

Login Page



Internal Revenue Service The Digital Daily
DEPARTMENT OF THE TREASURY

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Login

Username
Password

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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 990 LOW FLAG 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

The screenshot shows a web browser window displaying the IRS e-services page. The browser's address bar shows the URL: <https://a.dev.vda.no.no.irs.gov/servelets/ciclientservlet/FSCRODEV?cmd=stat>. The page header includes the Internal Revenue Service logo and the text "The Digital Daily" and "DEPARTMENT OF THE TREASURY". A navigation bar contains links for Home, e-Services, On-line Tutorials, Help, and Sign Out. A left sidebar lists services: Registration Services, Problem Reporting, Application, Disclosure Authorization, Electronic Account Resolution, Transcript Delivery System, and Young's Experiment. The main content area features a "welcome to IRS e-services" message with a photo of John Ford. Below this, there are sections for "Application", "Disclosure Authorization", and "Electronic Account Resolution". A "Captured by SnagIt" watermark is visible in the bottom right corner, and a link to the "e-services Privacy Policy" is at the bottom center.


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services

services

Registration Services
Problem Reporting
Application
Disclosure Authorization
Electronic Account Resolution
Transcript Delivery System
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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DEPARTMENT OF THE TREASURY

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e-services > [Electronic Account Resolution](#)

Electronic Account Resolution

services

- Registration Services
- Problem Reporting Application
- Disclosure Automation
- Electronic Account Resolution
- Transmit Calvert Systems
- Yonk's 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.

[e-services Privacy Policy](#)

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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=stat>. 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 "services" with a sub-menu for "Electronic Account Resolution" containing the following items: Registration Services, Problem Resolution, Application, Disclosure Authorization, Electronic Account Resolution, Transcript Delivery System, and Notice Examination.

At the bottom of the page, there is a "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=stat> Go Links

