

# Pre-CAP and CAP Application Form

Taxpayer Name per Tax Return		EIN	
		Check if Applying for Pre-CAP <input type="checkbox"/> CAP <input type="checkbox"/>	
Address per Tax Return		Fiscal Year Ending	
			<b>Yes</b>
			<b>No</b>
1. Did the taxpayer report total assets on the prior U.S. income tax return equal to or exceeding \$10,000,000?		<input type="checkbox"/>	<input type="checkbox"/>
2a. Is the taxpayer publicly-held with a legal requirement to prepare and submit Forms 10K, 10Q, 8K, or 20F or other disclosure type forms to the SEC or equivalent regulatory body?		<input type="checkbox"/>	<input type="checkbox"/>
2b. If no in 2a, does the taxpayer prepare certified, audited financial statements or equivalent documentation on a quarterly basis?		<input type="checkbox"/>	<input type="checkbox"/>
3. Is the taxpayer currently under examination by the Internal Revenue Service (IRS)?		<input type="checkbox"/>	<input type="checkbox"/>
4. Is the taxpayer currently in litigation or under investigation by the IRS or any Federal or State agency which would limit access to the current corporate tax records or the investigation could result in a material tax item? If yes, provide a brief explanation in line 7 below.		<input type="checkbox"/>	<input type="checkbox"/>
5. Has the taxpayer entered into any listed transaction as defined in the Instructions to Form 8886, Reportable Transaction Disclosure Statement, for any open tax year or filed year under examination or in Appeals? If yes, please attach a copy of Form 8886.		<input type="checkbox"/>	<input type="checkbox"/>
6. Did the taxpayer recently undergo any changes that would affect the taxpayer's ability to dedicate resources to the CAP program or limit the availability of records?		<input type="checkbox"/>	<input type="checkbox"/>
7. If necessary, provide brief explanation described in Line 4.			

Signature of Authorized Officer: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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## **Paperwork Reduction Act Notice.**

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for taxpayers who file this form is 1 hour and 52 minutes.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address.