



governmentattic.org

"Rummaging in the government's attic"

Description of document: Various Internal Revenue Service (IRS) Forms 2022

Requested date: 25-January-2022

Release date: 13-April-2022

Posted date: 14-October-2024

Source of document: FOIA Request
Internal Revenue Service
GLDS Support Services
Stop 211
PO Box 621506
Atlanta, GA 30362-3006
[IRS FOIA Public Access Portal](#)

The governmentattic.org web site ("the site") is a First Amendment free speech web site and is noncommercial and free to the public. The site and materials made available on the site, such as this file, are for reference only. The governmentattic.org web site and its principals have made every effort to make this information as complete and as accurate as possible, however, there may be mistakes and omissions, both typographical and in content. The governmentattic.org web site and its principals shall have neither liability nor responsibility to any person or entity with respect to any loss or damage caused, or alleged to have been caused, directly or indirectly, by the information provided on the governmentattic.org web site or in this file. The public records published on the site were obtained from government agencies using proper legal channels. Each document is identified as to the source. Any concerns about the contents of the site should be directed to the agency originating the document in question. GovernmentAttic.org is not responsible for the contents of documents published on the website.



Department of the Treasury
Internal Revenue Service
Privacy, Governmental Liaison and
Disclosure
GLDS Support Services
Stop 93A
PO Box 621506
Atlanta, GA 30362

Date:
April 13, 2022
Employee name:
Kimberly Hill
Employee ID number:
1001339342
Telephone number:
406-200-6070
Fax number:
855-205-9335
Case number:
2022-07320

This is a final response to your Freedom of Information Act (FOIA) request dated January 25, 2022, received in our office on January 25, 2022.

You asked for a blank copy of the following forms:

- 10250
- 10285
- 10304
- 10316
- 10359
- 10365
- 10373
- 10407
- 10420
- 10485
- 10488
- 10488A
- 10499
- 10517
- 10551
- 10593
- 10848
- 10860
- 10900
- 10904
- 10942
- 11377
- 11605
- 12089
- 12167

- 12217
- 12317
- 12413
- 12450
- 12482
- 12894
- 13087
- 13090

We searched for, and I am enclosing 16 pages responsive to your request. This is a full grant of your request.

Per your telephone conversation on March 17, 2022, you stated that you do not desire a copy of obsolete forms. Therefore, I have not included the following obsolete forms in the final response:

- 10250
- 10285
- 10304
- 10316
- 10407
- 10485
- 10488
- 10488A
- 10499
- 10593
- 10848
- 10860
- 10900
- 10942
- 11605
- 12089
- 12167
- 12217
- 12317
- 12413
- 12450
- 12894
- 13087

The following active current forms are enclosed without redaction:

- 10359
- 10365
- 10373
- 10420
- 10517

- 10551
- 10904
- 11377
- 12482
- 13090

If you have questions regarding the processing of your FOIA request, please contact the caseworker assigned to your case at the phone number listed at the top of this letter.

If you are not able to resolve any concerns you may have regarding our response with the caseworker, you have the right to seek dispute resolution services by contacting our FOIA Public Liaisons at 312-292-3297. The FOIA Public Liaison is responsible for assisting in reducing delays, increasing transparency, and assisting in the resolution of disputes with respect to the FOIA.

There is no provision for the FOIA Public Liaison to address non-FOIA concerns such as return filing and other tax-related matters or personnel matters. If you need assistance with tax-related issues, you may call the IRS at 800-829-1040.

Sincerely,

A handwritten signature in black ink, appearing to read 'D Trussell', with a stylized flourish at the end.

Don Trussell
Acting, Disclosure Manager
Disclosure Group 13

Enclosures:
16 pages – Responsive Records

Notice of Visit

Official Unofficial Pershing Other

To: FMSS/Visitor Center

From: Operation/Department/Section

Details of Visit

Note: Only one Notice Per Company. Do not mix Vendor companies with Contractor companies.

