

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Request for Prompt Assessment Under
 Internal Revenue Code Section 6501(d)**

▶ See instructions on back.

Requester's name

Title

Number, street, and room or suite no. (If a P.O. box, see instructions.)

City, town, or post office, state, and ZIP code

Daytime phone number

Kind of tax

- Income
- Gift
- Employment
- Excise

Tax Returns for Which Prompt Assessment of Any Additional Tax is Requested

Form Number	Tax Period Ended	SSN/EIN on Return	Name and Address Shown on Return	Service Center Where Filed	Date Filed

If applicable, provide the name of decedent's spouse (surviving or deceased)

Spouse's social security number

If corporate income tax returns are included, check the applicable box below:

- Dissolution has been completed.
- Dissolution has begun and will be completed either before or after the 18-month period of limitation.
- Dissolution has not begun but will begin before the 18-month period of limitation expires and will be completed either before or after that period expires.

Attached are copies of:

- The returns listed above.
- Letters of administration or letters testamentary.
- Other (describe):

I request a prompt assessment of any additional tax for the kind of tax and periods shown above, as provided by Internal Revenue Code section 6501(d).

Sign Here

Under penalties of perjury, I declare that I have examined this request, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

I certify that I have never been assessed any penalties for civil fraud for any federal or state tax matter nor have I been charged with, indicted for, or convicted of fraud. If you cannot certify this statement, attach a detailed statement explaining the circumstances under which you were assessed a penalty, charged with, indicted for, or convicted of fraud.

Signature of requester

Date

Identifying number