

Application for Fast Track Settlement

To: Local Appeals Office _____ Date _____

This Case is an ☐ Industry (FE), or a ☐ Coordinated Industry case (CE) ☐ Other _____

Is an issue referred for Fast Track a Listed Transaction? ☐ No ☐ Yes (Tax Shelter Proj. Code - _____)

Fast Track End Date _____ Preferred Conference Site _____ Potential Joint Committee ☐ No ☐ Yes

Taxpayer:

Name: _____

Address: _____

City, State and Zip Code: _____

Taxpayer EIN _____ Tax Years Involved _____

Corporate Officer: _____ Title: _____

Telephone #: (____) _____ Fax #: (____) _____

Compliance:

LMSB Team Manager Name: _____ Group _____

Address _____

City, State and Zip Code: _____

Telephone Number: (____) _____ Fax #: (____) _____

Industry: ☐ NR; ☐ HMT; ☐ RFPH; ☐ CTM; ☐ FS Non-LMSB Operating Div.: _____

MFT Code _____ Type of Tax _____

Name of Representative

Taxpayer's Representative (if applicable): _____

Name of Firm: _____

Address: _____

City, State and Zip Code: _____

Telephone #: (____) _____ Fax #: (____) _____

SIGNATURES

The undersigned request Appeals assistance in the LMSB Fast Track process as described in Rev Proc 2003-40. The issues for which this assistance is requested are described in the Form(s) 5701 and Taxpayer's written response thereto attached to this agreement. By signing the Application to Fast Track Settlement, the 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 Agreement as participants in the process.

The prohibition against *ex parte* communications between Appeals Officers 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 Fast Track Settlement because Appeals personnel, in facilitating an agreement between the taxpayer and LMSB, are not acting in their traditional Appeals settlement role.

Taxpayer

Date

LMSB Team Manager

Date

Representative

Date

Comments and Other Participants (attach additional sheets as necessary)

Name	Position or Affiliation	Phone
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Accepted by Appeals Team Manager ☐ Yes ☐ No By _____ Date _____

Program Managers Approval:

LMSB James Fike ☐ Yes ☐ No _____ Date _____

202-283-8353 fax 8354

Appeals J. W. Wyatt ☐ Yes ☐ No _____ Date _____

314-612-4639 fax 4678