

Examination Request-ERCS (Examination Returns Control System) Users (IRM References: 4.4.23, 4.10.5.4)

Transcripts Reviewed (Initial box):

AMDISA
 IMFOLT/R/BMFOLT
 INOLE(S/T)

Use an AIMS label if available

Taxpayer Name/Name Control: _____
(Last name, first name, M.I., if IMF only)

Check One Box Only

- Request AIMS Control Masterfile
 Control Non-AIMS DET Item
 Control Penalty Investigation
 Control Collateral Examination
 Request AIMS Control Non-Master File

Street: _____
(address is only required for NMF controls)

City: _____ State: _____ ZIP Code: _____

PBC: _____ SBC: _____ EGC: _____ Examiner's ERCS Emp.ID: _____ Examiner's ERCS Emp. Name: _____

TIN: _____ MFT: _____ Form Type: _____ (A separate F-5345D is required for each TIN and MFT)

#	Tax Period (YYYYMM)	Activity Code	Source Code	Status Code	Statute Date	Tracking Code (if applicable)	Project Code (if applicable)	Tech Svcs Code	Claim Amount (Required if Source Code is 30)	Special Message/ Push Code (Required if Source Code is 12, 24, 44)	POD	Related Return Indicator (K=Key case Y=Related year)	Aging Reason Code (if applicable)	Input on ERCS (Initial and Date)
1														
2														
3														
4														
5														

- TEFRA Indicator: (MFTs 06 and 35 only) (Y=Yes, N=No, S=Survey)
 Do you want the original return? (Y / N) (Y= Original return, N= Do not want original return)
 Do you want labels? (Y / N) (Y= will receive 5546 and labels; N= will not receive 5546 and labels)
 Joint Committee? (Y / N)
 Foreign Control? (Y / N)
 Is case LMSB/CIC? (N / P / S) (N = Not applicable; P = Primary/Secondary; S = Support)
 Control PBC (Used for Collateral Exams Only)

RELATED RETURN INFORMATION
(Enter Information for Primary/Key Case)

Taxpayer Name: _____
 TIN: _____ MFT: _____ Tax Period: _____ Source Code: _____
 Tracking code: _____ Project Code: _____ Aging Reason Code: _____

Reason for Request: _____

Follow-Up Actions: _____

Printed Name _____

Examiner's Signature _____ Date _____