\*State (Required): Florida

\*Postal Code (Required): 21153

\*Country (Required): United States

To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the specific Inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Notice Specific Page - Individual

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Home e-services Online Tutorials Help Sign Out

breadcrumb > e-services > Electronic Account Resolution > EIR > Notice Inquiry

**Notice**

---

First Name: John  
Last Name: Ford  
Telephone: NONE  
Fax: None

Address: 1445 East Street  
City: Lanham  
State: MD  
Zip: 20708

User ID: JOHNFORD  
Email: laura.b.mangoba@irs.gov  
Company: PARTNERS SMITH, INC.  
EFIN: 820514

---

**Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press Add button to add CAF information in the table and press Accept button for CAF check.**

**Please Enter Required Information(May Enter More Than Once)**

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Notice Number (Required):

\*Notice Date (Required):

- Select **Add** to add Notice Inquiry. Your addition will appear in the table below.
- Select **Clear** to clear this form.

| Tax Form Number | Tax Period | Notice Date | Notice Number | Edit |        |
|-----------------|------------|-------------|---------------|------|--------|
| 1040            | 197412     | 04/01/2003  | N23332        | Edit | Delete |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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**List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)**





# Notice Comments Page - Individual

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e-services > e-services > Electronic Account Resolution > EAR > Notice Inquiry

### Comments


|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 920514                   |

Please Enter Your Comment (Limit = 5000 Characters)

**\*Enter Comments(Required):**  
Notice for individual comments

To continue, please select one of the following:


- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen, if you do not have access to a printer, please record the information for your records.

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## Notice Confirmation Page - Individual

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---

**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, NC    |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.


**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**

|                         |                     |
|-------------------------|---------------------|
| Primary Taxpayer:       | Sal Smith           |
| Social Security Number: | 123-47-7339         |
| Tracking Number:        | 861812189175056     |
| Date/Time:              | 04/17/2003 5:52PM   |
| Inquiry Type:           | Notice - Individual |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Notice Taxpayer Page - Business

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### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20705                | EFIN: 020514                   |

### Please Enter Primary Taxpayer Information

Primary Taxpayer Information

Social Security Number     Employer Identification Number

\*Employer Identification Number (Required): 52-3747374

\*Business Name (Required): ABC Co

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

\*Address Line 1 (Required): 8009 Albertus St

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Pleasanton

\*State (Required): California

\*Postal Code (Required): 94588

\*Country (Required): United States

To continue, please select one of the following:


- Select **Previous** to go back to the previous page.
- Select **Next** to go the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

Previous    Next    Cancel

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## Notice Specific Page - Business



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**Notice**

---

**First Name:** John  
**Last Name:** Ford  
**Telephone:** NONE  
**Fax:** None

**Address:** 1445 East Street  
**City:** Lanham  
**State:** MD  
**Zip:** 20706

**User ID:** JOHNFORD  
**Email:** laura.b.mangoba@irs.gov  
**Company:** PARTNERS SMITH, INC.  
**EFIN:** 820514

---

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

**Please Enter Required Information (May Enter More Than Once)**

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):  (e.g. YY)MM

\*Notice Number (Required):

\*Notice Date (Required):


- Select **Add** to add Notice Inquiry. Your addition will appear in the table below.
- Select **Clear** to clear the form.

| Tax Form Number | Tax Period | Notice Date | Notice Number | Edit |        |
|-----------------|------------|-------------|---------------|------|--------|
| 11120           | 197112     | 04/03/2003  | N36984        | Edit | Delete |

Your entries are shown above. To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.


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**List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)**

| HTF_CD_IRS | HTF_TYPE_TAX_IRS | FORM_N |
|------------|------------------|--------|
| 0          | 1040             | 1040   |
| 0          | 1040A            | 1040   |
| 0          | 1040C            | 1040   |
| 0          | 1040EZ           | 1040   |
| 0          | 1040NR           | 1040   |
| 0          | 1040NREZ         | 1040   |
| 0          | 1040PR           | 1040   |
| 0          | 1040SS           | 1040   |
| 0          | 1040X            | 1040   |
| 2          | CT-1             | CT-1   |
| 2          | 1041             | 1041   |
| 2          | 1041A            | 1041   |
| 2          | 1041F            | 1041   |
| 2          | 1041PT           | 1041   |
| 2          | 1042             | 1042   |
| 2          | 1065             | 1065   |
| 2          | 1065B            | 1065   |
| 2          | 1065PTP          | 1065   |
| 2          | 1066             | 1066   |
| 2          | 1066 SCR Q       | 1066   |
| 2          | 11C              | 11C    |
| 2          | 1120             | 1120   |
| 2          | 1120A            | 1120   |
| 2          | 1120F            | 1120   |
| 2          | 1120FSC          | 1120   |
| 2          | 1120R            | 1120   |
| 2          | 1120L            | 1120   |
| 2          | 1120MD           | 1120   |
| 2          | 1120PC           | 1120   |
| 2          | 1120POL          | 1120   |
| 2          | 1120RHT          | 1120   |
| 2          | 1120RIC          | 1120   |
| 2          | 1120S            | 1120   |
| 2          | 1120SF           | 1120   |
| 2          | 1120X            | 1120   |
| 2          | 1129             | 1129   |
| 2          | 2290             | 2290   |
| 2          | 2290EZ           | 2290   |
| 2          | 4678             | 4720   |
| 2          | 4720             | 50     |
| 2          | 5227             | 5227   |
| 2          | 5300             | 5300   |
| 2          | 5303             | 5300   |
| 2          | 5307             | 5300   |
| 2          | 5309             | 5300   |
| 2          | 5310             | 5300   |
| 2          | 5310A            | 5300   |
| 2          | 5330             | 5300   |
| 2          | 5600             | 5300   |
| 2          | 5600C/R          | 5300   |
| 2          | 5600EZ           | 5300   |
| 2          | 706              | 706    |
| 2          | 706B             | 706    |
| 2          | 706CS-D          | 706CS  |
| 2          | 706CS-T          | 706CS  |
| 2          | 706MA            | 706    |
| 2          | 709              | 709    |
| 2          | 709A             | 709    |
| 2          | 720              | 720    |
| 2          | 730              | 730    |
| 2          | 730C             | 730    |
| 2          | 8038             | 8038   |
| 2          | 8038C            | 8038   |
| 2          | 8038CC           | 8038   |
| 2          | 8038T            | 8038   |
| 2          | 8752             | 8752   |
| 2          | 8804             | 8813   |
| 2          | 8804             | 8813   |
| 2          | 940              | 940    |
| 2          | 940N-FILE        | 940    |
| 2          | 940EZ            | 940    |
| 2          | 940PR            | 940    |
| 2          | 940V             | 940    |
| 2          | 941              | 941    |
| 2          | 941C(PT)         | 941    |
| 2          | 941H             | 941    |
| 2          | 941PR            | 941    |
| 2          | 941SS            | 941    |
| 2          | 941TEL           | 941    |
| 2          | 941V             | 941    |
| 2          | 942              | 942    |
| 2          | 942PR            | 942    |
| 2          | 942V             | 942    |
| 2          | 943              | 943    |
| 2          | 943PR            | 943    |
| 2          | 943V             | 943    |
| 2          | 945              | 945    |
| 2          | 945A             | 945    |
| 2          | 990              | 990    |
| 2          | 990C             | 990    |
| 2          | 990EZ            | 990    |
| 2          | 990PF            | 990PF  |
| 2          | 990T             | 990T   |

99 Row(s) affected

# Notice Comments Page - Business

https://a.devt.vde.nc.no.is.gov/services/clientsevice/PSCRDEV/7cmd-start

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Home | e-services | Taxpayers | Taxpayers | Help | e-services

e-services > e-services > Electronic Account Resolution > EAR > Notice Inquiry

### Comments




|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20708                | EFIN: 820514                   |


Please Enter Your Comment( Limit = 5000 Characters)

**\*Enter Comments(Required):**  
Notice for business comments

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen: if you do not have access to a printer, please record the information for your records.

