

# Application for Fast Track Settlement

To: Local Appeals Office \_\_\_\_\_ Date \_\_\_\_\_

This Case is an  Industry (FE), or a  Coordinated Industry case (CE)  Other \_\_\_\_\_

Is an issue referred for Fast Track a Listed Transaction?  No  Yes (Tax Shelter Proj. Code - \_\_\_\_\_ )

Fast Track End Date \_\_\_\_\_ Preferred Conference Site \_\_\_\_\_ Potential Joint Committee  No  Yes

## Taxpayer:

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

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Taxpayer EIN \_\_\_\_\_ Tax Years Involved \_\_\_\_\_

Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

## Compliance:

LMSB Team Manager Name: \_\_\_\_\_ Group \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Industry:  NR;  HMT;  RFPH;  CTM;  FS Non-LMSB Operating Div.: \_\_\_\_\_

MFT Code \_\_\_\_\_ Type of Tax \_\_\_\_\_

## Name of Representative

Taxpayer's Representative (if applicable): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

## SIGNATURES

The undersigned request Appeals assistance in the LMSB Fast Track process as described in Rev Proc 2003-40. The issues for which this assistance is requested are described in the Form(s) 5701 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 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.

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 LMSB, are not acting in their traditional Appeals settlement role.

\_\_\_\_\_  
Taxpayer Date

\_\_\_\_\_  
LMSB Team Manager Date

\_\_\_\_\_  
Representative Date

## *Comments and Other Participants (attach additional sheets as necessary)*

Name	Position or Affiliation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accepted by Appeals Team Manager  Yes  No By \_\_\_\_\_ Date \_\_\_\_\_

### Program Managers Approval:

LMSB Territory Manager  Yes  No \_\_\_\_\_ Date \_\_\_\_\_

Appeals Margaret Crouse  Yes  No \_\_\_\_\_ Date \_\_\_\_\_

215-597-2177 fax 7827