

# Application for Fast Track Settlement

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

This Case is an  Industry (FE), or a  Coordinated Industry case (CE) (please check one)

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

Estimated Fast Track End Date \_\_\_\_\_ Preferred Conference Site \_\_\_\_\_

## 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

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.

\_\_\_\_\_  
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 James Fike  Yes  No \_\_\_\_\_ Date \_\_\_\_\_

202-283-8353 fax 8354

Appeals J. W. Wyatt  Yes  No \_\_\_\_\_ Date \_\_\_\_\_

314-612-4639 fax 4678