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# Notice Taxpayer Info Page - Individual

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Home e-services On-line Tutorials Help Sign Out

Home > e-services > Electronic Account Resolution > EAR > Notice Inquiry

### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None.       | Zip: 20706                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Information

**Primary Taxpayer Information**

Social Security Number     Employer Identification Number

\*Social Security Number (Required): 123-47-7339

Business Name: \_\_\_\_\_

\*First Name (Required): Sal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 456345 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Orlando


\*State (Required): Florida

\*Postal Code (Required): 21153

\*Country (Required): United States

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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e-services > e-services > Electronic Account Resolution > EAR > Notice Inquiry

---

**Confirmation Message**

---

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**

|                                 |                   |
|---------------------------------|-------------------|
| Primary Taxpayer:               | ABC Co.           |
| Employer Identification Number: | 52-3747374        |
| Tracking Number:                | 400483981175458   |
| Date/Time:                      | 04/17/2003 5:56PM |
| Inquiry Type:                   | Notice - Business |

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**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Installment Agreement Taxpayer Page - Business

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Address: https://ia.dev.vdo.no.no.irs.gov/services/clientservet/PSCRDEV7?cmd=start

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eservices > eservices > Electronic Account Resolution > EAR > Installment Agreement Inquiry

### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20708                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Information

Primary Taxpayer Information

Social Security Number  Employer Identification Number

\*Employer Identification Number (Required): 52-9283746

\*Business Name (Required): BBB Co

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

\*Address Line 1 (Required): 8003 Albertus St

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Washington

\*State (Required): District of Columbia


\*Postal Code (Required): 20037

\*Country (Required): United States

To continue, please select one of the following:

- Select *Previous* to go back to the previous page.
- Select *Next* to go to the specific inquiry page.
- Select *Cancel* to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

Previous Next Cancel

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# Installment Agreement Specific Page - Business

File Edit View Favorites Tools Help

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**Installment Agreement**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 020514                   |

**Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.**

Please Enter Required Information(May Enter More Than Once)

|  |  |
|--|--|
| *Centralized Authorization File Number (CAF) (Required): | <input type="text" value="03000074"/>                |
| *Practitioner Email Address (Required):                  | <input type="text" value="laura.b.mangoba@irs.gov"/> |
| Alternate Service Site:                                  | <input type="text" value="No"/>                      |
| *Tax Form Number (Required):                             | <input type="text"/>                                 |
| *Tax Period (Required):                                  | <input type="text" value="e.g. YYYYMM"/>             |
| *Installment agreement due Day (Required):               | <input type="text"/>                                 |
| *Type of Installment Agreement (Required):               | <input type="text"/>                                 |
| *Tax Owed (Required):                                    | <input type="text"/>                                 |
| *Monthly Installment Payment (Required):                 | <input type="text"/>                                 |
| *Installment Agreement First Payment Date (Required):    | <input type="text"/>                                 |

• Select **Add** to add. Your addition will appear in the table below.  
 • Select **Clear** to clear the form.

| # | Tax Form Number | Tax Period | Type of Installment Agreement | Total Installment Payment | Monthly Installment Payment | Install Agreement First Pay Date | Installment Agreement Due Day | Edit | Delete |
|---|-----------------|------------|-------------------------------|---------------------------|-----------------------------|----------------------------------|-------------------------------|------|--------|
| 1 | 1120            | 197112     | New                           | 222.00                    | 22.00                       | 04/18/2003                       | 1                             | Edit | Delete |

Your entries are shown above.  
 To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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# Installment Agreement Taxpayer Page - Business

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### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORK              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: NONE        | Zip: 20708                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Information

Primary Taxpayer Information

Social Security Number  Employer Identification Number

\*Employer Identification Number (Required): 52-9783748

\*Business Name (Required): BBB Co

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

\*Address Line 1 (Required): 8009 Albertus St

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Washington

\*State (Required): District of Columbia

\*Postal Code (Required): 20037

\*Country (Required): United States

To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to go the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- **Please print this screen.** If you do not have access to a printer, please record the information for your records.

Previous Next Cancel

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## Installment Agreement Specific Page - Business

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### Installment Agreement

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EPIN: 820014                   |

**Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF Information in the table and press **Accept** button for CAF check.**

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Installment agreement due Day (Required):

\*Type of Installment Agreement (Required):

\*Tax Owed (Required):

\*Monthly Installment Payment (Required):

\*Installment Agreement First Payment Date (Required):

- Select **Add to Add**. Your addition will appear in the table below.
- Select **Clear** to clear the form.

| Tax Form Number | Tax Period | Type of Installment Agreement | Total Installment Payment | Monthly Installment Payment | Install Agreement First Pay Date | Installment Agreement Due Day | Edit | Delete |
|-----------------|------------|-------------------------------|---------------------------|-----------------------------|----------------------------------|-------------------------------|------|--------|
| 11120           | 197112     | New                           | 222.00                    | 22.00                       | 04/18/2003                       | 1                             | Edit | Delete |

Your entries are shown above. To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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**List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)**




## Installment Agreement Taxpayer Bank Info Page - Business

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### Taxpayer Bank Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORN              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |


### Please Enter Primary Taxpayer Bank Information

Primary Taxpayer Bank Information

|   |                      |
|---|----------------------|
| *Primary Taxpayer's Bank Name (Required):         | Chibank              |
| Primary Taxpayer Bank Account Holder:             |                      |
| *Primary Taxpayer Bank Account Number (Required): | 211122221            |
| *Primary Taxpayer Bank Routing Number (Required): | 234567898            |
| *Primary Taxpayer Bank Address Line 1 (Required): | 1 Main St            |
| Primary Taxpayer Bank Address Line 2:             |                      |
| Primary Taxpayer Bank Address Line 3:             |                      |
| *City (Required):                                 | Washington           |
| *State (Required):                                | District of Columbia |
| *Postal Code (Required):                          | 20037                |
| *Country (Required):                              | United States        |

To continue, please select one of the following:

- Select *Previous* to go back to the previous page.
- Select *Next* to go to the comments Page.
- Select *Cancel* to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Installment Agreement Comments Page - Business

### Comments

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820614                   |

Please Enter Your Comment (Limit = 5000 Characters)

Enter Comments (Required):

Installation Agreement for business comments

To continue, please select one of the following:

- Select *Previous* to go back to the previous page.
- Select *Next* to end your information for processing.
- Select *Cancel* to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

[Previous](#) [Next](#) [Cancel](#)




