

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. <u>1545-0067</u> b. <input type="checkbox"/> None</p>
<p>3. Type of information collection (check one) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, 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><i>For b-f, note Item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: <u>08/23/96</u> 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. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____</p>

7. Title
 Foreign Earned Income

RECEIVED

JUL 3 1996

8. Agency form number(s) (if applicable)
 Form 2555

9. Keywords
 'Federal, tax Returns'

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10. Abstract
 This form 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.

<p>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</p>	<p>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</p>
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<p>13. Annual reporting and recordkeeping hour burden</p> <table style="width:100%;"> <tr><td>a. Number of respondents</td><td style="text-align: right;"><u>181,626</u></td></tr> <tr><td>b. Total annual responses</td><td style="text-align: right;"><u>181,626</u></td></tr> <tr><td colspan="2">1. Percentage of these responses collected electronically <u>0</u> %</td></tr> <tr><td>c. Total annual hours requested</td><td style="text-align: right;"><u>926,293</u></td></tr> <tr><td>d. Current OMB inventory</td><td style="text-align: right;"><u>924,476</u></td></tr> <tr><td>e. Difference</td><td style="text-align: right;"><u>+1,817</u></td></tr> <tr><td colspan="2">f. Explanation of difference</td></tr> <tr><td> 1. Program change</td><td style="text-align: right;"><u>+1,817</u></td></tr> <tr><td> 2. Adjustment</td><td>_____</td></tr> </table>	a. Number of respondents	<u>181,626</u>	b. Total annual responses	<u>181,626</u>	1. Percentage of these responses collected electronically <u>0</u> %		c. Total annual hours requested	<u>926,293</u>	d. Current OMB inventory	<u>924,476</u>	e. Difference	<u>+1,817</u>	f. Explanation of difference		1. Program change	<u>+1,817</u>	2. Adjustment	_____	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <table style="width:100%;"> <tr><td>a. Total annualized capital/startup costs</td><td>_____</td></tr> <tr><td>b. Total annual costs (O&M)</td><td>_____</td></tr> <tr><td>c. Total annualized cost requested</td><td>_____</td></tr> <tr><td>d. Current OMB inventory</td><td>_____</td></tr> <tr><td>e. Difference</td><td>_____</td></tr> <tr><td colspan="2">f. Explanation of difference</td></tr> <tr><td> 1. Program change</td><td>_____</td></tr> <tr><td> 2. Adjustment</td><td>_____</td></tr> </table>	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	_____
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<p>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</p>	<p>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"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
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<p>17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>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></p>
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In response to the Federal Register Notice dated April 26, 1996, we received no comments regarding Form 2555.

9. 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

The burden is as follows:

Number of Responses	Time per Response	Total Hours
181.626	5.10	926,293

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

Reporting regulations which impose no additional burden*

1.911-1(a)	1.6012-1
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	

*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.

Please continue to assign OMB number 1545-0067 to these regulations.

13. ESTIMATED TOTAL ANNUAL COST BURDEN TO RESPONDENTS

Estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information are not available at this time.