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Account Problems

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

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

| Form | Form | Form | Form | Form | Form |
|------|------------|------|---|--------|--------|
| TIN | TYPE | IRS | HPT | CD | IRS |
| HPT | CD | IRS | RPT | TYPE | TAX |
| IRS | FORM | FORM | FORM | FORM | FORM |
| 0 | 1040 | 30 | Income | 1040, | 1040, |
| 0 | 1040A | 30 | Income | 1040, | 1040, |
| 0 | 1040C | 30 | Income | 1040, | 1040, |
| 0 | 1040EZ | 30 | Income | 1040, | 1040, |
| 0 | 1040NR | 30 | Income | 1040, | 1040, |
| 0 | 1040NREZ | 30 | Income | 1040, | 1040, |
| 0 | 1040PR | 30 | Income | 1040, | 1040, |
| 0 | 1040SS | 30 | Income | 1040, | 1040, |
| 0 | 1040X | 30 | Income | 1040, | 1040, |
| 2 | CT-1 | 9 | Railroad Retirement | 1041, | CT-1 |
| 2 | 1041 | 5 | Fiduciary | 1041A, | 1041A, |
| 2 | 1041A | 36 | Trust Accumulation | 1041, | 1041, |
| 2 | 1041N | 5 | Fiduciary | 1041, | 1041, |
| 2 | 1041QFT | 5 | Fiduciary | 1042 | 1042 |
| 2 | 1042 | 12 | Annual Withholding Tax Return for US Source Income of Foreign Persons | 1065, | 1065, |
| 2 | 1065 | 6 | Partnership | 1065, | 1065, |
| 2 | 1065B | 6 | Partnership | 1065, | 1065, |
| 2 | 1065BTP | 6 | Partnership | 1066 | 1066 |
| 2 | 1066 | 7 | Real Estate Mortgage Investment Conduit Income Tax Return | 1066 | 1066 |
| 2 | 1066 SCH Q | 7 | Real Estate Mortgage Investment Conduit Income Tax Return | 11C | 11C |
| 2 | 11C | 63 | Special Tax Return and Application for Registry-Wagering | 1120 | 1120 |
| 2 | 1120 | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120A | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120F | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120FSC | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120R | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120L | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120ND | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120PC | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120POL | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120RMIT | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120RITC | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120S | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120SF | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1120M | 2 | Corporation Income | 1120 | 1120 |
| 2 | 1139 | 2 | Corporation Income | 2290 | 2290 |
| 2 | 2290 | 60 | Heavy Highway Vehicle Use | 2290 | 2290 |
| 2 | 2290EZ | 60 | Heavy Highway Vehicle Use | 5300 | 5300 |
| 2 | 4578 | 74 | 5500 - Pension Plans | 4720 | 4720 |
| 2 | 4720 | 50 | Excise Tax | 5227 | 5227 |
| 2 | 5227 | 37 | Split-Interest Trust | 5300 | 5300 |
| 2 | 5300 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5303 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5307 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5309 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5310 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5310A | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5330 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5330 | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5500/R | 74 | 5500 - Pension Plans | 5300 | 5300 |
| 2 | 5500EZ | 74 | 5500 - Pension Plans | 706 | 706 |
| 2 | 706 | 52 | Estate | 706 | 706 |
| 2 | 706B | 52 | Estate | 706GS | 706GS |
| 2 | 706GS-D | 78 | Generation-Skipping Transfer for Distribution | 706GS | 706GS |
| 2 | 706GS-T | 77 | Generation-Skipping Transfer for Terminations | 706 | 706 |
| 2 | 706MA | 52 | Estate | 709, | 709, |
| 2 | 709A | 51 | Gift | 709, | 709, |
| 2 | 709B | 51 | Gift | 720 | 720 |
| 2 | 720 | 3 | Excise | 730, | 730, |
| 2 | 730 | 64 | Wagering | 730, | 730, |
| 2 | 730C | 64 | Wagering | 5734 | 5734 |
| 2 | 8038 | 46 | Non-Master File Assessment Voucher | 5734 | 5734 |
| 2 | 8038C | 46 | Non-Master File Assessment Voucher | 5734 | 5734 |
| 2 | 8038CC | 46 | Non-Master File Assessment Voucher | 5734 | 5734 |
| 2 | 8038T | 46 | Non-Master File Assessment Voucher | 5734 | 5734 |
| 2 | 8752 | 15 | Computation of Required Payment or Refund | 8752 | 8752 |
| 2 | 8804 | 8 | Partnership Withholding | 8813, | 8813, |
| 2 | 8805 | 8 | Partnership Withholding | 940, | 940, |
| 2 | 940 | 10 | FUTA | 940, | 940, |
| 2 | 940X-FILL | 10 | FUTA | 940, | 940, |
| 2 | 940EZ | 10 | FUTA | 940, | 940, |
| 2 | 940PR | 10 | FUTA | 940, | 940, |
| 2 | 940V | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941 | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941C(PR) | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941M | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941PR | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941SS | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941TEL | 1 | Employers Quarterly | 941, | 941, |
| 2 | 941V | 1 | Employers Quarterly | 942 | 942 |
| 2 | 942 | 4 | Household Employees FICA | 942 | 942 |
| 2 | 942PR | 4 | Household Employees FICA | 942, | 942, |
| 2 | 942V | 4 | Household Employees FICA | 942, | 942, |
| 2 | 943 | 11 | Agricultural | 943, | 943, |
| 2 | 943PR | 11 | Agricultural | 943, | 943, |
| 2 | 943V | 11 | Agricultural | 945 | 945 |
| 2 | 945 | 16 | Annual Return of Withheld Federal Income Tax | 945 | 945 |
| 2 | 945A | 16 | Annual Return of Withheld Federal Income Tax | 990, | 990, |
| 2 | 990 | 67 | Return of Organization Exempt from Income | 990C | 990C |
| 2 | 990C | 33 | Farmers Co-op | 990C | 990C |
| 2 | 990EZ | 67 | Return of Organization Exempt from Income | 990, | 990, |
| 2 | 990FF | 44 | Return of Private Foundation | 990FF | 990FF |
| 2 | 990T | 34 | Trust | 990T | 990T |

93 Row(s) affected

Account Problems Comments Page - Individual

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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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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):


- 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 | FURML |
| 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 | 940H-FILR | 10 | FUTA | 940. |
| 2 | 940NZ | 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 | 941H | 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

Account Problems Comments Page - Business

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e-services > e-services > Electronic Account Resolution > EAR > Account Problems 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):**

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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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 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

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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: 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): 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: _____

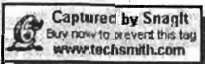
Middle Initial: _____

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

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):

