

PAPERWORK REDUCTION ACT SUBMISSION

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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.

<p>1. Agency/Subagency originating request Department of the Treasury/IRS</p>	<p>2. OMB control number a. <u>1 5 4 5 -0 2 3 5</u> b. <u>None</u></p>																																		
<p>3. Type of information collection (check one) a. <u> </u> New collection b. <input checked="" type="checkbox"/> 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</p> <p>For b-f, note item A2 of Supporting Statement instructions</p>	<p>4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <u> </u> Emergency - approval requested by: <u>9</u> / <u>29</u> / <u>99</u> c. <u> </u> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <u> </u> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <u> </u> Other Specify: <u> </u> / <u> </u></p>																																		
<p>7. Title: Tax on Wagering</p>																																			
<p>8. Agency form number (s) (if applicable): 730</p>																																			
<p>9. Keywords: Taxes, Federal Forms</p>																																			
<p>10. Abstract: Form 730 is used to identify taxable wagers and collect the tax monthly. The information is used to determine if persons accepting wagers are correctly reporting the amount of wagers and paying the required tax.</p>																																			
<p>11. Affected public (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Individuals or households d. <u> </u> Farms b. <input checked="" type="checkbox"/> 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</p>	<p>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. <input checked="" type="checkbox"/> Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>a. Number of respondents</td> <td align="right"><u>4,150</u></td> </tr> <tr> <td>b. Total annual responses</td> <td align="right"><u>51,082</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 align="right"><u>378,518</u></td> </tr> <tr> <td>d. Current OMB inventory</td> <td align="right"><u>361,000</u></td> </tr> <tr> <td>e. Difference</td> <td align="right"><u>+ 17,518</u></td> </tr> <tr> <td colspan="2">f. Explanation of difference</td> </tr> <tr> <td> 1. Program change</td> <td align="right"><u>+ 10,820</u></td> </tr> <tr> <td> 2. Adjustment</td> <td align="right"><u>+ 6,698</u></td> </tr> </table>	a. Number of respondents	<u>4,150</u>	b. Total annual responses	<u>51,082</u>	1. Percentage of these responses collected electronically <u>0</u> %		c. Total annual hours requested	<u>378,518</u>	d. Current OMB inventory	<u>361,000</u>	e. Difference	<u>+ 17,518</u>	f. Explanation of difference		1. Program change	<u>+ 10,820</u>	2. Adjustment	<u>+ 6,698</u>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>a. Total annualized capital/startup costs</td> <td align="right">_____</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td align="right">_____</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td align="right">_____</td> </tr> <tr> <td>d. Current OMB inventory</td> <td align="right">_____</td> </tr> <tr> <td>e. Difference</td> <td align="right">_____</td> </tr> <tr> <td colspan="2">f. Explanation of difference</td> </tr> <tr> <td> 1. Program change</td> <td align="right">_____</td> </tr> <tr> <td> 2. Adjustment</td> <td align="right">_____</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. <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. <input checked="" type="checkbox"/> Regulatory or compliance d. <u> </u> Audit</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping b. <u> </u> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <u> </u> On occasion 2. <u> </u> Weekly 3. <input checked="" type="checkbox"/> Monthly 4. <u> </u> Quarterly 5. <u> </u> Semi-annually 6. <u> </u> Annually 7. <u> </u> Biennially 8. <u> </u> Other (describe) _____</p>																																		
<p>17. Statistical methods Does this information collection employ statistical methods? <u> </u> 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>Faye Bruce</u> Phone: <u>202-622-6665</u></p>																																		

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

7/28/99

Signature of Senior Official or Designee



Departmental Reports
Management Officer

Date

JUL 29 1999

Supporting Statement
(Form 730)

1. CIRCUMSTANCES NECESSITATING COLLECTION OF INFORMATION

Internal Revenue Code section 4401(a)(1) imposes a .25 percent (.0025) tax on the amount of any wager authorized under state law. Section 4401(a)(2) imposes a 2 percent (.02) excise tax on the amount of any wager not taxed at the .25 percent rate. Regulations section 44.6011(a)-1(a) states that Form 730 is to be used on a monthly basis to report the wagers and pay the tax.

