

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

<p>1. Agency/Subagency originating request Department of the Treasury Internal Revenue Service</p> <p>2. OMB control number a 1 545-0074</p> <p>3. Type of information collection (check one)</p> <p>a. <input type="checkbox"/> New collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reassessment, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reassessment, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note Item A2 of Supporting Statement instructions</p>	<p>4. Type of review requested (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: 09 / 27 / 96 c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Required expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other: 09/27/96</p>																		
<p>7. Title U.S. Individual Income Tax Return</p> <p>8. Agency form numbers (if applicable) Form 1040 and Schedules A; B, C, C-EZ, D, E, EIC, F, H-W-R, and SE</p> <p>9. Keywords 'Personal Income Taxes, Tax Return'</p>																			
<p>10. Abstract These forms are used by individuals to report their income tax liability. The data is used to verify that the items reported on the forms are correct, and also for general statistical use.</p>																			
<p>11. Affected public (Mark primary with "P" and all others that apply with "A")</p> <p>a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Foreign b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit organizations f. <input type="checkbox"/> State, Local or Tribal Government</p>																			
<p>12. Collection to receive (Mark primary with "P" and all others that apply with "A")</p> <p>a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory</p>																			
<p>13. Annual reporting and recordkeeping hour burden</p> <table border="0" style="width: 100%;"> <tr> <td>a. Number of respondents</td> <td>69,269,664</td> </tr> <tr> <td>b. Total annual responses</td> <td>247,164,408</td> </tr> <tr> <td colspan="2">1. Percentage of these responses collected electronically</td> </tr> <tr> <td colspan="2">6 %</td> </tr> <tr> <td>c. Total annual hours required</td> <td>1,741,694,310</td> </tr> <tr> <td>d. Current OMB inventory</td> <td>1,128,204,754</td> </tr> <tr> <td>e. Difference</td> <td>+13,489,556</td> </tr> <tr> <td>f. Estimation of difference</td> <td>-58,088,376</td> </tr> <tr> <td>g. 1. Program change</td> <td>+71,577,922</td> </tr> </table>		a. Number of respondents	69,269,664	b. Total annual responses	247,164,408	1. Percentage of these responses collected electronically		6 %		c. Total annual hours required	1,741,694,310	d. Current OMB inventory	1,128,204,754	e. Difference	+13,489,556	f. Estimation of difference	-58,088,376	g. 1. Program change	+71,577,922
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<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <table border="0" style="width: 100%;"> <tr> <td>a. Total annualized administrative costs</td> <td>_____</td> </tr> <tr> <td>b. Total annual costs (OMB)</td> <td>_____</td> </tr> <tr> <td>c. Total annualized cost required</td> <td>_____</td> </tr> <tr> <td>d. Current OMB inventory</td> <td>_____</td> </tr> <tr> <td>e. Difference</td> <td>_____</td> </tr> <tr> <td>f. Estimation of difference</td> <td>_____</td> </tr> <tr> <td>g. 1. Program change</td> <td>_____</td> </tr> <tr> <td>h. Adjustment</td> <td>_____</td> </tr> </table>		a. Total annualized administrative costs	_____	b. Total annual costs (OMB)	_____	c. Total annualized cost required	_____	d. Current OMB inventory	_____	e. Difference	_____	f. Estimation of difference	_____	g. 1. Program change	_____	h. Adjustment	_____		
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<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "A")</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Frequent evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit</p>																			
<p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Periodic reporting b. <input type="checkbox"/> One time collection c. <input checked="" type="checkbox"/> Reporting</p> <table border="0" style="width: 100%;"> <tr> <td>1. <input type="checkbox"/> On occasion</td> <td>2. <input type="checkbox"/> Weekly</td> <td>3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semiannually</td> <td>6. <input checked="" type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biennially</td> <td>8. <input type="checkbox"/> Other (specify)</td> <td>_____</td> </tr> </table>		1. <input type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semiannually	6. <input checked="" type="checkbox"/> Annually	7. <input type="checkbox"/> Biennially	8. <input type="checkbox"/> Other (specify)	_____									
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<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																			
<p>18. Agency contact (please see and brief answer questions regarding the content of this submission)</p> <p>Name: Martha Brinson</p> <p>Phone: (202) 622-5200</p>																			

OMB 03-1

Exhibit C

RECORDERS
ARCHIVE INFORMATION
IRREGULAR **ORIGINAL**

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Mark Fairchild, Muskegon Co ROD 022

5120777
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Mark Fairchild, Muskegon Co ROD 022

19. Certification for Paperwork Reduction Act Submissions

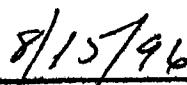
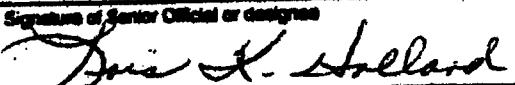
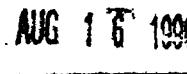
On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b) (3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the issue below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official  Garrick R. Shear, IRS Records Clearance Officer	Date  8/15/96
Signature of Senior Official or designee  Mark Fairchild	Departmental Reports Management Officer Date  AUG 16 1996



Mark Fairchild, Muskegon Co ROD 022

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