

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 three 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.

1. Agency/Subagency originating request Department of the Treasury/	2. OMB control number a. <u>1 5 4 5 - 0 0 6 7</u> b. <u>None</u>
3. Type of information collection (check one) a. <u> </u> New collection b. <u>X</u> Revision of a currently approved collection c. <u> </u> Extension of a currently approved collection d. <u> </u> Reinstatement, without change, of a previously approved collection for which approval has expired e. <u> </u> Reinstatement, with change, of a previously approved collection for which approval has expired f. <u> </u> Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions	4. Type of review requested (check one) a. <u>X</u> Regular b. <u> </u> Emergency - approval requested by: <u>08 / 16 / 99</u> c. <u> </u> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <u> </u> Yes <u>X</u> No 6. Requested expiration date a. <u> </u> Three years from approval date b. <u>X</u> Other Specify: <u>10 / 2001</u>
7. Title: Foreign Earned Income	
8. Agency form number (s) (if applicable): 2555	
9. Keywords: Federal, Tax Returns	
10. Abstract: Form 2555 is used by U.S. citizens and resident aliens who qualify for the foreign earned income exclusion and/or the foreign housing exclusion or deduction. This information is used by the Service to determine if a taxpayer qualifies for the exclusion(s) or deduction.	
11. Affected public (Mark primary with "P" and all others that apply with "X") a. <u>P</u> Individuals or households d. <u> </u> Farms b. <u> </u> Business or other for-profit e. <u> </u> Federal Government c. <u> </u> Not-for-profit institutions f. <u> </u> State, Local or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <u> </u> Voluntary b. <u> </u> Required to obtain or retain benefits c. <u>P</u> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>286,955</u> b. Total annual responses <u>286,955</u> 1. Percentage of these responses collected electronically <u>0 %</u> c. Total annual hours requested <u>1,403,210</u> d. Current OMB inventory <u>926,293</u> e. Difference <u>+ 476,917</u> f. Explanation of difference 1. Program change <u>- 36,035</u> 2. Adjustment <u>+ 512,952</u>	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <u> </u> Application for benefits e. <u> </u> Program planning or Mgmt b. <u> </u> Program evaluation f. <u> </u> Research c. <u> </u> General purpose statistics g. <u>P</u> Regulatory or compliance d. <u> </u> Audit	16. Frequency of recordkeeping or reporting (check all that apply) a. <u>X</u> Recordkeeping b. <u> </u> Third party disclosure c. <u>X</u> Reporting 1. <u> </u> On occasion 2. <u> </u> Weekly 3. <u> </u> Monthly 4. <u> </u> Quarterly 5. <u> </u> Semi-annually 6. <u>X</u> Annually 7. <u> </u> Biennially 8. <u> </u> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods? <u> </u> Yes <u>X</u> No	18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Faye Bruce</u> Phone: <u>202-622-6665</u>

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 item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official
Garrick R. Shear, IRS Reports Clearance Officer

Date
6/11/99

Signature of Senior Official or designee

Departmental Reports
Management Officer

Date
JUN 15 1999

is an opportunity for those attending to make comments regarding Form 2555.

In response to the Federal Register Notice dated April 7, 1999, we received no comments during the comment period regarding Form 2555.

• **EXPLANATION OF DECISION TO PROVIDE ANY PAYMENT OR GIFT TO RESPONDENTS**

Not applicable.

10. ASSURANCE OF CONFIDENTIALITY OF RESPONSES

Generally, tax returns and tax return information are confidential as required by 26 USC 6103.

11. JUSTIFICATION OF SENSITIVE QUESTIONS

Not applicable.

12. ESTIMATED BURDEN OF INFORMATION COLLECTION

Form	Number of Responses	Time per Response	Total Hours
2555	286,955	4.89	1,403,210

Estimates of annualized cost to respondents for the hour burdens shown above are not available at this time.

The following regulations impose no additional burden. Please continue to assign OMB number 1545-0067 to these regulations.

1.911-1(a)	1.911-3(c)	1.911-4(a)
1.911-4(c)	1.911-6(a)	1.911-6(b)
1.911-6(c)	1.911-7	1.6012-1

We have reviewed these regulations and have determined that the reporting requirements contained in them are entirely reflected on the form. The justification appearing in item 1 of the supporting statement applies both to these regulations and to the form.

13. ESTIMATED TOTAL ANNUAL COST BURDEN TO RESPONDENTS

As suggested by OMB, our Federal Register notice dated April 7, 1999, requested public comments on estimates of cost burden