Name(s) of Visitor(s)

Representing (*Company Name*)

Reason for visit

Dates of visit

Time (*if known*)

Type of badge required

Contact for KC campus visitor

Initiator's approval

Date

Remarks

Request for Record Deletion from AIMS/ERCS

RTO Input Initial/Date

Reference: IRM 4.4

Name of Taxpayer												Name Control Check Digit		Taxpayer Identification Number												MFT Plan Num.		Tax Period			
																												c c y y m m			
Tax Period				Tax Period				Tax Period				Tax Period				Tax Period				Tax Period											
c c y y m m				c c y y m m				c c y y m m				c c y y m m				c c y y m m				c c y y m m											

Disposal Code				Error Account				ERCS				Attachments				Copies			
<input type="checkbox"/> 28		<input type="checkbox"/> AM424D		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 5546		<input type="checkbox"/> IMFOLT/BMFOLT		<input type="checkbox"/> 5345/5347					
<input type="checkbox"/> 29		<input type="checkbox"/> REQ 77		<input type="checkbox"/> Unlocatable Return		<input type="checkbox"/> AIMS		<input type="checkbox"/> AMDISA		<input type="checkbox"/> TXMODA		<input type="checkbox"/> 5354							
<input type="checkbox"/> 33		<input type="checkbox"/>						<input type="checkbox"/> Other _____				<input type="checkbox"/> Other _____							

Reason for Request (Narrative)

Name of Requestor		Manager's Signature		Manager's Telephone #		Org Code/Unit #		Date	

Approved Disapproved - Comments:

AIMS Coordinator's Signature		Date		ERCS Coordinator's Signature		Date	

Approved Disapproved - Comments: Approved Disapproved - Comments:

Area/Industry Director or Designee's Signature		Date	

Approved Disapproved Comments:

Instructions for Completing Form

Name of Taxpayer, Name Control/Check Digit, MFT/Plan Number - should be provided by requestor.

Taxpayer Identification Number - should include hyphens, as well as the file source/validity indicator, when applicable.

Tax Period - up to 7 tax periods per form. Be sure that the attached documentation corresponds to all tax periods shown.

Disposal Code - requestor should leave this item blank, EXCEPT AM424D with a disposal code. Otherwise, the AIMS/ERCS Coordinator will determine the correct disposal code to be used.

Error Account/Unlocatable Return - requestor should check the appropriate block.

Attachments/Copies - requestor should attach all documentation and check appropriate blocks. *Note:* Current TXMODA prints may be used in lieu of IMFOLT/BMFOLT, especially in instances where there are relevant transactions pending for masterfile posting.

Reason for Request (Narrative) - requestor should provide detailed explanation of actions taken to locate/secure the return, including contacts made to other functions. If the account was opened in error, requestor should provide details (e.g., wrong tax period opened).

Requestor/Manager information section - self explanatory.

Additional Actions to be Taken by Requestor - when necessary, the AIMS/ERCS Coordinator will check the "Disapproved" block and provide instructions.

Approval section - self explanatory.

RTO Input - should be completed by terminal operator when closing action is completed.

Reject/Error Message - if closure rejects, terminal operator should check the "Reject" block and notate error message.

Note: Rejected closures should be routed back to the AIMS/ERCS Coordinator for review/disposition.

Click here to hide this message

11377 can only be completed by filling out a copy printed to a local printer.

Use Form 11377-E if you want to complete and submit the form electronically.

Purpose and Authorized Access

Employees may use this form to document accesses to taxpayer information when not supported by direct case assignments. This form can also be used when accesses are performed in error or may raise a suspicion of an unauthorized access. False statements may lead to additional inquiries or charges.

Employees are authorized to access taxpayer information to perform their official tax related duties and assignments. Employees are not authorized, under any circumstances, to initiate an access to their own tax information or that of other individuals or businesses when they have a personal or outside business relationship where the access could cause or create the appearance of a possible conflict of interest.

Employees are required to review the Privacy Act Notification.

Privacy Act Notification

OL5081 requires employees to read and acknowledge security rules for access to all applications.

Privacy act notification is required. Use of this form is voluntary. The primary purpose of this form is to document the reason(s) tax returns or return information were accessed by you when the taxpayers' cases were not assigned directly to you or where otherwise there may be some question regarding your authority to access the tax returns or return information.

Instructions

Employees must complete blocks 1, 2, 4, 5a, 5b, 6, 7a, 7b, 8 (see chart below), 9 (if applicable), and 10. Put an "X" in block 9 if attachments to support the access will accompany the form. Use block 10 for comments or explanations.