2. USE OF DATA

The information is used by the IRS to verify that the respondent is complying with the law by correctly reporting the wagers and paying the tax.

3. USE OF IMPROVED INFORMATION TECHNOLOGY TO REDUCE BURDEN

Form 730 does not involve the use of automated, electronic, or other technological collection techniques.

4. EFFORTS TO IDENTIFY DUPLICATION

We have attempted to eliminate duplication within the agency wherever possible.

5. METHODS TO MINIMIZE BURDEN ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

Not applicable.

6. CONSEQUENCES OF LESS FREQUENT COLLECTION ON FEDERAL PROGRAMS OR POLICY ACTIVITIES

Not applicable.

7. SPECIAL CIRCUMSTANCES REQUIRING DATA COLLECTION TO BE INCONSISTENT WITH GUIDELINES IN 5 CFR 1320.5(d)(2)

Not applicable.

8. CONSULTATION WITH INDIVIDUALS OUTSIDE OF THE AGENCY ON AVAILABILITY OF DATA, FREQUENCY OF COLLECTION, CLARITY OF INSTRUCTIONS AND FORMS, AND DATA ELEMENTS

Periodic meetings are held between IRS personnel and representatives of the American Bar Association, the National Society of Public Accountants, the American Institute of Certified Public Accountants, and other professional groups to discuss tax law and tax forms. During these meetings, there is an opportunity for those attending to make comments regarding Form 730.

In response to the Federal Register Notice dated May 25, 1999, we received no comments during the comment period regarding Form 730.

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

Form	Number of Responses	Time per Response	Total Hours
730	51,082	7.41	378,518

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 1545-0235 to these regulations.

44.4401-1	48.4403-1	44.6001-1
44.6011(a)-1	44.6071-1(a)	44.6091-1
44.6151-1	44.6419-1	44.6419-2

We have reviewed the 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 the regulations and to the form.

13. ESTIMATED TOTAL ANNUAL COST BURDEN TO RESPONDENTS

As suggested by OMB, our Federal Register notice dated May 25, 1999, requested public comments on estimates of cost burden that are not captured in the estimates of burden hours, i.e., estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. However, we did not receive any responses from taxpayers on this subject. As a result, estimates of these cost burdens are not available at this time.

14. ESTIMATED ANNUALIZED COST TO THE FEDERAL GOVERNMENT

The primary cost to the government consists of the cost of printing this form. We estimate that the cost of printing the form is \$1,114.

15. REASONS FOR CHANGE IN BURDEN

Form 730 has been reformatted to be scannable. New entry boxes have been added for a daytime telephone number, and to indicate a final return. Lines 4a and 4b each have a new entry to allow for the separate computation of tax amounts for wagers authorized under state law (line 4a) and for all other wagers (line 4b). The instructions have been editorially updated to correspond with the form. The above changes will result in a program change increase of 62,320 burden hours. In reviewing a prior submission, we found errors in the line entry, Code section, and attachment counts. The correction of these errors resulted in a program change decrease of 51,500 burden hours. The net program change increase is 10,820 hours.

We also obtained better filing figures which resulted in an adjustment increase of 6,698 burden hours.

This submission is being made for renewal purposes.

16. PLANS FOR TABULATION, STATISTICAL ANALYSIS AND PUBLICATION

Not applicable.

17. REASONS WHY DISPLAYING THE OMB EXPIRATION DATE IS
INAPPROPRIATE

See attachment.

18. EXCEPTION TO THE CERTIFICATION STATEMENT ON OMB FORM 83-I

Not applicable.

Note: The following paragraph applies to all of the collections of information in this submission:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.