

1. TIN		Cross Reference TIN	
2. Name		3. Originating Office	
Street Address		TC <input type="checkbox"/> CC <input type="checkbox"/>	
City	State	Zip Code	Telephone Number ()
4. MFT	5. Period Ending	6. Assessment Date	7. Source TDA <input type="checkbox"/> Letter <input type="checkbox"/> Claim <input type="checkbox"/> Other _____
8. DLN	9. Renumbered DLN		10. Personal Contact Yes <input type="checkbox"/> No <input type="checkbox"/> POA _____

Department of the Treasury
Internal Revenue Service

request for adjustment

Catalog No. 22515Q

11. Reason for Adjustment

12. **I hereby request that the items indicated above be included or changed on my Federal Tax Return or account as identified.**

Signature of Taxpayer		Date
13. Signature of Preparer	Telephone (work) / (FAX)	Date
14. Approving Official Signature and Title		Date

Assessment, Item, or Credit Adjustment Processing Information

15. Sequence Number	16. Blocking Series	17. Del. Int. to Date	18. Source Code	19. Reason Code	20. Math Error Code	21. Hold Code	22. Other
23. Priority Code	24. Posting Delay Code	25. Source Doc. Attached	26. Other	27.	28.		
29. TC No.	Increase / Decrease		Ref. No.	Item Adjustment	Ref. No.	Credit Adj.	

30. Remarks _____

31. Terminal Operator's Number	Employee I.D.	Date Input
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1. TIN		Cross Reference TIN	
2. Name		3. Originating Office	
Street Address		TC <input type="checkbox"/> CC <input type="checkbox"/>	
City	State	Zip Code	Telephone Number ()
4. MFT	5. Period Ending	6. Assessment Date	7. Source TDA <input type="checkbox"/> Letter <input type="checkbox"/> Claim <input type="checkbox"/> Other _____
8. DLN	9. Renumbered DLN		10. Personal Contact Yes <input type="checkbox"/> No <input type="checkbox"/> POA _____

Department of the Treasury
Internal Revenue Service

request for adjustment

Catalog No. 22515Q

11. **Reason for Adjustment**

SAMPLE

1. TIN		Cross Reference TIN	
2. Name		3. Originating Office	
Street Address		TC <input type="checkbox"/> CC <input type="checkbox"/>	
City	State	Zip Code	Telephone Number ()
4. MFT	5. Period Ending	6. Assessment Date	7. Source TDA <input type="checkbox"/> Letter <input type="checkbox"/> Claim <input type="checkbox"/> Other _____
8. DLN	9. Renumbered DLN		10. Personal Contact Yes <input type="checkbox"/> No <input type="checkbox"/> POA _____

Department of the Treasury
Internal Revenue Service

request for adjustment

Catalog No. 22515Q

11. Reason for Adjustment

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Assessment, Item, or Credit Adjustment Processing Information

15. Sequence Number	16. Blocking Series	17. Del. Int. to Date	18. Source Code	19. Reason Code	20. Math Error Code	21. Hold Code	22. Other
23. Priority Code	24. Posting Delay Code	25. Source Doc. Attached	26. Other	27.	28.		
29. TC No.	Increase / Decrease		Ref. No.	Item Adjustment	Ref. No.	Credit Adj.	

30. Remarks _____

31. Terminal Operator's Number	Employee I.D.	Date Input
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Preparation and Routing Instructions for Form 3870

- | Item | Action |
|-----------|---|
| 1. | Enter the taxpayer's EIN (BMF) or SSN (IMF) as appropriate. If the taxpayer is married or there is a cross reference to another SSN or EIN and that number is affected list that number. |
| 2. | Enter the current name and address of the taxpayer. If the name or address differs from the assessment document, enter the name or address shown on the assessment document as remarks under Reason for Adjustment. If a Power of Attorney (POA) is representing the taxpayer also include the name of the POA and address if different than the account. Include the daytime telephone of the taxpayer or POA. |
| 3. | Enter the district and employee assignment number of the originating office. Enter the IDRS transaction code and closing code for the request for adjustment. |
| 4. | Enter the Master File Tax (MFT) account code: 01 - Form 941, 02 - Form 1120, 03 - Form 720, 09 - Form CT-1, 10 - Form 940, 30 - Form 1040 or as appropriate. |
| 5. | Enter the month, day, and year (mmdyy) which ends the period to which the adjustment relates |
| 6. | Enter the date of assessment to which the adjustment pertains as determined from the notice or account. |
| 7. | Check applicable box. If "Other" is checked, specify. |
| 8. | Enter the Document Locator Number (DLN) shown on the source document, if available. |
| 9. | To be completed by the Returns Index and File Unit. |
| 10. | Check the appropriate block. |
| 11. | Give a complete statement of facts explaining why the adjustment is to be made. |
| 12. | If this request is based on "personal contact", obtain the taxpayer's signature and enter the date of the signing. |
| 13. | Signature, telephone and fax number of the employee preparing the request and date the request is completed. |
| 14. | Self explanatory. |
| 15. - 30. | To be completed by the input operator. |
| 31. | Self explanatory. |

Distribution:

Part 1: Route for terminal input.

Part 2: For processing as Form 3177.

Part 3: Retain with case.