Form **13094** (April 2018)

Department of the Treasury - Internal Revenue Service

## Recommendation for Juvenile Employment with the Internal Revenue Service

OMB Number 1545-1746

Name of applicant (print/type)

	eking employment with the Internal R g of taxpayer receipts and taxpayer i		ion is one of public trust
Check the appropriate box bel	ow with your recommendation for	the individual listed on t	his form
	e, this individual is of good character and that requires them to handle taxpay	•	
I cannot recommend this ind taxpayer information.	ividual for a public trust position that	requires them to handle ta	xpayer receipts and
I do not know this individual taxpayer receipts and taxpay	well enough to recommend for a pub ver information.	lic trust position that requir	res them to handle
Name of person making recomm	Telephone no	Telephone number	
Address	City	State	ZIP code
Relationship to applicant Number year		ars known applicant	
Signature			Date
trustworthiness. If the applicant i current or former school official (currently employed or unemploy applicant is not in school and ha	d by a person who has personal knows attending school or has graduated, i.e., principal, guidance counselor or ed, the form must be completed and a never been employed, the form must, etc.). An IRS Employment represent ormation on the form.	this form must be complet teacher). If the applicant is signed by a current or form st be completed by an adu	ted and signed by the s not in school and is ner employer. If the ult/authority figure (i.e.,
IRS verification signature			Date
	5 CFR 736.102	2	
, ,	ovided that you do not wish to have y ity in response to a valid Privacy Act	•	
☐ I do not wish to have my ide	ntity disclosed.		
	Privacy Act and Paperwork Red	uction Act Notice	
	r 5 U.S.C. 301 for the purpose of acquiring you g any or all of the information will not have an		

We are requesting this information under 5 U.S.C. 301 for the purpose of acquiring your recommendation for the individual listed on this form. Providing the information is voluntary. Not providing any or all of the information will not have an effect on you from the IRS. Generally, the person you are providing information about will be able to obtain a copy of the information you provide through a Privacy Act request made to the IRS. The information may be provided to the Office of Personnel Management, Equal Employment Opportunity Commission, and the General Accounting Office for the purpose of properly administering Federal personnel systems. The estimated average time to complete this form is 5 minutes. 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Please do not send the completed form to this address.

Previous versions of this form cannot be used after January 1, 2008.