## Installment Agreement Confirmation Page - Business

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---

**Confirmation Message**

|                  |                           |                               |
|------------------|---------------------------|-------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD             |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@rs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC. |
| Fax: None        | Zip: 20706                | EFIN: 820514                  |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                                 |                                  |
|---------------------------------|----------------------------------|
| Primary Taxpayer:               | ABC Co                           |
| Employer Identification Number: | 52-3787384                       |
| Tracking Number:                | 186925870174426                  |
| Date/Time:                      | 04/17/2003 5:47PM                |
| Inquiry Type:                   | Installment Agreement - Business |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

---

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## Installment Agreement Due Day (1 - 28)

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Last Name: Ford City: Lanham Email: laura.b.mangoba@irs.gov  
Telephone: NONE State: MD Company: PARTNERS SMITH, INC.  
Fax: None Zip: 20706 EFIN: 820514

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Installment agreement due Day (Required):

\*Type of Installment Agreement (Required):

\*Tax Owed (Required):

\*Monthly Installment Payment (Required):

\*Installment Agreement First Payment Date (Required):

- Select **Add** to add . Your addition will appear in the table
- Select **Clear** to clear the form


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Done

Start Exploring... Inbox - Micro... Rational Clea... **Installation** Start Enterpr... Application D... Snagit Microsoft Wo... 8:10AM

## Follow-up Page – Business

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### Follow Up

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

**Follow-up Information (Comment Limit = 5000 Characters)**


\*EAR Tracking Number (Required):

\*Taxpayer Identification Number (Required):

\*Enter Comments (Required):  
Follow-up for business comments:

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Follow-up Confirmation Page – Business

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---

**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Furd  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-Inquiry.


**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**

|                                 |                      |
|---------------------------------|----------------------|
| Employer Identification Number: | 52-5636789           |
| Tracking Number:                | 748269112135132      |
| Date/Time:                      | 04/18/2003 7:55AM    |
| Inquiry Type:                   | Follow-up - Business |

---

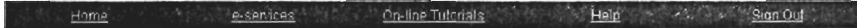
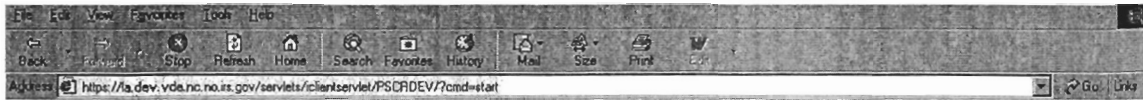
**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Installment Agreement Taxpayer Info Page - Individual



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## Taxpayer Information

First Name: John                      Address: 1445 East Street                      User ID: JOHNFORD  
Last Name: Ford                      City: Lanham                      Email: laura.b.mangoba@irs.gov  
Telephone: NONE                      State: MD                      Company: PARTNERS SMITH, INC.  
Fax: None                      Zip: 20706                      EFIN: 820514

## Please Enter Primary Taxpayer Information

**Primary Taxpayer Information**

Social Security Number       Employer Identification Number

\*Social Security Number (Required): 123-47-7339

Business Name: \_\_\_\_\_

\*First Name (Required): Sal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 456345 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Orlando

\*State (Required): Florida

\*Postal Code (Required): 21153

\*Country (Required): United States

**Secondary Taxpayer Information (Optional)**

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: United States

### To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.



## Installment Agreement Specific Page - Individual

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**Installment Agreement**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

**Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press Add button to add CAF information in the table and press Accept button for CAF check.**

**Please Enter Required Information(May Enter More Than Once)**

|  |  |
|--|--|
| *Centralized Authorization File Number (CAF) (Required): | <input type="text" value="030000074"/>               |
| *Practitioner Email Address (Required):                  | <input type="text" value="laura.b.mangoba@irs.gov"/> |
| Alternate Service Site:                                  | No. <input type="checkbox"/>                         |
| *Tax Form Number (Required):                             | <input type="text"/>                                 |
| *Tax Period (Required):                                  | <input type="text" value="(e.g. YYYY/MM)"/>          |
| *Installment agreement due Day (Required):               | <input type="text"/>                                 |
| *Type of Installment Agreement (Required):               | <input type="text"/>                                 |
| *Tax Owed (Required):                                    | <input type="text"/>                                 |
| *Monthly Installment Payment (Required):                 | <input type="text"/>                                 |
| *Installment Agreement First Payment Date (Required):    | <input type="text"/>                                 |

- Select **Add** to add. Your addition will appear in the table below.
- Select **Clear** to clear the form.

|                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="button" value="Add"/> | <input type="button" value="Clear"/> |
|------------------------------------|--------------------------------------|

| Tax Form Number | Tax Period | Type of Installment Agreement | Total Installment Payment | Monthly Installment Payment | Install Agreement First Pay Date | Installment Agreement Due Day | Edit | Delete |
|-----------------|------------|-------------------------------|---------------------------|-----------------------------|----------------------------------|-------------------------------|------|--------|
| 1 1040A         | 197/12     | New                           | 333.00                    | 33.00                       | 04/17/2003                       | 1                             | Edit | Delete |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

|   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| <input type="button" value="Previous"/> | <input type="button" value="Accept"/> | <input type="button" value="Cancel"/> |
|---|---------------------------------------|---------------------------------------|

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**List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)**

