

Request for Trust Fund Recovery Penalty Assessment(s)*(Section 6672, Internal Revenue Code, or corresponding provisions of prior Internal Revenue laws)***To be completed by
Compliance Services
Collection Operations (CSCO)**

Name and address of responsible person

Case assignment code

Social security number (SSN)

Assessment date (mmddyyyy)

Date earliest assessment
statute expires (mmddyyyy)

Input CC ASEDR-1

Type of Assessment ("x"appropriate box)☐ Regular☐ Quick☐ Prompt☐ Jeopardy☐ Form 53 prepared
(Attach Part 2 of Form 53)**The penalty to be assessed is equal to the unpaid trust fund portion of
the outstanding tax assessment(s) described below.**

Name and address of employer or collecting agency

Employer identification
number (EIN)Is CC ASEDR-1 input
by CSCO needed?☐ Yes ☐ No**Description of Liability — Separate Assessment Methodology**

Tax Form:

Period ended:

Unpaid bal: \$

Trust Fund bal: \$

DLN:

Amount assessed: \$

Date assessed:

Tax Form:

Period ended:

Unpaid bal: \$

Trust Fund bal: \$

DLN:

Amount assessed: \$

Date assessed:

Tax Form:

Period ended:

Unpaid bal: \$

Trust Fund bal: \$

DLN:

Amount assessed: \$

Date assessed:

Tax Form:

Period ended:

Unpaid bal: \$

Trust Fund bal: \$

DLN:

Amount assessed: \$

Date assessed:

Tax Form:

Period ended:

Unpaid bal: \$

Trust Fund bal: \$

DLN:

Amount assessed: \$

Date assessed:

Related Assessments (Name, address, and SSN for each taxpayer)☐ No related assessments☐ Case in Appeals☐ Form 53 prepared☐ Case in Appeals☐ Form 53 prepared

Signature of Revenue Officer

Assignment code

Initiator's phone number

Date (mmddyyyy)

Technical Support Review (if applicable)

Signature of Reviewing Officer

Date (mmddyyyy)