REQUEST FOR RECORD DISPOSITION AUTHORITY

(See Instructions on reverse)

TO: GENERAL SERVICES ADMINISTRATION,
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

1. FROM (AGENCY OR ESTABLISHMENT)
   Treasury Department

2. MAJOR SUBDIVISION
   Internal Revenue Service

3. MINOR SUBDIVISION
   Facilities Management Division

4. NAME OF PERSON WITH WHOM TO CONFER
   Dorothy A. Ratliff

5. TEL EXT
   376-0593

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of ___ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☐ B Request for disposal after a specified period of time or request for permanent retention.

C. DATE
   8-16-78

D. SIGNATURE OF AGENCY REPRESENTATIVE
   Ross H. Thompson

E. TITLE
   Program Manager
   Records Management Program

F. DESCRIPTION OF ITEM
   (With Inclusive Dates or Retention Periods)

   The records covered by this one time disposal request are created and/or accumulated in the Collection field offices. These records pertain to the field Collection program covered by Records Control Schedule 204.

   1. Forms 5902, Collection Management System Data Entry, used to gather data for IDRS input.

   DESTROY immediately.