| Class        | Event            | Ending | HFT_CD_IRS | HFT_TYPR_TAX_IRS  | FORM_N |
|--------------|------------------|--------|------------|---|--------|
| TIN_TYPR_IRS | HFT_TYPR_MBR_IRS |        | HFT_CD_IRS | HFT_TYPR_TAX_IRS  | FORM_N |
| 0            | 1040             |        | 30         | Income  | 1040   |
| 0            | 1040A            |        | 30         | Income  | 1040   |
| 0            | 1040C            |        | 30         | Income  | 1040   |
| 0            | 1040EZ           |        | 30         | Income  | 1040   |
| 0            | 1040NR           |        | 30         | Income  | 1040   |
| 0            | 1040NREZ         |        | 30         | Income  | 1040   |
| 0            | 1040PR           |        | 30         | Income  | 1040   |
| 0            | 1040SS           |        | 30         | Income  | 1040   |
| 0            | 1040X            |        | 30         | Income  | 1040   |
| 2            | CT-1             |        | 9          | Railroad Retirement   | CT-1   |
| 2            | 1041             |        | 5          | Fiduciary   | 1041   |
| 2            | 1041A            |        | 36         | Trust Accumulation  | 1041A  |
| 2            | 1041H            |        | 5          | Fiduciary   | 1041   |
| 2            | 1041QFT          |        | 5          | Fiduciary   | 1041   |
| 2            | 1042             |        | 12         | Annual Withholding Tax Return for US Source Income of Foreign Persons | 1042   |
| 2            | 1065             |        | 6          | Partnership   | 1065   |
| 2            | 1065B            |        | 6          | Partnership   | 1065   |
| 2            | 1065PTP          |        | 6          | Partnership   | 1065   |
| 2            | 1066             |        | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066   |
| 2            | 1066 SCHED Q     |        | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066   |
| 2            | 11C              |        | 63         | Special Tax Return and Application for Registry-Wagering              | 11C    |
| 2            | 1120             |        | 2          | Corporation Income  | 1120   |
| 2            | 1120A            |        | 2          | Corporation Income  | 1120   |
| 2            | 1120F            |        | 2          | Corporation Income  | 1120   |
| 2            | 1120FSC          |        | 2          | Corporation Income  | 1120   |
| 2            | 1120H            |        | 2          | Corporation Income  | 1120   |
| 2            | 1120L            |        | 2          | Corporation Income  | 1120   |
| 2            | 1120ND           |        | 2          | Corporation Income  | 1120   |
| 2            | 1120PC           |        | 2          | Corporation Income  | 1120   |
| 2            | 1120POL          |        | 2          | Corporation Income  | 1120   |
| 2            | 1120REIT         |        | 2          | Corporation Income  | 1120   |
| 2            | 1120RIC          |        | 2          | Corporation Income  | 1120   |
| 2            | 1120S            |        | 2          | Corporation Income  | 1120   |
| 2            | 1120SY           |        | 2          | Corporation Income  | 1120   |
| 2            | 1120X            |        | 2          | Corporation Income  | 1120   |
| 2            | 1135             |        | 2          | Corporation Income  | 1120   |
| 2            | 2290             |        | 60         | Heavy Highway Vehicle Use   | 2290   |
| 2            | 2290EZ           |        | 60         | Heavy Highway Vehicle Use   | 2290   |
| 2            | 4578             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 4720             |        | 50         | Excise Tax  | 4720   |
| 2            | 5227             |        | 37         | Split-Interest Trust  | 5227   |
| 2            | 5300             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5300-D           |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5300-T           |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5307             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5309             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5310             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5310A            |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5330             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5500             |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5500C/R          |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5500EZ           |        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 706              |        | 52         | Estate  | 706    |
| 2            | 706B             |        | 52         | Estate  | 706    |
| 2            | 706GS-D          |        | 78         | Generation-Skipping Transfer for Distribution                         | 706GS  |
| 2            | 706GS-T          |        | 77         | Generation-Skipping Transfer for Terminations                         | 706GS  |
| 2            | 706NA            |        | 52         | Estate  | 706    |
| 2            | 709              |        | 51         | Gift  | 709    |
| 2            | 709A             |        | 51         | Gift  | 709    |
| 2            | 720              |        | 3          | Excise  | 720    |
| 2            | 730              |        | 64         | Wagering  | 730    |
| 2            | 730C             |        | 64         | Wagering  | 730    |
| 2            | 8038             |        | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8038C            |        | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8038CC           |        | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8038I            |        | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8752             |        | 15         | Computation of Required Payment or Refund                             | 8752   |
| 2            | 8804             |        | 8          | Partnership Withholding   | 8813   |
| 2            | 8805             |        | 8          | Partnership Withholding   | 8813   |
| 2            | 940              |        | 10         | FUTA  | 940    |
| 2            | 940R-FILR        |        | 10         | FUTA  | 940    |
| 2            | 940EZ            |        | 10         | FUTA  | 940    |
| 2            | 940PR            |        | 10         | FUTA  | 940    |
| 2            | 940V             |        | 10         | FUTA  | 940    |
| 2            | 941              |        | 1          | Employers Quarterly   | 941    |
| 2            | 941(PR)          |        | 1          | Employers Quarterly   | 941    |
| 2            | 941H             |        | 1          | Employers Quarterly   | 941    |
| 2            | 941PR            |        | 1          | Employers Quarterly   | 941    |
| 2            | 941SS            |        | 1          | Employers Quarterly   | 941    |
| 2            | 941TEL           |        | 1          | Employers Quarterly   | 941    |
| 2            | 941V             |        | 1          | Employers Quarterly   | 941    |
| 2            | 942              |        | 4          | Household Employees FICA  | 942    |
| 2            | 942PR            |        | 4          | Household Employees FICA  | 942    |
| 2            | 942V             |        | 4          | Household Employees FICA  | 942    |
| 2            | 943              |        | 11         | Agricultural  | 943    |
| 2            | 943PR            |        | 11         | Agricultural  | 943    |
| 2            | 943V             |        | 11         | Agricultural  | 943    |
| 2            | 945              |        | 16         | Annual Return of Withheld Federal Income Tax                          | 945    |
| 2            | 945A             |        | 16         | Annual Return of Withheld Federal Income Tax                          | 945    |
| 2            | 990              |        | 67         | Return of Organization Exempt from Income                             | 990    |
| 2            | 990C             |        | 39         | Farmers Co-op   | 990C   |
| 2            | 990EZ            |        | 67         | Return of Organization Exempt from Income                             | 990    |
| 2            | 990FF            |        | 44         | Return of Private Foundation  | 990FF  |
| 2            | 990T             |        | 34         | Trust   | 990T   |

99 Row(s) affected

# Installment Agreement Due Day (1 -28)

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Home e-services Online Tutorials Help Sign Out

Last Name: Ford City: Lanham Email: laura.b.mangoba@irs.gov  
Telephone: NONE State: MD Company: PARTNERS SMITH, INC.  
Fax: None Zip: 20706 EFIN: 820514

Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information(May Enter More Than Once)

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required): laura.b.mangoba@irs.gov

Alternate Service Site: No

\*Tax Form Number (Required):

\*Tax Period (Required):  (e.g. YYYYMM)

\*Installment agreement due Day (Required):

\*Type of Installment Agreement (Required):

\*Tax Owed (Required):

\*Monthly Installment Payment (Required):

\*Installment Agreement First Payment Date (Required):

- Select **Add** to add . Your addition will appear in the table
- Select **Clear** to clear the form.

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# Installment Agreement Taxpayer Employer Info Page - Individual

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e-services > e-services > Electronic Account Resolution > EARS > Installment Agreement Inquiry

### Taxpayer Employer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Employer Information

**Primary Taxpayer Employer Information**


|   |                      |
|---|----------------------|
| *Taxpayer Employer Name (Required):                     | MMM Co               |
| *Primary Taxpayer Employer's Address Line 1 (Required): | 8009 Albertus st     |
| Primary Taxpayer Employer Address Line 2:               |                      |
| Primary Taxpayer Employer Address Line 3:               |                      |
| *City (Required):                                       | Washington           |
| *State (Required):                                      | District of Columbia |
| *Postal Code (Required):                                | 20037                |
| *Country (Required):                                    | United States        |

**Secondary Taxpayer Employer Information**

|  |               |
|--|---------------|
| Taxpayer Spouse Employer Name:           |               |
| Taxpayer Spouse Employer Address Line 1: |               |
| Taxpayer Spouse Employer Address Line 2: |               |
| Taxpayer Spouse Employer Address Line 3: |               |
| City:                                    |               |
| State:                                   |               |
| Postal Code:                             |               |
| Country:                                 | United States |

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the taxpayer bank information Page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
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# Installment Agreement Taxpayer Bank Info Page - Individual

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e-services > e-services > Electronic Account Resolution > EAR > Installment Agreement Inquiry

### Taxpayer Bank Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Bank Information

**Primary Taxpayer Bank Information**


|   |               |
|---|---------------|
| *Primary Taxpayer's Bank Name (Required):         | Citibank      |
| *Primary Taxpayer Bank Account Holder (Required): | Bal Smith     |
| *Primary Taxpayer Bank Account Number (Required): | 222393332     |
| *Primary Taxpayer Bank Routing Number (Required): | 345678904     |
| *Primary Taxpayer Bank Address Line 1 (Required): | 1 Main St     |
| Primary Taxpayer Bank Address Line 2:             |               |
| Primary Taxpayer Bank Address Line 3:             |               |
| *City (Required):                                 | Lanham        |
| *State (Required):                                | Maryland      |
| *Postal Code (Required):                          | 20399         |
| *Country (Required):                              | United States |