After managers have signed and returned the Employee Copy, employees are encouraged to keep their copy of this official record for six years.

Reason	Code Explanations
1	Referred inquiry (from manager, coworker, walk-in/telephone contacts)
2	Incorrect input of TIN
3	Inadvertent access
4	Related case
5	Other (Explain in "Comments" column)
6	IRS Internal/External Systems
7	Contracted System (i.e., Accurint, Westlaw, Lexis Nexis)

Managers who receive this form from an employee must sign and date this form. Note: The manager's signature only acknowledges receipt of the form and does not imply approval of the accesses. These accesses may still be subject to review and investigation. After signing this form, **managers must return the Employee Copy to the employee for their records and send the IRS Copy with supporting documents to their Business Unit Head of Office Designee.** No copies are to be maintained at the group level.

Head of Office Designees will upload the IRS Copy with supporting documents into the Taxpayer Data Access Library where it is retained for 6 years.

Employees must sign and date both the IRS and Employee copies of the form and give both to their manager no later than the end of the day that the accesses occurred.

Access Record

7a. Redacted TIN (last 4 digits of SSN or EIN)	7b. Name Control	8. Reason Code(s)	9. Attachment (X)	10. Comments
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

11. Signature of Employee

12. Date

13. Signature of Manager

14. Date

The Service is required to retain the IRS copy for 6 years. Employees are encouraged to maintain their copy for 6 years.

Taxpayer Data Access

1. Name of employee *(First, MI, Last)* 2. Employee SEID 3. Control number 4. Date of occurrence
(First, MI, Last) 6. Business Organization
5a. Name of manager 5b. Manager's telephone

Purpose and Authorized Access

Employees may use this form to document accesses to taxpayer information when not supported by direct case assignments. This form can also be used when accesses are performed in error or may raise a suspicion of an unauthorized access. False statements may lead to additional inquiries or charges.

Employees are authorized to access taxpayer information to perform their official tax related duties and assignments. Employees are not authorized, under any circumstances, to initiate an access to their own tax information or that of other individuals or businesses when they have a personal or outside business relationship where the access could cause or create the appearance of a possible conflict of interest.

Employees are required to review the Privacy Act Notification.

Privacy Act Notification

OL5081 requires employees to read and acknowledge security rules for access to all applications.

Privacy act notification is required. Use of this form is voluntary. The primary purpose of this form is to document the reason(s) tax returns or return information were accessed by you when the taxpayers' cases were not assigned directly to you or where otherwise there may be some question regarding your authority to access the tax returns or return information.

Instructions

Employees must complete blocks 1, 2, 4, 5a, 5b, 6, 7a, 7b, 8 (see chart below), 9 (if applicable), and 10. Put an "X" in block 9 if attachments to support the access will accompany the form. Use block 10 for comments or explanations.

Reason	Code Explanations
1	Referred inquiry <i>(from manager, coworker, walk-in/telephone contacts)</i>
2	Incorrect input of TIN
3	Inadvertent access
4	Related case
5	Other <i>(Explain in "Comments" column)</i>
6	IRS Internal/External Systems
7	Contracted System <i>(i.e., Accurint, Westlaw, Lexis Nexis)</i>

Employees must sign and date both the IRS and Employee copies of the form and give both to their manager no later than the end of the day that the accesses occurred.

After managers have signed and returned the Employee Copy, employees are encouraged to keep their copy of this official record for six years.

Managers who receive this form from an employee must sign and date this form. Note: The manager's signature only acknowledges receipt of the form and does not imply approval of the accesses. These accesses may still be subject to review and investigation. After signing this form, **managers must return the Employee Copy to the employee for their records and send the IRS Copy with supporting documents to their Business Unit Head of Office Designee.** No copies are to be maintained at the group level.

Head of Office Designees will upload the IRS Copy with supporting documents into the Taxpayer Data Access Library where it is retained for 6 years.

Access Record

Blocks 7 – 10 may contain information that is protected to ensure taxpayer privacy.

11. Signature of Employee 12. Date 13. Signature of Manager 14. Date

The Service is required to retain the IRS copy for 6 years. Employees are encouraged to maintain their copy for 6 years.

