

DRAFT -- Application for SB/SE-Appeals Fast Track Settlement

To: Local Appeals Office _____ Date: _____

Is the case subject to Joint Committee review? No Yes

TAXPAYER INFORMATION:

Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____ Fax Number: _____
Corporate Officer: _____ Title: _____
MFT Code: _____ Type of Tax: _____
Taxpayer EIN: _____ Tax Years: _____

COMPLIANCE INFORMATION:

Revenue Agent: _____
SB/SE Group Manager Name: _____ Group: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____ Fax Number: _____

TAXPAYER REPRESENTATIVE (if applicable):

Representative Name: _____
Name of Firm: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____ Fax Number: _____

SIGNATURES

The undersigned request Appeals assistance in the SB/SE-Appeals Fast Track Settlement process. The issues for which this assistance is requested are described in the Summary of Issues or Examination Re-Engineering Lead sheets and Taxpayer's written response thereto attached to this agreement. By signing the Application to Fast Track Settlement, the taxpayer consents, pursuant to section 6103(c) of the Internal Revenue Code, to the disclosure of the taxpayer's returns and return information pertaining to the issues being considered in the FTS process to those persons named on the Agreement as participants in the process. IRS employees, the taxpayer and persons invited to participate by the IRS or the taxpayer shall not voluntarily disclose information regarding any communication made during the SB/SE Fast Track Settlement session, except as provided by statute, such as in sections 6103 or 7214 (a) (8) of the Code, or 5 U.S.C. § 574. The prohibition against ex parte communications between Appeals Officers and other Service employees provided by section 1001(a) of the Internal Revenue Service Restructuring and Reform Act of 1998 does not apply to the communications arising in Fast Track Settlement because Appeals personnel, in facilitating an agreement between the taxpayer and SB/SE, are not acting in their traditional Appeals settlement role.

Taxpayer: _____ Date: _____

Representative: _____ Date: _____

SB/SE Group Manager: _____ Date: _____

Comments and Other Participants (attach additional sheets as necessary)

Name

Position or Affiliation

Phone