**Secondary Taxpayer Bank Information (Optional)**

|   |               |
|---|---------------|
| Secondary Taxpayer's Bank Name:         |               |
| Secondary Taxpayer Bank Account Holder: |               |
| Secondary Taxpayer Bank Account Number: |               |
| Secondary Taxpayer Bank Routing Number: |               |
| Secondary Taxpayer Address Line 1:      |               |
| Secondary Taxpayer Address Line 2:      |               |
| Secondary Taxpayer Address Line 3:      |               |
| City:                                   |               |
| State:                                  |               |
| Postal Code:                            |               |
| Country:                                | United States |

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the comments Page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
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## Installment Agreement Comments Page - Individual

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### Comments

|                  |                           |   |
|------------------|---------------------------|---|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORO   |
| Last Name: Ford  | City: Lanham              | Email: <a href="mailto:laura.b.mangoba@irs.gov">laura.b.mangoba@irs.gov</a> |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.   |
| Fax: None        | Zip: 20706                | FEIN: 820514  |


Please Enter Your Comment (Limit = 5000 Characters)

**\*Enter Comments(Required):**

Installment Agreement for individual comments

To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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# Installment Agreement Confirmation Page - Individual

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**Confirmation Message**

---

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                         |                                    |
|-------------------------|------------------------------------|
| Primary Taxpayer:       | Sai Smith                          |
| Social Security Number: | 123-47-7339                        |
| Tracking Number:        | 901455732173703                    |
| Date/Time:              | 04/17/2003 5:41 PM                 |
| Inquiry Type:           | Installment Agreement - Individual |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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## Follow-up Page - Individual

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### Follow Up

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

**Follow-up Information (Comment Limit = 5000 Characters)**

\*EAR Tracking Number (Required):


\*Taxpayer Identification Number (Required):

**\*Enter Comments (Required):**

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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---

**Confirmation Message**

|                  |                           |   |
|------------------|---------------------------|---|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD   |
| Last Name: Ford  | City: Lanham              | Email: <a href="mailto:laura.b.mangoba@irs.gov">laura.b.mangoba@irs.gov</a> |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.   |
| Fax: None        | Zip: 20706                | EFIN: 820514  |


Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**

|                         |                        |
|-------------------------|------------------------|
| Social Security Number: | 123-47-7339            |
| Tracking Number:        | 186722617131917        |
| Date/Time:              | 04/18/2003 7:53AM      |
| Inquiry Type:           | Follow-up - Individual |

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Payment Tracer Taxpayer Info Page - Individual



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## Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

## Please Enter Primary Taxpayer Information

**Primary Taxpayer Information**

Social Security Number     Employer Identification Number

\*Social Security Number (Required): 123-47-7339

Business Name: \_\_\_\_\_

\*First Name (Required): Sal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 456345 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Washington

\*State (Required): District of Columbia

\*Postal Code (Required): 21153

\*Country (Required): United States

**Secondary Taxpayer Information (Optional)**

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_

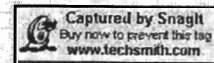
Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

### To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to go to the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.



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## Payment Tracer Specific Page - Individual

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### Payment Tracer

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 020514                   |

Please enter your **Centralized Authorization File Number (CAF)**, **Tax Form Number**, and other related information. Press **Add** button to add CAF information in the table and press **Accept** button for CAF check.

Please Enter Required Information (May Enter More Than Once)

|  |  |
|--|--|
| *Centralized Authorization File Number (CAF) (Required): | <input type="text" value="030000074"/>               |
| *Practitioner Email Address (Required):                  | <input type="text" value="laura.b.mangoba@irs.gov"/> |
| Alternate Service Site:                                  | <input type="checkbox"/> No                          |
| *Tax Form Number (Required):                             | <input type="text"/>                                 |
| *Tax Period (Required):                                  | <input type="text" value="(eg. YYYYMM)"/>            |
| *Payment Amount (Required):                              | <input type="text"/>                                 |
| *Payment Method (Required):                              | <input type="text"/>                                 |
| *Payment Date (Required):                                | <input type="text"/>                                 |

- Select **Add** to add - Your addition will appear in the table below.
- Select **Clear** to clear the form.

| Tax Form Number | Tax Period | Payment Amount | Payment Method | Payment Date | Edit                                |                                       |
|-----------------|------------|----------------|----------------|--------------|-------------------------------------|---------------------------------------|
| 11040           | 197112     | 333.00         | Personal Check | 04/17/2003   | <input type="button" value="Edit"/> | <input type="button" value="Delete"/> |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)