EXAMINATION CASE PROCESSING

ERCS INPUT _____

NAME _____

(Status Label)

FORM _____

Year(s) Period(s)
Ended

TIN _____

Related/Key (if more than 2, see reverse)
Name/TIN/Type of Return Send Communications per POA-
POA valid for Year(s)/Period(s) Amended return/copy of
return/claim-Transcript includedNew address/name as
of _____

(date)

EARLIEST STATUTE DATE

Entry Required

EXPEDITE

 Explanation _____ Agreed Unpaid Deficiency
Amount _____ Overassessment over \$10,000
Amount _____

Date waiver received _____

Date Submitted to Manager _____

 Substitute for Return Installment Agreement Delinquent return

CASE FLOW/PROCESSING

 No change Without Adjustment With Adjustment-Issue Letter _____ Agreed Case-Issue Letter _____ Unagreed, Case-Issue Letter _____ Claim Disallowance-Issue Letter _____ Partial assessment - Assessment Date _____ Restricted Interest, I.R.C. _____ Year Carryback From _____ Prepayment Credit Filing Status Change Excise Tax on an IRA Adjustment 10% 6% Self employment Tax Case

PENALTIES (Code Section & Type):

Mandatory Review Joint
Committee TCMP Employee
Audit Other

Other Instructions (see page 19 of Case Closure Guide):

Examiner's Name _____ Group _____ Extension _____

PART A

01	Tax Penalty Interest Adjustment Advance Pymt	_____ _____ _____ _____	Date Pd _____
02	Tax Penalty Interest Adjustment Advance Pymt	_____ _____ _____ _____	Date Pd _____
03	Tax Penalty Interest Adjustment Advance Pymt	_____ _____ _____ _____	Date Pd _____
04	Tax Penalty Interest Adjustment Advance Pymt	_____ _____ _____ _____	Date Pd _____
05	Tax Penalty Interest Adjustment Advance Pymt	_____ _____ _____ _____	Date Pd _____
06 related Case (from front) use label	07 related Case (from Front) use label		

PART B
TEFRA Entities

- Form 1065
- No change Issue <45 Days
- 60 Day Letter
- Form 1120S
- No Change >45 Days
- FPAA
- FSAA
- TEFRA Investor-Send to ESU, _____ Service Center,
TEFRA Year _____

TEFRA INVESTOR INSTRUCTIONS - - IRM 4226.45

- AGREE** Service Center Suspense Case File with unresolved TEFRA flow-through issues - forward case to Service Center ESU after assessment on the non-TEFRA issues and issuance of Letter 987.
- UNAGREE** Note to Appeals: If unresolved TEFRA issues remain after non-TEFRA issues are resolved in Appeals, forward case file to Service Center ESU.
- NO CHANGE** Service Center Suspense Case File with unresolved TEFRA flow through issues - forward case file to Service Center ESU after issuance of no-change letter for non-TEFRA issues.

Caution Indicator Referral Report

Internal Revenue Service
Office of Employee Protection (OEP)
P.O. Box 330500 - Stop 30
Detroit, MI 48232-6500

To

Office telephone number: 313-234-2490

Office fax number: 855-786-9490

Employee name

Address

From

Position

Telephone number

Manager

Telephone number

Operating division

Operating unit (i.e., Collection)

Area

Group

Taxpayer's name

SSN (no dashes)

Home address

**Taxpayer
Information**

Spouse's name

SSN (no dashes)

Is the taxpayer a power of attorney

Yes

No

Business name(s)

EIN(s)

Description of Incident

TIGTA notified

Yes

No

Date of incident

Nonfiler Event - - Data Sheet

A. Nonfiler Background

1. Source of Nonfiler (Enter A, C, E, N, Q or V) _____ A=ACS C=Cff E=Exam N=NIS Q=Queue V=Event

2. Primary Taxpayer Name	SSN/EIN	3. Secondary Taxpayer Name	SSN/EIN
4. Street Address		5. City	6. State 7. ZIP
8. Telephone Number Residence:	9. Occupation for Nonfiled Years (Enter 1-4) _____ List Primary Source Occupation:	10. Current Occupation (Enter 1-4) _____ List Primary Source Occupation:	
Business:	Occupation Codes: 1= Wage Earner 2=Self Employed 3=Retired 4=Unemployed 5=Disabled 6=Deceased		

