

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, Doclist Library, Room 10102, 725 17th Street NW Washington, DC 20503.

1. Agency/Subagency originating request Department of the Treasury Internal Revenue Service	2. OMB control number a. <u>1545-0074</u> b. <input type="checkbox"/> None
3. Type of information collection (check one) 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 For b-f, note item A2 of Supporting Statement instructions	4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: <u>09 / 27 / 96</u> c. <input type="checkbox"/> Delegated 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 6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____

7. Title U.S. Individual Income Tax Return	RECEIVED AUG 20 1996 U.S. DEPARTMENT OF THE TREASURY
8. Agency form number(s) (if applicable) Form 1040 and Schedules A, B, C, C-EZ, D, E, EIC, F, HARR, and SE	RECEIVED AUG 20 1996 U.S. DEPARTMENT OF THE TREASURY
9. Keywords 'Personal Income Taxes, Tax Return'	RECEIVED AUG 20 1996 U.S. DEPARTMENT OF THE TREASURY

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.

11. Affected public (Mark primary with "P" and all others that apply with "X") a. <u>P</u> Individuals or households b. ___ Business or other for-profit c. ___ Not-for-profit institutions d. ___ Farms e. ___ Federal Government f. ___ State, Local or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory
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13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>69,269,664</u> b. Total annual responses <u>247,164,408</u> 1. Percentage of these responses collected electronically <u>6</u> % c. Total annual hours requested <u>1,141,694,310</u> d. Current OMB inventory <u>1,128,204,754</u> e. Difference <u>+13,489,556</u> f. Explanation of difference 1. Program change _____ 2. Adjustment <u>+71,577,932</u>	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized operational costs _____ b. Total annual costs (OMB) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
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15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. ___ Application for benefits b. ___ Program evaluation c. ___ General purpose statistics d. ___ Audit e. ___ Program planning or management f. ___ Research g. <u>P</u> Regulatory or compliance	16. Frequency of recordkeeping or reporting (check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 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"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Sporadically 8. <input type="checkbox"/> Other (describe) _____
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17. Statistical methods Does this information collection employ statistical methods? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Martha Brinson</u> Phone: <u>(202) 622-5200</u>
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Exhibit C

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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 8/15/96
Signature of Senior Official or designee  Departmental Reports Management Officer	Date AUG 16 1996



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