| FORM         | NAME         | DATE       | FORM  | FORM   |
|--------------|--------------|------------|---|--------|
| HTM_TYPR_IRS | HTM_TYPR_IRS | HTM_CD_IRS | HTM_TYPR_TAX_IRS  | FORM_N |
| 0            | 1040         | 30         | Income  | 1040   |
| 0            | 1040A        | 30         | Income  | 1040   |
| 0            | 1040C        | 30         | Income  | 1040   |
| 0            | 1040EZ       | 30         | Income  | 1040   |
| 0            | 1040NR       | 30         | Income  | 1040   |
| 0            | 1040RREZ     | 30         | Income  | 1040   |
| 0            | 1040PR       | 30         | Income  | 1040   |
| 0            | 1040SS       | 30         | Income  | 1040   |
| 0            | 1040X        | 30         | Income  | 1040   |
| 2            | CT-1         | 9          | Railroad Retirement   | CT-1   |
| 2            | 1041         | 5          | Fiduciary   | 1041   |
| 2            | 1041A        | 36         | Trust Accumulation  | 1041A  |
| 2            | 1041F        | 5          | Fiduciary   | 1041   |
| 2            | 1041QFT      | 5          | Fiduciary   | 1041   |
| 2            | 1042         | 12         | Annual Withholding Tax Return for US Source Income of Foreign Persons | 1042   |
| 2            | 1065         | 6          | Partnership   | 1065   |
| 2            | 1065B        | 6          | Partnership   | 1065   |
| 2            | 1065STP      | 6          | Partnership   | 1065   |
| 2            | 1066         | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066   |
| 2            | 1066 SCH Q   | 7          | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066   |
| 2            | 11C          | 63         | Special Tax Return and Application for Registry-Wagering              | 11C    |
| 2            | 1120         | 2          | Corporation Income  | 1120   |
| 2            | 1120A        | 2          | Corporation Income  | 1120   |
| 2            | 1120F        | 2          | Corporation Income  | 1120   |
| 2            | 1120FSC      | 2          | Corporation Income  | 1120   |
| 2            | 1120FF       | 2          | Corporation Income  | 1120   |
| 2            | 1120L        | 2          | Corporation Income  | 1120   |
| 2            | 1120ND       | 2          | Corporation Income  | 1120   |
| 2            | 1120PC       | 2          | Corporation Income  | 1120   |
| 2            | 1120POL      | 2          | Corporation Income  | 1120   |
| 2            | 1120RNIT     | 2          | Corporation Income  | 1120   |
| 2            | 1120RNIC     | 2          | Corporation Income  | 1120   |
| 2            | 1120S        | 2          | Corporation Income  | 1120   |
| 2            | 1120SF       | 2          | Corporation Income  | 1120   |
| 2            | 1120X        | 2          | Corporation Income  | 1120   |
| 2            | 1139         | 2          | Corporation Income  | 1120   |
| 2            | 2290         | 60         | Heavy Highway Vehicle Use   | 2290   |
| 2            | 2290EZ       | 60         | Heavy Highway Vehicle Use   | 2290   |
| 2            | 4578         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 4720         | 50         | Excise Tax  | 4720   |
| 2            | 5227         | 37         | Split-Interest Trust  | 5227   |
| 2            | 5300         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5303         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5307         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5309         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5310         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5310A        | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5330         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5500         | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5500C/R      | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 5500EZ       | 74         | 5500 - Pension Plans  | 5300   |
| 2            | 706          | 52         | Estate  | 706    |
| 2            | 706B         | 52         | Estate  | 706    |
| 2            | 706CS-D      | 78         | Generation-Skipping Transfer for Distribution                         | 706CS  |
| 2            | 706CS-T      | 77         | Generation-Skipping Transfer for Terminations                         | 706CS  |
| 2            | 706MA        | 52         | Estate  | 706    |
| 2            | 709          | 51         | Gift  | 709    |
| 2            | 709A         | 51         | Gift  | 709    |
| 2            | 720          | 3          | Excise  | 720    |
| 2            | 730          | 64         | Wagering  | 730    |
| 2            | 730C         | 64         | Wagering  | 730    |
| 2            | 8030         | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8038C        | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8038CC       | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8038T        | 46         | Non-Master File Assessment Voucher                                    | 5734   |
| 2            | 8752         | 16         | Competition & Regulated Payment of Refund                             | 8752   |
| 2            | 8804         | 8          | Partnership Withholding   | 8813   |
| 2            | 8805         | 8          | Partnership Withholding   | 8813   |
| 2            | 940          | 10         | FUTA  | 940    |
| 2            | 940X-FILR    | 10         | FUTA  | 940    |
| 2            | 940EZ        | 10         | FUTA  | 940    |
| 2            | 940PR        | 10         | FUTA  | 940    |
| 2            | 940V         | 10         | FUTA  | 940    |
| 2            | 941          | 1          | Employers Quarterly   | 941    |
| 2            | 941C(DR)     | 1          | Employers Quarterly   | 941    |
| 2            | 941E         | 1          | Employers Quarterly   | 941    |
| 2            | 941PR        | 1          | Employers Quarterly   | 941    |
| 2            | 941SS        | 1          | Employers Quarterly   | 941    |
| 2            | 941TIL       | 1          | Employers Quarterly   | 941    |
| 2            | 941V         | 1          | Employers Quarterly   | 941    |
| 2            | 942          | 4          | Household Employees FICA  | 942    |
| 2            | 942FB        | 4          | Household Employees FICA  | 942    |
| 2            | 942V         | 4          | Household Employees FICA  | 942    |
| 2            | 943          | 11         | Agricultural  | 943    |
| 2            | 943PR        | 11         | Agricultural  | 943    |
| 2            | 943V         | 11         | Agricultural  | 943    |
| 2            | 945          | 16         | Annual Return of Withheld Federal Income Tax                          | 945    |
| 2            | 945A         | 16         | Annual Return of Withheld Federal Income Tax                          | 945    |
| 2            | 990          | 67         | Return of Organization Exempt from Income                             | 990    |
| 2            | 990C         | 33         | Farmers Co-op   | 990C   |
| 2            | 990EZ        | 67         | Return of Organization Exempt from Income                             | 990    |
| 2            | 990FF        | 44         | Return of Private Foundation  | 990FF  |
| 2            | 990T         | 34         | Trust   | 990T   |

93 Rows affected

# Payment Tracer Comments Page - Individual

File Edit View Favorites Tools Help  
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e-services > e-services > Electronic Account Resolution > EAR > Payment Tracer Inquiry

### Comments

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFOR               |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 920514                   |


Please Enter Your Comment (Limit = 5000 Characters)

\*Enter Comments(Required):

Payment Tracer for individual comments

To continue, please select one of the following:

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---

**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                         |                             |
|-------------------------|-----------------------------|
| Primary Taxpayer:       | Gal Smith                   |
| Social Security Number: | 123-47-7339                 |
| Tracking Number:        | 093844416175959             |
| Date/Time:              | 04/17/2003 6:01PM           |
| Inquiry Type:           | Payment Tracer - Individual |

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e-services > e-services > Electronic Account Resolution > EAR > Payment Tracer Inquiry

### Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

### Please Enter Primary Taxpayer Information

**Primary Taxpayer Information**

Social Security Number  Employer Identification Number

\*Employer Identification Number (Required):

\*Business Name (Required):

First Name:

Middle Initial:

Last Name:

\*Address Line 1 (Required):

Address Line 2:

Address Line 3:

\*City (Required):


\*State (Required):

\*Postal Code (Required):

\*Country (Required):

**To continue, please select one of the following:**

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e-services > e-services > Electronic Account Resolution > EAR > Payment Tracer Inquiry

### Payment Tracer

First Name: John  
Last Name: Ford  
Telephone: NONE  
Fax: None

Address: 1445 East Street  
City: Lanham  
State: MD  
Zip: 20736

User ID: JOHNFORD  
Email: laura.b.mangoba@irs.gov  
Company: PARTNERS SMITH, INC.  
EFIN: 820514

**Please enter your Centralized Authorization File Number (CAF), Tax Form Number, And other related information. Press Add button to add CAF information in the table and press Accept button for CAF check.**

**Please Enter Required Information (May Enter More Than Once)**

\*Centralized Authorization File Number (CAF) (Required):

\*Practitioner Email Address (Required):

Alternate Service Site:

\*Tax Form Number (Required):

\*Tax Period (Required):

\*Payment Amount (Required):

\*Payment Method (Required):

\*Payment Date (Required):

- Select **Add** to add. Your addition will appear in the table below.
- Select **Clear** to clear the form.

| Tax Form Number | Tax Period | Payment Amount | Payment Method | Payment Date | Edit |        |
|-----------------|------------|----------------|----------------|--------------|------|--------|
| 1 1040          | 197112     | 3222.00        | Business Check | 04/01/2003   | Edit | Delete |

Your entries are shown above.  
To modify or delete an entry, check the appropriate button next to the entry.

**To continue, please select one of the following:**

- Select **Previous** to go back to the Taxpayer Information page.
- Select **Accept** to send your information for CAF check.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you **do not have** access to a printer, please record the information for your records.

