

Form 211 (Rev. March 2005)	Department of the Treasury - Internal Revenue Service Application for Reward for Original Information	OMB Clearance No. 1545-0409 Expires 7/31/2007 Claim No.
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This application is voluntary and the information requested enables us to determine and pay rewards. We use the information to record a claimant's reward as taxable income and to identify any tax outstanding (*including taxes on a joint return filed with a spouse*) against which the reward would first be applied. We need taxpayer identification numbers, i.e., social security number (SSN) or employer identification number (EIN), as applicable, in order to process it. Failure to provide the information requested may result in suspension of processing this application. Our authority for asking for the information on this form is 26 USC 6001, 6011, 6109, 7602, 7623, 7802, and 5 USC 301.

Name of claimant. If an individual, provide date of birth	Date of Birth (Month) (Day) (Year)	Claimant's Taxpayer Identification Number (SSN or EIN)
Name of spouse (if applicable)	Date of Birth (Month) (Day) (Year)	Social Security Number

Address of claimant, including zip code, and telephone number (*telephone number is optional*)

I am applying for a reward, in accordance with the law and regulations, for original information furnished, which led to the detection of a violation of the internal revenue laws of the United States and the collection of taxes, penalties, and fines. I was not an employee of the Department of the Treasury at the time I came into possession of the information nor at the time I divulged it.

Name of IRS employee to whom violation was reported	Title of IRS employee	Date violation reported (mmdyyyy)
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Method of reporting the information (*check applicable box*) Telephone Mail In person

Name of taxpayer who committed the violation and, if known, the taxpayer's SSN or EIN

Address of taxpayer, including zip code, if known

Relative to information I furnished on the above taxpayer, the Internal Revenue Service made the following payments to me or on my behalf

Date of Payment	Amount	Name of Person/Entity to Whom Payment was made
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Under penalties of perjury, I declare that I have examined this application and my accompanying statements, if any, and to the best of my knowledge and belief, they are true, correct, and complete. I understand the amount of any reward will represent what the Area Director/Compliance Services Field Director considers appropriate in this particular case. I agree to repay the reward, or an appropriate percentage thereof, if the collection on which it is based is subsequently reduced.

Signature of Claimant	Date
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The following is to be completed by the Internal Revenue Service

Authorization of Reward		
Area Director/Compliance Services Field Director	Sum Recovered \$	Amount of Reward \$

In consideration of the original information that was furnished by the claimant named above, which concerns a violation of the internal revenue laws and which led to the collection of taxes, penalties, and fines in the sum shown above, I approve payment of a reward in the amount stated.

Signature of the Compliance Services Field Director	Date
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MAIL COMPLETED FORM TO THE APPROPRIATE ADDRESS SHOWN ON THE BACK

Send the completed Form 211 to the Internal Revenue Service Campus for your area shown below.

<i>Name of Campus</i>	<i>Address</i>	
Brookhaven Campus	Internal Revenue Service Attention: ICE P.O. Box 630 Holtsville, NY 11472-0630	If you live in: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont
Cincinnati Campus	Internal Revenue Service Attention: ICE P.O. Box 12267, Stop 828G Covington, KY 41012	If you live in: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia, Wisconsin
Memphis Campus	Internal Revenue Service Attention: ICE P.O. Box 129 Memphis, TN 38101-0129	If you live in: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Tennessee, Texas
Philadelphia Campus	Internal Revenue Service BMF Classification - Drop Point 605 11511 Roosevelt Blvd. Philadelphia, PA 19255-0002	If you live in: Delaware, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, Washington DC, Puerto Rico
Ogden Campus	Internal Revenue Service 1973 N. Rulon White Blvd. MS/4110 — ICE Ogden, UT 84404	If you live in: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

PAPERWORK REDUCTION ACT NOTICE: We ask for the information on this form to carry out the internal revenue laws of the United States. We need it to insure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax.

You are required to give us the information if you are applying for a reward.

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. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can email us at taxforms@irs.gov (please type "Forms Comment" on the subject line) or write to the Internal Revenue Service, Tax Forms Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do NOT send the completed Form 211 to the Tax Forms Coordinating Committee. Instead, send it to the IRS Campus for your area shown above.