*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 | |
|-----------------|------------|-------------|--------------|------------------|-------------------------|----------------------|------------------------|
| 14120 | 197112 | Paper Check | Not Received | 333.00 | 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)

Complex Refund Type Values From Drop-down Button

Complex Refund Component - Microsoft Internet Explorer

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First Name: JSMITH Address: 1443 Last Street User ID: JSMITH010
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

Start Exploring - CIA... Inbox - Microsoft... Rational ClearQu... Complex Ref... Stat Enterprise... Application Des... Snagit... 8:08 AM

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Complex Refund Component - Microsoft Internet Explorer

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First Name: JAMES Address: 11111 LEE STREET User ID: 2000000000
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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e-services > e-services > Electronic Account Resolution > EAR > Complex Refund Inquiry

Comments

| | | |
|------------------|---------------------------|--------------------------------|
| First Name: John | Address: 1445 East Street | User ID: JOHNFOR |
| 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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e-services > e-services > Electronic Account Resolution > EAR > Complex Refund Inquiry

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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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

| | | |
|------------------|---------------------------|--------------------------------|
| 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 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 | Delete |
|-----------------|------------|-------------|--------------|------------------|-------------------------|------|--------|
| 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/clientsevice/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

Start | Exploring - CIA... | Inbox - Microsoft... | Rational ClearQu... | Complex Ref... | Staff Enterprise... | Application Des... | Snagit | Local intranet | 8:08 AM

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>

Internal Revenue Service The Digital Daily
DEPARTMENT OF THE TREASURY

Home e-services Online Tutorials Help Sign Out

First Name: John Address: 1445 Lanham Blvd User ID: JOHN0000
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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Start Exploring - C... Inbox - Micro... Rational Des... Complex R... Start Enterp... Application D... SnagIt Microsoft Wo... Local Intranet 8:08 AM

Complex Refund Taxpayer Bank Info Page

File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Size Print Go
Address: <https://a.dev.vde.nc.no.us.gov/servlets/clientervlet/PSCRDEV/?cmd=stat> Go Links

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Home e-services On-line Tutorials Help Sign Out

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: faura.b.mangoba@irs.gov |
| 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="080967067"/> |

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

File Edit View Favorites Tools Help
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Address <https://ia.dev.vds.no.no.irs.gov/servlets/clientServlet/PSCRDEV?cmd=stat> Go Links

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Home e-services On-line Tutorials Help Sign Out

e-services > e-services > Electronic Account Resolution > FAR > 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: 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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Home e-services Online Tutorials Help Sign Out

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

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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Home e-services On-line Tutorials Help Sign Out

e-services > 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): 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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https://ia.dev.vda.nc.no.irs.gov/services/clientservice/PSCRDEV/?cmd=start

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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 | 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: B20514 |

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="303000007"/> |
| *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"/> |
| *Notice Number (Required): | <input type="text"/> |
| *Notice Date (Required): | <input type="text"/> |

- 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.

| | | |
|---|---------------------------------------|---------------------------------------|
| <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)

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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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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Home > e-services > Electronic Account Resolution > EFR > 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: 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.

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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):

*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 | Delete |
|-----------------|------------|-------------|---------------|------|--------|
| 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 | 1139 | 1139 |
| 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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Address: https://ia.dev.vde.nc.no.irs.gov/services/identizer/VPSCRDEV?cmd=stat

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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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Notice Confirmation Page - Business

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Home e-services On-line Tutorials Help Sign Out

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 |

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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Home e-services On line Tutorials Help Sign Out

eservices > e-services > 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.

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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" value="04/18/2003"/> |

- 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 | 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.