B. Event Letter

- Complete only on Inventory

11. Date Letter Sent (YY/MM/DD)	12. Response to Letter (Enter Y/N) _____ Type of Response (Enter 1-3) _____ 1=Call 2=Walk-in 3=Mail-in	13. Letter Returned Undeliverable (Y/N)	14. Followup call (YY/MM/DD)	15. Contact Made (Y/N)
---------------------------------	--	---	------------------------------	------------------------

C. Followup Call

- Complete only on Inventory

D. Event Information

- Complete for all Walk-ins Including Inventory

16. Date Event Attended (YY/MM/DD)	17. Event Site	18. Reason for Attendance (Enter 1-5) _____ 1=Event Letter 2=Never Too Late Letter 3=Other IRS Letter 4=Phone Call 5= Publicity			
19. Publicity Source (Enter 1-5) _____ 1=Newspaper 2=Radio 3=TV 4=Poster/Flyer 5=Other (Explain) _____		20. IS IDRS Available (Y/N/NA)	21. Taxpayer Account on IDRS (Y/N)	22. Info Rtns Ordered (Y/N)	23. Last Tax Period Filed (Enter Year/Month or UNK)

E. Delinquent Return Information

- List Delinquent Return or SFR Info Here

	Tax Period (a)	Not Liab (b) (enter X)	Total Tax (c)	Total Crd & Pymts (d)	Prtly Appl (h) (Y, N.)	Total Collected with Return (i)
24.						
25.						
26.						
27.						
28.						
29.						

* Note:

Columns (f) Bal Due, and (g) Refund will automatically generate based upon the tax period entered and/or the computation of total tax minus tax crd & pymts.

Reasons for not filing (Enter 1-6) _____

1=Procrastination 2=Traumatic Personal Incident 3=Fear 4=Inability to Pay 5=Lost/Destroyed Records

6=Other (Explain) _____

Resolution of Liability (Enter 1-5) _____

1=Full Pay 2=Ext to Pay 3=IA 4=CNC 5=OIC

F. Enforcement Action - Complete if Enforcement Necessary

35. Other Information

32. Date of Initial Enforcement Action (YY/MM/DD)	33. Enforcement Secured Rtn (Y/N/NA)	34. SFR (Y/N)
---	--------------------------------------	---------------

Form-10359
Line by Line Instructions

Line 1 thru 10: Complete for all nonfilers (*nonfiler inventory sent letter and publicity walk-ins*).

1. Source of Nonfiler- Enter the appropriate code identifying where the nonfiler was derived from; ACS inventory, Exam inventory, event (publicity walk-in), etc.
2. Primary Taxpayer Name - Enter the primary taxpayer's last name followed by the first name and SSN.
3. Secondary Taxpayer Name - If applicable, enter the secondary taxpayer's name in the same manner as the primary taxpayer.
4. Street Address, 5. City, 6. State & 7. Zip Code - Enter current street or mailing address with state abbreviation and five-digit zip code.
8. Telephone Number - Enter current telephone number with area code (10 digits) for residence and business.
9. Occupation for Nonfiled Years - Enter the occupation code and list occupation relating to the main source of income for the primary taxpayer during the nonfiled years.
10. Current Occupation - Enter the occupation code and list occupation relating to the primary taxpayer's main source of income currently.

Line 11 thru Line 15: Complete only on nonfilers previously identified from inventory to receive an event letter.

11. Date Letter Sent - Enter date (YY/MM/DD) that event letter was mailed.
12. Response to Letter - Enter "Y" (Yes) or "N" (No). If "Y" entered, also enter appropriate response code.
13. Letter Returned Undeliverable - Enter "Y" or "N". If "N" entered and a subsequent mailing address is not returned, then change to "Y".
14. Followup Call - Enter date when the first followup call was attempted. If Line 12 was answered "Y", then in most cases a followup call was attempted. If Line 12 was answered "N", then in most cases a followup call would not be necessary and a date entry would not be applicable.
15. Contact Made - Enter "Y" or "N" if personal contact was made with the followup call.