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List of Tax Form Numbers (MFT\_TXFM\_NBR\_IRS field)

| Form       | Code | Category  | Form       | Code | Category  | Form  |
|------------|------|---|------------|------|---|-------|
| 1040       | 30   | Income  | 1040       | 30   | Income  | 1040  |
| 1040A      | 30   | Income  | 1040A      | 30   | Income  | 1040  |
| 1040C      | 30   | Income  | 1040C      | 30   | Income  | 1040  |
| 1040EZ     | 30   | Income  | 1040EZ     | 30   | Income  | 1040  |
| 1040ER     | 30   | Income  | 1040ER     | 30   | Income  | 1040  |
| 1040ERZ    | 30   | Income  | 1040ERZ    | 30   | Income  | 1040  |
| 1040PR     | 30   | Income  | 1040PR     | 30   | Income  | 1040  |
| 1040SS     | 30   | Income  | 1040SS     | 30   | Income  | 1040  |
| 1040X      | 30   | Income  | 1040X      | 30   | Income  | 1040  |
| CT-1       | 9    | Railroad Retirement   | CT-1       | 9    | Railroad Retirement   | CT-1  |
| 1041       | 5    | Fiduciary   | 1041       | 5    | Fiduciary   | 1041  |
| 1041A      | 36   | Trust Accumulation  | 1041A      | 36   | Trust Accumulation  | 1041  |
| 1041N      | 5    | Fiduciary   | 1041N      | 5    | Fiduciary   | 1041  |
| 1041OPT    | 5    | Fiduciary   | 1041OPT    | 5    | Fiduciary   | 1041  |
| 1042       | 12   | Annual Withholding Tax Return for US Source Income of Foreign Persons | 1042       | 12   | Annual Withholding Tax Return for US Source Income of Foreign Persons | 1042  |
| 1065       | 6    | Partnership   | 1065       | 6    | Partnership   | 1065  |
| 1065B      | 6    | Partnership   | 1065B      | 6    | Partnership   | 1065  |
| 1065PTP    | 6    | Partnership   | 1065PTP    | 6    | Partnership   | 1065  |
| 1066       | 7    | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066       | 7    | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066  |
| 1066 SCH Q | 7    | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066 SCH Q | 7    | Real Estate Mortgage Investment Conduit Income Tax Return             | 1066  |
| 11C        | 63   | Special Tax Return and Application for Registry-Wagering              | 11C        | 63   | Special Tax Return and Application for Registry-Wagering              | 11C   |
| 1120       | 2    | Corporation Income  | 1120       | 2    | Corporation Income  | 1120  |
| 1120A      | 2    | Corporation Income  | 1120A      | 2    | Corporation Income  | 1120  |
| 1120F      | 2    | Corporation Income  | 1120F      | 2    | Corporation Income  | 1120  |
| 1120PFC    | 2    | Corporation Income  | 1120PFC    | 2    | Corporation Income  | 1120  |
| 1120H      | 2    | Corporation Income  | 1120H      | 2    | Corporation Income  | 1120  |
| 1120L      | 2    | Corporation Income  | 1120L      | 2    | Corporation Income  | 1120  |
| 1120ND     | 2    | Corporation Income  | 1120ND     | 2    | Corporation Income  | 1120  |
| 1120PC     | 2    | Corporation Income  | 1120PC     | 2    | Corporation Income  | 1120  |
| 1120POL    | 2    | Corporation Income  | 1120POL    | 2    | Corporation Income  | 1120  |
| 1120REIT   | 2    | Corporation Income  | 1120REIT   | 2    | Corporation Income  | 1120  |
| 1120RIC    | 2    | Corporation Income  | 1120RIC    | 2    | Corporation Income  | 1120  |
| 1120S      | 2    | Corporation Income  | 1120S      | 2    | Corporation Income  | 1120  |
| 1120SF     | 2    | Corporation Income  | 1120SF     | 2    | Corporation Income  | 1120  |
| 1120X      | 2    | Corporation Income  | 1120X      | 2    | Corporation Income  | 1120  |
| 1139       | 2    | Corporation Income  | 1139       | 2    | Corporation Income  | 1120  |
| 2290       | 60   | Heavy Highway Vehicle Use   | 2290       | 60   | Heavy Highway Vehicle Use   | 2290  |
| 2290EZ     | 60   | Heavy Highway Vehicle Use   | 2290EZ     | 60   | Heavy Highway Vehicle Use   | 2290  |
| 4578       | 74   | 5500 - Pension Plans  | 4578       | 74   | 5500 - Pension Plans  | 5300  |
| 4720       | 50   | Excise Tax  | 4720       | 50   | Excise Tax  | 4720  |
| 5227       | 37   | Split-Interest Trust  | 5227       | 37   | Split-Interest Trust  | 5227  |
| 5300       | 74   | 5500 - Pension Plans  | 5300       | 74   | 5500 - Pension Plans  | 5300  |
| 5303       | 74   | 5500 - Pension Plans  | 5303       | 74   | 5500 - Pension Plans  | 5300  |
| 5307       | 74   | 5500 - Pension Plans  | 5307       | 74   | 5500 - Pension Plans  | 5300  |
| 5309       | 74   | 5500 - Pension Plans  | 5309       | 74   | 5500 - Pension Plans  | 5300  |
| 5310       | 74   | 5500 - Pension Plans  | 5310       | 74   | 5500 - Pension Plans  | 5300  |
| 5310A      | 74   | 5500 - Pension Plans  | 5310A      | 74   | 5500 - Pension Plans  | 5300  |
| 5330       | 74   | 5500 - Pension Plans  | 5330       | 74   | 5500 - Pension Plans  | 5300  |
| 5500       | 74   | 5500 - Pension Plans  | 5500       | 74   | 5500 - Pension Plans  | 5300  |
| 5500C/R    | 74   | 5500 - Pension Plans  | 5500C/R    | 74   | 5500 - Pension Plans  | 5300  |
| 5500EZ     | 74   | 5500 - Pension Plans  | 5500EZ     | 74   | 5500 - Pension Plans  | 5300  |
| 706        | 52   | Estate  | 706        | 52   | Estate  | 706   |
| 706B       | 52   | Estate  | 706B       | 52   | Estate  | 706   |
| 706GS-D    | 78   | Generation-Skipping Transfer for Distribution                         | 706GS-D    | 78   | Generation-Skipping Transfer for Distribution                         | 706GS |
| 706GS-T    | 77   | Generation-Skipping Transfer for Terminations                         | 706GS-T    | 77   | Generation-Skipping Transfer for Terminations                         | 706GS |
| 706MA      | 52   | Estate  | 706MA      | 52   | Estate  | 706   |
| 709        | 51   | Gift  | 709        | 51   | Gift  | 709   |
| 709A       | 51   | Gift  | 709A       | 51   | Gift  | 709   |
| 720        | 3    | Excise  | 720        | 3    | Excise  | 720   |
| 730        | 64   | Wagering  | 730        | 64   | Wagering  | 730   |
| 730C       | 64   | Wagering  | 730C       | 64   | Wagering  | 730   |
| 8036       | 46   | Non-Master File Assessment Voucher                                    | 8036       | 46   | Non-Master File Assessment Voucher                                    | 5734  |
| 8036C      | 46   | Non-Master File Assessment Voucher                                    | 8036C      | 46   | Non-Master File Assessment Voucher                                    | 5734  |
| 8036CC     | 46   | Non-Master File Assessment Voucher                                    | 8036CC     | 46   | Non-Master File Assessment Voucher                                    | 5734  |
| 8038T      | 46   | Non-Master File Assessment Voucher                                    | 8038T      | 46   | Non-Master File Assessment Voucher                                    | 5734  |
| 8752       | 15   | Computation of Required Payment or Refund                             | 8752       | 15   | Computation of Required Payment or Refund                             | 8752  |
| 8804       | 8    | Partnership Withholding   | 8804       | 8    | Partnership Withholding   | 8813  |
| 8805       | 8    | Partnership Withholding   | 8805       | 8    | Partnership Withholding   | 8813  |
| 940        | 10   | FUTA  | 940        | 10   | FUTA  | 940   |
| 940E-FILE  | 10   | FUTA  | 940E-FILE  | 10   | FUTA  | 940   |
| 940EZ      | 10   | FUTA  | 940EZ      | 10   | FUTA  | 940   |
| 940PR      | 10   | FUTA  | 940PR      | 10   | FUTA  | 940   |
| 940V       | 10   | FUTA  | 940V       | 10   | FUTA  | 940   |
| 941        | 1    | Employers Quarterly   | 941        | 1    | Employers Quarterly   | 941   |
| 941C(PR)   | 1    | Employers Quarterly   | 941C(PR)   | 1    | Employers Quarterly   | 941   |
| 941E       | 1    | Employers Quarterly   | 941E       | 1    | Employers Quarterly   | 941   |
| 941PR      | 1    | Employers Quarterly   | 941PR      | 1    | Employers Quarterly   | 941   |
| 941SS      | 1    | Employers Quarterly   | 941SS      | 1    | Employers Quarterly   | 941   |
| 941TEL     | 1    | Employers Quarterly   | 941TEL     | 1    | Employers Quarterly   | 941   |
| 941V       | 1    | Employers Quarterly   | 941V       | 1    | Employers Quarterly   | 941   |
| 942        | 4    | Household Employees FICA  | 942        | 4    | Household Employees FICA  | 942   |
| 942PR      | 4    | Household Employees FICA  | 942PR      | 4    | Household Employees FICA  | 942   |
| 942V       | 4    | Household Employees FICA  | 942V       | 4    | Household Employees FICA  | 942   |
| 943        | 11   | Agricultural  | 943        | 11   | Agricultural  | 943   |
| 943PR      | 11   | Agricultural  | 943PR      | 11   | Agricultural  | 943   |
| 943V       | 11   | Agricultural  | 943V       | 11   | Agricultural  | 943   |
| 945        | 16   | Annual Return of Withheld Federal Income Tax                          | 945        | 16   | Annual Return of Withheld Federal Income Tax                          | 945   |
| 945A       | 16   | Annual Return of Withheld Federal Income Tax                          | 945A       | 16   | Annual Return of Withheld Federal Income Tax                          | 945   |
| 990        | 67   | Return of Organization Exempt from Income                             | 990        | 67   | Return of Organization Exempt from Income                             | 990   |
| 990C       | 29   | Farmers Co-op   | 990C       | 29   | Farmers Co-op   | 990C  |
| 990EZ      | 67   | Return of Organization Exempt from Income                             | 990EZ      | 67   | Return of Organization Exempt from Income                             | 990   |
| 990PF      | 44   | Return of Private Foundation  | 990PF      | 44   | Return of Private Foundation  | 990PF |
| 990T       | 34   | Trust   | 990T       | 34   | Trust   | 990T  |