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

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Installment Agreement Taxpayer Page - Business

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Address: https://ia.dev.vde.nc.no.irs.gov/servlets/identifiers/FSCRDEV/7cmd=stat

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

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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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Address: <https://fa.dev.vda.no.no.irs.gov/services/ctenkservlet/PSCRDEV/?cmd=stat>


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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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Address: https://ia.doe.nc.no.irs.gov/servlets/clientServlet/PSCRDEV/7cmd=stat

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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): | 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)

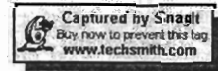
Enter Comments (Required):

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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Address <https://ia.dev.vde.nc.no.irs.gov/servlets/clientervlet/PSCRDEV/7cmd=stat> Go Links

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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)

Installation Agreement - Microsoft Internet Explorer

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

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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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Address <https://a.dev.vde.nc.no.irs.gov/servlets/client/servlet/PSLRDEV?cmd=stat> Go Links

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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: | 746269112135132 |
| Date/Time: | 04/18/2003 7:55AM |
| Inquiry Type: | Follow-up - Business |

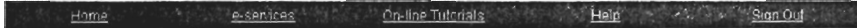
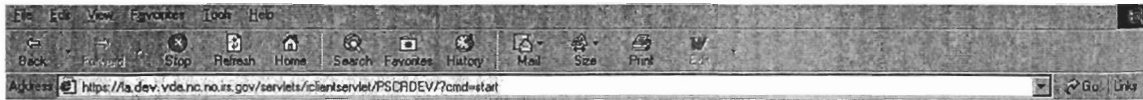
To continue, please select one of the following:

- 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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Address: https://ia.dev.vde.nc.no.irs.gov/servlets/clientServlet/PSCRODEV7cmd=stat

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Installment Agreement

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: No:

*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 |
|-----------------|------------|-------------------------------|---------------------------|-----------------------------|----------------------------------|-------------------------------|------|--------|
| 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.

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List of Tax Form Numbers (MFT_TXFM_NBR_IRS field)

| Class | Event | Ending | HFT_CD_IRS | HFT_TYPR_IRS | HFT_CD_IRS | HFT_TYPR_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 | 1120SF | | 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 | 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 | 941C(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)

Internal Revenue Service The Digital Daily
DEPARTMENT OF THE TREASURY

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):

| | |
|----|--------------------------|
| 1 | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> |
| 13 | <input type="checkbox"/> |
| 14 | <input type="checkbox"/> |
| 15 | <input type="checkbox"/> |
| 16 | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> |
| 18 | <input type="checkbox"/> |

*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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Home e-services On line Tutorials Help Sign Out

e-services > e-services > Electronic Account Resolution > EAR > 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.
- Please print this screen. If you do not have access to a printer, please record the information for your records.

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

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Comments

| | | |
|------------------|---------------------------|---|
| First Name: John | Address: 1445 East Street | User ID: JOHNFORO |
| Last Name: Ford | City: Lanham | Email: laura.b.mangoba@irs.gov |
| 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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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

| | | |
|------------------|---------------------------|--------------------------------|
| 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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| | | |
|------------------|---------------------------|--------------------------------|
| 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: | 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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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: _____

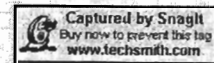
First Name: _____

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

| | | |
|------------------|---------------------------|--------------------------------|
| 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.
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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 | 1120RMIT | 2 | Corporation Income | 1120 |
| 2 | 1120RMC | 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 | 1C | 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

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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: 920514 |


Please Enter Your Comment (Limit = 5000 Characters)

*Enter Comments(Required):

Payment Tracer 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 Main 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: 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: | 093844416175959 |
| Date/Time: | 04/17/2003 6:01PM |
| Inquiry Type: | Payment Tracer - 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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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:

- 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.
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Internal Revenue Service
DEPARTMENT OF THE TREASURY
The Digital Daily

Home e-services Online Tutorials Help Sign Out

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

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: 20736 | 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"/> |
| *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 | |
|---|-----------------|------------|----------------|----------------|--------------|------|--------|
| 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)

Payment Tracer 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):

Payment Tracer 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.




Payment Tracer Confirmation Page - Business

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Address: <https://a.dev.vda.nc.no.irs.gov/services/clientserver/PSCRDEV/?unde=starr> Go Links

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

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Address <https://ia.dev.vde.no.no.irs.gov/servelets/cienter/wel/PSCDEV7?cmd=stat> Go Links

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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.
- 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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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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Address: <https://ia.dev.vde.nc.no.irs.gov/services/clientervlet/PSCRDEV7/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 |

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: laura.b.mangoba@irs.gov |
| Telephone: NONE | State: MD | Company: PARTNERS SMITH, INC. |
| Fax: None | Zip: 20706 | EFIN: 820514 |


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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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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): 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.


Previous Next Cancel

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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 |


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 |

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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