Lines 16 thru 23: Complete only on nonfilers (*inventory and publicity*) who attend the event by coming into an assistance site.

16. Date Event Attended - Enter date nonfiler attended assistance site.
17. Event Site - List the location of the assistance site.
18. Reason for Attendance - Enter appropriate attendance reason code.
Reason code "2" (*Never Too Late Letter*) is a tri-fold letter mailed out in June 1994 by National Office to known nonfilers.
19. Publicity Source - Enter the appropriate source code only if line 18 was answered with a "5", otherwise leave blank. If source code "5" is entered, then explain; i.e., IRS presentation, word-of-mouth.
20. Is IDRS Available - For publicity walk-ins, enter "Y" or "N" if IDRS was accessible. If the nonfiler was sent an event letter, enter "NA" and skip lines 21 and 22.
21. Taxpayer Account on IDRS - If line 20 was answered with a "Y", enter "Y" or "N" as to whether or not the taxpayer is on IDRS.
22. Last Tax Period Filed - Enter last tax period (Year/Month) filed or "UNK" if unknown.

Lines 24-29: Complete for all nonfilers (*inventory sent letter and publicity walk-ins*). Enter requested information from return(s) secured or from the examiner's report prepared for a Substitute for Return (SFR) case. If a nonfiler does not have a filing requirement for the nonfiler year and a return is not applicable (refund), only items (a) and (b) need an entry.

- (a) Tax Period - Enter Year/Month
- (b) Not Liable - Enter "X" if nonfiler was not liable for the nonfiled tax period.
- (c) Total Tax - Enter the tax liability (whole dollars) amount after credits and other taxes but before withholding and/or other payments.
- (d) Total Crd & Pymts - Enter the total of withholding and/or other payments (whole dollars) that will be applied towards the tax liability.
- (h) Penalty Applied - Enter "Y" if penalties were applied or "N" if reasonable cause was accepted.
- (i) Total Collected with Return - Enter the amount of dollars (whole) collected upon securing the return or getting a signed agreement.

Lines 30-31: Complete for all nonfilers (*inventory sent letters and publicity walk-ins*).

30. Reasons for Not Filing - Enter appropriate code relating to the nonfiler's reason for not filing. Reason code "2" (*traumatic personal incident*) can include, but is not limited to; illness, death, divorce, natural disaster, etc. If reason code "6" is entered, space has been provided to explain.
31. Resolution of Liability - Enter appropriate resolution code regarding any net liability due. Reason code "2" refers to the payment situation where the taxpayer indicates the ability to pay within 60 days or will pay upon receipt of the balance due notice.

Lines 32-35: Complete only on inventory nonfilers sent an event letter who did not respond and enforcement action was taken.

32. Date of Initial Enforcement Action - Enter date when the initial enforcement action was taken after the event date.
33. Enforcement Secured Rtn - Enter "Y" if the enforcement action secured a return or an agreed examiner's report was received. Enter "NA" if the nonfiler did not have a filing requirement for all nonfiled years. Enter "N" if the nonfiler was unable to locate and/or contact.
34. SFR - Enter "Y" if an SFR (*unagreed examiner's report*) was prepared and issued. If not, enter "N".
35. Other information - Self-explanatory, Use at district's discretion.

Form **10365**
(May 2009)**Investigation History**
(Initial Contact)

Name of Taxpayer

Field Date

Contact Date

Question	Check, if applicable
1. Neighbor?	<input type="checkbox"/>
2. Pub 1, 594 and 1660 Issued and all questions answered?	<input type="checkbox"/>
3. L 3164 Given to taxpayer if not previously provided?	<input type="checkbox"/>
4. Demand Full / Partial Payment and/or Delinquent Returns?	<input type="checkbox"/>
5. Compliance Check / Current FTD and/or ES Payments?	<input type="checkbox"/>
6. 6020(b) or Other Del Ret Information Secured?	<input type="checkbox"/>
7. Filing Requirements Checked?	<input type="checkbox"/>
8. Type of Depositor Checked?	<input type="checkbox"/>
9. Cause and Cure Addressed?	<input type="checkbox"/>
10. CIS Attempted/Secured?	<input type="checkbox"/>
11. Levy Source Checked/Secured?	<input type="checkbox"/>
12. Accounts Receivable Checked/Secured?	<input type="checkbox"/>
13. Merchant Bank Account Checked/Secured?	<input type="checkbox"/>
14. TFRP Info/4180 Attempted/Secured?	<input type="checkbox"/>
15. Viewed Assets, if available?	<input type="checkbox"/>
16. Explained FTL/ Issued 1058?	<input type="checkbox"/>
17. Clear Action Date Given?	<input type="checkbox"/>
18. Consequences Explained?	<input type="checkbox"/>
19. Discussed Plan for Resolution?	<input type="checkbox"/>
20. 9297 Issued?	<input type="checkbox"/>

