

Form 12114
(April 2017)

Continuation Sheet (Additional Information) for
OF-306, Declaration for Federal Employment

OMB Number
1545-1921

Applicant's full name (print type)

Mahmudul Alam

SSN (last 4 digits)

2512

Date

11/08/2022

Read the background information Section of OF-306 very carefully, the requested information must be provided.

If your answer is "yes" to questions 9, 10, 11, 12, or 13, please make sure the following details are included in your explanation in Item number 16 on the OF-306, this continuation sheet, or you may use an additional sheet of paper.
If you use this continuation sheet, the reverse side of this sheet, or an additional sheet of paper to provide additional information, be sure to sign and list your social security number and date on each additional sheet used.

Additional Information Provided - Needed Only if You Answered Yes to Questions 9-13

Item 9, 10, or 11 - If you answered yes to Items 9, 10, or 11, please complete information below.

Date of the violation

What was the charge

Were you convicted
☐ Yes ☐ No

Explanation of the violation

What were the results? Were you

☐ Fined

☐ Incarcerated

☐ Put on probation

Name and complete address of police department or court involved

Are you currently under any charges for any violation of law or are you on probation

☐ Yes

☐ No

If "Yes", explain

Item 12 - If You Answered Yes to Item 12, Specify Below

Date

Employer's name and address

Explanation of problem and reason for leaving

Item 13 - If You Answered Yes to Item 13, Specify Below

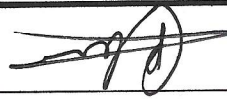
Type of debt (student loan, federal taxes, etc.)

Date debt began

Balance due

Steps that you are taking to correct the error or repay the debt

Applicant's signature



Date signed

11/08/2022

Applicant's full name (print type)

Mahmudul Alam

SSN (last 4 digits)

1512

Date

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Privacy Act and Paperwork Reduction Act Notices

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as a means of identifying individuals in personnel record systems. Solicitation of your SSN is thus authorized by this executive order and will be used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position. The information requested on this form will be used to update personnel records. Your name and/or social security number is only used as an identifier (authorized under Executive Order 9397, dated November 1943.) Your response is voluntary. We ask for the information on this form to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W/CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.