

**Request for Account History and Tax Audit**

**TO BE COMPLETED BY PERSONNEL OFFICE  
ITEMS 1 THROUGH 13 AND ITEM 17**

**INSTRUCTIONS:** Prepare original only of this form and submit to District Examination Division serving post of duty (item 2) in which taxpayer is employed or will be employed in IRS, regardless of where returns are filed. Please furnish spouse's social security number (SSN) if joint return was filed for any of the tax years listed in item 9.

1. Taxpayer's name ( <i>last, first, middle initial</i> )	2. Post of duty ( <i>office and city</i> )	3. Division/Group
4. Taxpayer's address ( <i>street number, city, state</i> )	5. Social Security number	6. Spouse's SSN

7. District Examination Division address  <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="margin-left: 20px;">Attn: Returns Program Manager</p>	8. Other data to locate account ( <i>business names, aliases, change of address</i> )
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	Tax Year	Name(s) under which filed ( <i>If joint return, give first names of both</i> )	Where filed ( <i>Specify district, service center</i> )
9. Statement by taxpayer of Income Tax Returns Filed for past 3 years			

10. Signature of requesting official	11. Title	12. Location ( <i>Specify region, district, or service center</i> )	13. Date
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<b>TO BE COMPLETED BY EXAMINATION DIVISION ITEMS 14 THROUGH 16 AND 18 THROUGH 20</b>	<b>INSTRUCTIONS:</b> An immediate audit of the taxpayer's return(s) for any two open years should be conducted, together with audit of any prior years deemed necessary on the basis of findings on open years. A copy of each audit report should be attached to this form and forwarded to the NBIC Office shown in item 17. If a joint examination is initiated with Criminal Investigation, this form should be immediately sent to NBIC and so noted under "Remarks" without awaiting completion of case.
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14. Account history data	a. Are there any open years for which there are tax liabilities outstanding or written of as uncollectible? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NOTE:</b> If "YES" to either question please attach transcript of account or copy of unit ledger (account) card for each appropriate year.
	b. Have any penalties been asserted for the 3 tax years in item 7? <input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Audit report(s) attached for years ( <i>Specify</i> )	16. Remarks
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17. NBIC official address  <div style="border: 1px solid black; padding: 10px;">                     Internal Revenue Service                      National Background Investigations Center                      P.O. Box 248                      Florence, KY 41022-0248                 </div>	18. Signature of Official  <hr/> 19. Title  <hr/> 20. Date
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