Notes: (Document all items not checked.)

IDRS Research Request

Requester	Extension	Requested date
<hr/>		
Expedite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved	Date needed
<hr/>		
Taxpayer	TIN	MFT Tax periods

Research Requested:

- | | | | | | |
|---------------------------------|--------------------------------|---------------------------------|--------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> AMDIS | <input type="checkbox"/> CFINQ | <input type="checkbox"/> IMFOL | <input type="checkbox"/> PMFOL | <input type="checkbox"/> TDINQ | <input type="checkbox"/> TXMODA |
| <input type="checkbox"/> AMDISA | <input type="checkbox"/> DMFOL | <input type="checkbox"/> INOLES | <input type="checkbox"/> RTVUE | <input type="checkbox"/> TSINQ-IA | <input type="checkbox"/> UNCLER |
| <input type="checkbox"/> BMFOL | <input type="checkbox"/> EINAD | <input type="checkbox"/> INTST | <input type="checkbox"/> SSNAD | <input type="checkbox"/> TSINQ-PA | <input type="checkbox"/> Other* |
| <input type="checkbox"/> BRTVU | <input type="checkbox"/> ENMOD | <input type="checkbox"/> IRPOL | <input type="checkbox"/> SUMRY | <input type="checkbox"/> TSUMY-I | <input type="checkbox"/> |
| <input type="checkbox"/> CAFOL | <input type="checkbox"/> ESTAB | <input type="checkbox"/> MFTRA | <input type="checkbox"/> SUPOL | <input type="checkbox"/> TSUMY-P | <input type="checkbox"/> |

*** Explain:**

Command Code Explanations

- AMDIS** Gives summary of all years open on AIMS concerning their status and location. Also provides current address information.
- AMDISA** Current status and location of a specific return (*a copy of this is in each case file for the years in each workunit - should be no need to routinely re-order*) also reflects PICF codes.
- BMFOL** Provides on line nationwide entity and tax data information posted to Business Master File. Available definers are: H-Help; M-Brings modules on line; P-Additional pages; E, I and V-Entity data; A, R, S and T-Specific tax account information.
- BRTVU** Allows you to view information as transcribed from the original business tax return. It does not contain changes, adjustments, or duplicate return information.
- CAFOL** Allows you to research on line master file information on Powers of Attorney.
- CFINQ** Shows POA information on file - you must give a TIN, MFT, and specific tax period.
- DMFOL** Allow on line access to the Debtor Master File. Provides current and prior year debt information.
- EINAD** Researches for EIN by inputting TP's name, address, and/or zip code.
- ENMOD** Current address and spouse's SSN - if no data, order a MFTRA (*hardcopy transcript*) ENMOD has information that is only on Service Center database. Has information that INOLES doesn't have such as, fiscal year TP filed a return and CAF (*POA*) Information. (*See INOLES below*). Also provides pending address information.
- ESTAB** Used to request original or copy of a return.
- IMFOL** Provides on line nationwide entity and tax data information posted to Master File. Available definers are: H-Help; M-Brings modules on line; P-Additional pages; E, I and V-Entity data; A,R,S and T-Specific tax account information.