93 Row(s) affected

# Payment Tracer Comments Page - Business



e-services > e-services > Electronic Account Resolution > EAR > Payment Tracer Inquiry

## Comments

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

Please Enter Your Comment (Limit = 5000 Characters)

\*Enter Comments(Required):

Payment Tracer for business comments

To continue, please select one of the following:

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**Confirmation Message**

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|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

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Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                                 |                           |
|---------------------------------|---------------------------|
| Primary Taxpayer:               | BBB Co                    |
| Employer Identification Number: | 52-3786780                |
| Tracking Number:                | 133487960074851           |
| Date/Time:                      | 04/18/2003 7:50AM         |
| Inquiry Type:                   | Payment Tracer - Business |

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## Multiple Inquiries

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFOR0              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |


**Please Select Inquiry Type/Types**

|  |
|--|
| <input checked="" type="checkbox"/> Account Problems Inquiry |
| <input checked="" type="checkbox"/> Complex Refund Inquiry   |
| <input type="checkbox"/> Installment Agreement               |
| <input checked="" type="checkbox"/> Notice Inquiry           |
| <input type="checkbox"/> Payment Tracer Inquiry              |

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
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# Multiple Inquiries Common Taxpayer Info Page



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## Taxpayer Information

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

## Please Enter Primary Taxpayer Information

**Primary Taxpayer Information**

Social Security Number     Employer Identification Number

\*Social Security Number (Required): 123-47-7838

Business Name: \_\_\_\_\_

\*First Name (Required): Sal

Middle Initial: \_\_\_\_\_

\*Last Name (Required): Smith

\*Address Line 1 (Required): 456345 Maryland Avenue

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

\*City (Required): Orlando

\*State (Required): Florida

\*Postal Code (Required): 20303

\*Country (Required): United States

**Secondary Taxpayer Information (Optional)**

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: United States

### To continue, please select one of the following:

- Select **Previous** to go back to the previous page.
- Select **Next** to go the specific inquiry page.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.



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Continue just like requesting each separate inquiry process for selected multiple inquiries.

## Follow-up Page - Individual

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**Follow Up**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

**Follow-up Information (Comment Limit = 5000 Characters)**


\*EAR Tracking Number (Required):

\*Taxpayer Identification Number (Required):

\*Enter Comments (Required):

**To continue, please select one of the following:**

- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Follow-up Confirmation Page - Individual

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Address <https://ia.dev.vde.nc.no.irs.gov/services/clientsevier/FSCRDEV/?cmd=start> Go Link

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**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |

---

Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-Inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                         |                        |
|-------------------------|------------------------|
| Social Security Number: | 123-47-7339            |
| Tracking Number:        | 166722617131917        |
| Date/Time:              | 04/18/2003 7:53AM      |
| Inquiry Type:           | Follow-up - Individual |

---

**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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# Follow-up Page – Business

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Address <https://a.dev.vde.nc.no.irs.gov/servelets/cientkservlet/PSCRDEV?cmd=start> Go Link

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**Follow Up**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.mangoba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EFIN: 820514                   |


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Follow-up Information (Comment Limit = 5000 Characters)

|   |                                 |
|---|---------------------------------|
| *EAR Tracking Number (Required):            | 746269112135132                 |
| *Taxpayer Identification Number (Required): | 52-5636789                      |
| *Enter Comments (Required):                 | Follow-up for business comments |

To continue, please select one of the following:


- Select **Previous** to go back to the previous page.
- Select **Next** to send your information for processing.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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## Follow-up Confirmation Page – Business

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Address: https://a.dev.vda.no.na.irs.gov/servelets/cjantseviet/FSCRDEV?cmd=stet

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**Confirmation Message**

|                  |                           |                                |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORD              |
| Last Name: Ford  | City: Lanham              | Email: laura.b.manguba@irs.gov |
| Telephone: NONE  | State: MD                 | Company: PARTNERS SMITH, INC.  |
| Fax: None        | Zip: 20706                | EPIN: 820514                   |

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Thank you for using the Electronic Account Resolution system. Your request will be forwarded to the appropriate section of the IRS processing site. Please allow 3 working days (72 hours) for a response to your e-inquiry.

**Please print this confirmation screen. If you do not have access to a printer, please record the information for your records.**


|                                 |                      |
|---------------------------------|----------------------|
| Employer Identification Number: | 52-5636789           |
| Tracking Number:                | 746269112135132      |
| Date/Time:                      | 04/18/2003 7:55AM    |
| Inquiry Type:                   | Follow-up - Business |

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**To continue, please select one of the following:**

- Select **Next** to submit your inquiry and request the next inquiry.
- Select **Cancel** to return to the Electronic Account Resolution Menu page.

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