

## Expedited Passport Decertification

To *SBSE Passport Group	Date	From <input type="checkbox"/> ACS <input type="checkbox"/> Field Assistance <input type="checkbox"/> Field <input type="checkbox"/> Advisory <input type="checkbox"/> Counsel <input type="checkbox"/> TAS		
RE (passport application number)	Taxpayer name		Taxpayer SSN	Date of birth
Location of passport application (if applied outside the U.S.) (city, country)			Travel date	
<input type="checkbox"/> Proof of travel attached		<input type="checkbox"/> Department of State denial letter attached		
Exclusion Reason	Date	Exclusion Reason	Date	
Account full paid (certified funds or cash)		IRS adjustment below certification amount		
Amount paid		Disaster Zone		
IA granted (monthly payment _____)		Hardship CNC		
OIC accepted		ID Theft		
Settlement Agreement		Bankruptcy		
CDP Hearing		Pending OIC		
Innocent Spouse claim		Pending IA (proposed monthly payment _____)		
Combat Zone				
Mandated (e.g., Court Order)				
TC 470 CC 90				
Manager name	Manager telephone number	Manager signature		

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**Part 1** - Internal Revenue Service

VOID

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To State Department	Date
RE (passport application number)	Taxpayer name
	Taxpayer SSN
	Date of birth
Location of passport application (if applied outside the U.S.) (city, country)	
<p>The signatory attests that the Commissioner, Small Business/Self Employed has reversed the certification of this individual pursuant to 26 U.S. Code § 7345(c) and directed that the reversal be transmitted to the State Department.</p>	
Name	Title
Telephone number	Signature

VOID

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**Part 2** - State Department