Additional Command Code Explanations are listed on page two

Additional Command Code Explanations

INOLES	Provides nationwide data on a TP's current address, spouse SSN, etc. Pulls information from source other than IRS, i.e., Social Security. If there is an invalid SSN the same control would have an asterisk next to it. Does not provide 'penalty' address information, only 'posted' address information.
INTST	Computes the correct outstanding balance including interest, and failure to pay accruals to the date specified in the input of the command code when a module is present on IDRS.
IRPOIL	Provides IRP document information, including information on the Payee and the Payer. This command code can be used to research an additional address for processing undeliverable statutory notices.
IVIFTRA	Hard copy transcript - request takes approximately 2 days if ordered before 2:00 P.M.
PIVIFOIL	Allows you to research the Payer Master File. Definers are: H-Help, S-Summary, and D-Detail Page. The Payer Master File contains information on Forms W-2 , 1099, and 5498.
RTVUE	Allows you to view information as transcribed from the original tax return. It does not contain changes, adjustments, or duplicate return information.
SSNAD	Researches for SSN by inputting TP's name, address, and/or zip code.
SUIVIRY	Used to display a summary of taxpayer's account including abbreviated data for all tax modules meeting IDRS selection criteria, e.g., if you can't get a TXMOD, IDRS will display on the screen available years for TXMODs.
SUPOL	Allows you to research data on those accounts that have an IRP Delinquency Inquiry.
TDINQ	Used to request display of entity and module data, if present on the TIF account, which is pertinent to delinquent return investigation. Shows which collection employee the case is assigned to.
TSINQ-IA	Gives detailed information on all open 1065/1120S linkages for a specific investor.
TSINQ-PA	Gives detailed information on all open investor linkages for a specific 1065 or 1120S.
TSUMY-1	Brief listing of EIN, status, MFT, etc. of open 1065/1120S linkages for a specific 1065 or 1120S linkages for specific investor.
TSUMY-P	Brief listing of SSN, status, MFT, etc. of open investor linkages for specific 1065 or 1120S.
TXMODA	Shows account information & DLNs - available immediately if on 1 day file, e.g., if this year is under examination. If not on 1 day file, the aide will automatically order MFTRD.
UNCLER	100% Penalty file containing cross-reference information of responsible officers who have been assessed <i>(can use with either EIN or SSN)</i> .

Security Incident Report

Date and Time of Incident

Office Location

Functional Area

System Description *(Manufacture, Model)*

Report Filed by

Name

Office

Telephone Number

Date

Incident Description *(Describe what happened, when, how, etc. How was the incident contained?)*

Findings *(Were adequate technical/administrative safeguards in place? Describe.)*

Current Status

Impact on Operations

Severity

Future/Follow-up Actions

Accident Log Tables

Table 1

Type of Accident - Category

- A - Falling, tripping, slipping
- B - Materials handling and lifting
- C - Struck by or against
- D - Machinery/Equipment
- E - Motor vehicle accident-related
- F - All other
- G - Fire incidents

Table 2

Type of Accident - Code

- 01 - Struck against or by
- 02 - Fall
- 03 - Slip, twist (not fall), lifting
- 04 - Rubbed or abraded
- 05 - Bodily reaction
- 06 - Overexertion (repetitive motion)
- 07 - Drowning
- 08 - Contact with electric current
- 09 - Contact with temperature extremes
- 10 - Contact with radiations, caustics, toxic and noxious substances
- 11 - Noise exposure
- 12 - Occupational disease
- 13 - Bite (animal, insect, etc.)
- 14 - Explosion
- 15 - Fire
- 16 - Immersion
- 17 - Motor vehicle accident
- 99 - Other

Table 3

Severity of Injury

- 00 - No injury (Property Damage only)
- 01 - First Aid only
- 02 - Medical only
- 03 - Disabling injury (Temporary)
- 04 - Disabling injury (Permanent - Partial)
- 05 - Disabling injury (Permanent - Total)
- 06 - Disabling injury (Fatal)

Table 4

Employee's Division/Activity Codes

- 17 - Internal Audit
- 18 - Internal Security
- 21 - Returns Processing
- 25 - Data Processing/Taxpayer Service
- 28 - Service Center Resources Management
- 30 - Criminal Investigation
- 31 - Examination
- 33 - Employee Plans & Exempt Organizations
- 35 - Appeals
- 37 - Collection
- 57 - Information Systems Management
- 58 - Information Systems Development
- 72 - Counsel
- 78 - District/Regional Office/Resources Management

Note:

To be considered a **Lost Time Case** -
 The accident/incident/injury must cause a loss of time from work ***beyond the day or shift on which it occurred.***