Form 211
(Rev. December 2007)

Department of the Treasury - **Internal Revenue Service**

Application for Award for Original Information

OMB No. 1545-0409

Date Claim Received:

Claim No. (completed by IRS)

1. Name of individual claimant	2. Claimant's Date of Birth Month Day Year	3. Claimant's SSN or ITIN
4. Name of spouse *(if applicable)*	5. Spouse's Date of Birth Month Day Year	6. Spouse's SSN or ITIN

7. Address of claimant, including zip code, and telephone number

8. Name & Title of IRS employee to whom violation was reported	9. Date violation reported:
10. Name of taxpayer (include aliases) and any related taxpayers who committed the violation:	11. Taxpayer Identification Number(s) (e.g., SSN, ITIN, or EIN):
12. Taxpayer's address, including zip code:	13. Taxpayer's date of birth or approximate age:

14. State the facts pertinent to the alleged violation. (Attach a detailed explanation and all supporting information in your possession and describe the availability and location of any additional supporting information not in your possession.) Explain why you believe the act described constitutes a violation of the tax laws.

15. Describe how you learned about and/or obtained the information that supports this claim and describe your present or former relationship to the alleged noncompliant taxpayer(s). (Attach sheet if needed.)

16. Describe the amount owed by the taxpayer(s). Please provide a summary of the information you have that supports your claim as to the amount owed. (Attach sheet if needed.)

Declaration under Penalty of Perjury
I declare under penalty of perjury that I have examined this application, my accompanying statement, and supporting documentation and aver that such application is true, correct, and complete, to the best of my knowledge.

17. Signature of Claimant

18. Date

MAIL THE COMPLETED FORM TO THE ADDRESS SHOWN ON THE BACK