Request for Terminal Action

EIN or SSN 111-22-3333	Name control	MFT code	Periods
Plan No/Report No (MFT 74, 76 & 46)	TAXP	30	YYYYMM

Name of taxpayer	Address of taxpayer *(if necessary)*
JOHN Q. TAXPAYER	123 ANY STREET, ANYTOWN, XX 12345

Taxpayer Account Changes	Transaction code	Amount *(if applicable)*
	270	$0.00

Type of Research Requested

- ☐ Assessed balance $ _____
- ☐ Accruals to *(Date: mmddyyyy)* _____
  - Interest ..... $ _____
  - Penalty ..... $ _____
  - **Total due** ..... $ _____
- ☐ Module printout
- ☐ Transactions after *(Date: mmddyyyy)* _____
- ☐ Complete printout
- ☐ Other *(Specify)* _____
- ☐ Return DLN _____
- ☐ DLN not available
- ☐ Photocopy ☐ Original ☐ Form W-2
- ☐ Other *(Specify)* _____

Control Base Data Request

- ☐ ACTON
  - Activity code: _____
  - Status code: _____
    - A - Assigned
    - B - Background
    - C - Closed
    - M - Monitor/Other
    - S - Suspense
  - Category code: _____
  - Employee no.: _____
- ☐ TC 148
  - Entity indicator: _____

Remarks

FTP PENALTY RESTRICTION REQUIRED IN CONJUNCTION WITH F1127 EXTENSION OF TIME TO PAY; EXTENSION GRANTED TO MMDDYYYY

Employee IDRS number	Name of requester	Badge number
1122334455	A. Advisor Telephone no. (111) 222-3333	1000000000
Signature of requester		Date *(mmddyyyy)*
Request Approved ☐ Yes	Signature of supervisor *(if necessary)*	Date *(mmddyyyy)*
Request done ☐ Yes ☐ No	Name of Terminal Operator Telephone no. ( )	Badge number
Signature of Terminal Operator		Date *(mmddyyyy)*