

Application for Fast Track Settlement

Submitted to Appeals: Date _____ Location _____	From: <input type="checkbox"/> LM/SB <input type="checkbox"/> SB/SE <input type="checkbox"/> TE/GE <input type="checkbox"/> Other _____	Type of Tax
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Taxpayer Name			Representative Name (If Applicable)		
Taxpayer TIN/EIN	Tax Years	Name of Firm			
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Fax		Telephone	Fax	

Examination Group / Team Manager				Source (FE/OE/CO, etc)	
City	State	Zip	Telephone	Fax	

Other Participants (if Applicable)		
Name	Position or Affiliation	Phone

Signatures

The undersigned request Appeals assistance in the Fast Track Settlement (FTS) process. The issues for which this assistance is requested are described in the Form(s) 5701, Summary of Issues or Examination Re-Engineering Lead Sheets or similar documents and the taxpayer's written response, and are attached to this application. By signing this application, taxpayer consents, pursuant to section 6103(c) of the Code, to the disclosure of the taxpayer's returns and return information pertaining to the issues being considered in the FTS process to those persons named on the application as participants in the process. The prohibition against ex parte communications between Appeals personnel and other Service employees provided by section 1001(a) of the Internal Revenue Service Restructuring and Reform Act of 1998 does not apply to the communications arising in FTS because Appeals personnel, in facilitating an agreement between the taxpayer and the other Service Operating Division, are not acting in their traditional Appeals settlement role. IRS employees, taxpayer and persons invited to participate by the IRS or taxpayer will not voluntarily disclose information regarding any communication made during the FTS session, except as provided by statute.

Taxpayer Signature	Date signed
Taxpayer Spouse's Signature (If related to a joint return)	Date signed
Taxpayer(s) Representative Signature	Date signed
IRS Group / Team Manager Signature	Date signed
Approving Operating Division Official (Signature and Title)	Date signed
Accepted By Appeals Official (Appeals Team Manager Signature)	Date signed
Accepted By Appeals Official (Appeals Program Manager Signature)	Date signed

Internal Use Only

<input type="checkbox"/> Industry (IC)	<input type="checkbox"/> Coordinated Industry Case (CIC)	<input type="checkbox"/> Other _____	Potential Joint Committee <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Industry: <input type="checkbox"/> NR;	<input type="checkbox"/> HMT;	<input type="checkbox"/> RFPH;	<input type="checkbox"/> CTM;
<input type="checkbox"/> FS	MFT: _____	PBC: _____	Listed Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Conference Site _____	Fast Track End Date _____		