

IRS Applicant Contact Information

OMB Number 1545-2240

Last name		First name	Are you a citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address			ZIP code	
Mobile or home telephone number	Email address (<i>permanent</i>)			

Check all that apply

 Veteran Military Spouse Sch A Authority / Disability CPA Bilingual (*indicate up to 3 languages*)

First college attended	State	Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Law		
Major	GPA	Year graduated/anticipated (<i>mm-dd-yyyy</i>)		

Second college attended	State	Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Law		
Major	GPA	Year graduated/anticipated (<i>mm-dd-yyyy</i>)		

To Be Completed by Authorized Personnel ONLY

Recruiter name		Date		
Potential applicant for	<input type="checkbox"/> Revenue Agent 0512	<input type="checkbox"/> Information Technology 2210	<input type="checkbox"/> Revenue Officer 1169	<input type="checkbox"/> Economist 0110
	<input type="checkbox"/> LMSB Agent 0512	<input type="checkbox"/> Student Employment 0099	<input type="checkbox"/> Tax Compliance Officer 0526	<input type="checkbox"/> Other
	<input type="checkbox"/> Special Agent 1811	<input type="checkbox"/> Customer Service Rep. 0962	<input type="checkbox"/> Attorney 0905	

Remarks

Privacy Act and Paperwork Reduction Act Notice

We are authorized to request this information under 5 U.S.C. §§ 301 and I.R.C. §§ 7801 and 7803. We use it to contact potential applicants about jobs when jobs become available. You are not required to give us the information. If you do not provide the information we ask for, it may delay or prevent our contacting you; providing false or fraudulent information could subject you to penalties. We may disclose this information to the Department of Justice for civil or criminal litigation.

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. The time needed to complete the form will vary depending on individual circumstances. The estimated average time for completing this form is five minutes. If you have comments concerning the accuracy of this time estimate 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.