

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

09/14/2004

Lois K. Holland  
 Treasury PRA Clearance Officer  
 TD Forms Manager  
 Department of the Treasury  
 1750 Pennsylvania Avenue NW.  
 Room 11000  
 Washington, DC 20220

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for approval of a revision of an information collection received on 08/03/2004.

TITLE: U.S. Individual Income Tax Return

AGENCY FORM NUMBER(S): 1040, SCHEDULES-A-B-C,  
 SCHEDULES-C-EZ, SCHEDULES-D-D-1,  
 SCHEDULES-E-EIC, SCHEDULES-F-H-J,  
 SCHEDULES-R-SE

ACTION : Approved without change  
 OMB NO.: 1545-0074  
 EXPIRATION DATE: 09/30/2007

| BURDEN:        | RESPONSES   | HOURS         | COSTS(\$,000) |
|----------------|-------------|---------------|---------------|
| Previous       | 407,904,173 | 1,568,462,184 | 0             |
| New            | 410,469,223 | 1,553,904,635 | 0             |
| Difference     | 2,565,050   | -14,557,549   | 0             |
| Program Change |             | -47,389,057   | 0             |
| Adjustment     |             | 32,831,508    | 0             |

TERMS OF CLEARANCE: None

NOTE: The agency is required to display the OMB control number and inform respondents of its legal significance (see 5 CFR 1320.5(b)).

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| OMB Authorizing Official | Title   |
| Donald R. Arbuckle       | Deputy Administrator, Office of<br>Information and Regulatory Affairs |

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Sent electronically, 09/14/2004 18:02:07

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

|  |   |
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| <p>1. Agency/Subagency originating request</p> <p>Department of the Treasury<br/>Internal Revenue Service</p>  | <p>2. OMB control number <span style="float: right;">b. <u>None</u></span></p> <p>a. <u>1 5 4 5</u> — <u>0 0 7 4</u></p>  |
| <p>3. Type of information collection (check one)</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement instructions</i></p> | <p>4. Type of review requested (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: <u>  </u>/<u>  </u>/<u>  </u></p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities<br/>Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: <u>  </u>/<u>  </u>/<u>  </u></p> |

**RECEIVED**  
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7. Title **U.S. Individual Income Tax Return**

8. Agency form number(s) (if applicable) **Forms 1040 and Schedules A, B, C, C-EZ, D,D-1, E, EIC, F, H, J, R, and SE**

9. Keywords **'personal income taxes, tax return'**

10. Abstract **Form 1040 and schedules are used by individuals to report their income tax liability. The data is used to verify that the items reported on the forms are correct, and also for general statistical use.**

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| <p>11. Affected public (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government</p> | <p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input checked="" type="checkbox"/> Mandatory</p> |
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| <p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>78,863,011</u></p> <p>b. Total annual responses <u>410,469,223</u></p> <p>1. Percentage of these responses collected electronically <u>74</u> %</p> <p>c. Total annual hours requested <u>1,553,904,635</u></p> <p>d. Current OMB inventory <u>1,568,462,184</u></p> <p>e. Difference <u>-14,557,549</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>-47,389,057</u></p> <p>2. Adjustment <u>+32,831,508</u></p> | <p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <p>a. Total annualized capital/startup costs _____</p> <p>b. Total annual costs (O&amp;M) _____</p> <p>c. Total annualized costs requested _____</p> <p>d. Current OMB inventory _____</p> <p>e. Difference _____</p> <p>f. Explanation of difference</p> <p>1. Program change _____</p> <p>2. Adjustment _____</p> |
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| <p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p> | <p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p> |
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| <p>17. Statistical methods<br/>Does this information collection employ statistical methods?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>18. Agency contact (person who can best answer questions regarding the content of this submission)</p> <p>Name: <u>Carol Savage</u></p> <p>Phone: <u>(202) 622-3945</u></p> |
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## 19. Certification for Paperwork Reduction Act Submissions

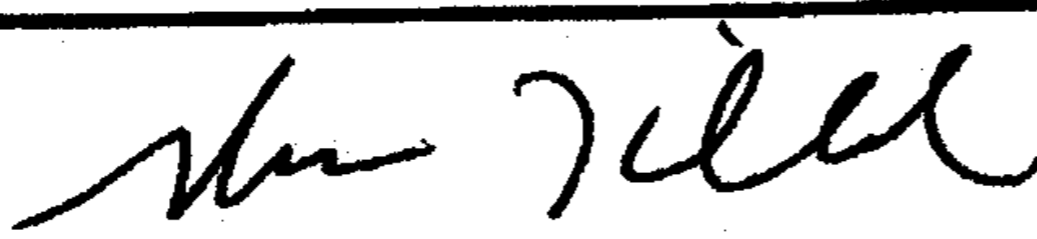
On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number.
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

|   |                |
|---|----------------|
| Signature of Program Official<br><br>Glenn P. Kirkland, IRS Reports Clearance Officer | Date<br>8/2/04 |
| Signature of Senior Official or Designee  | Date           |