Public Transportation Subsidy Private Vanpool Application

Commercial Van Pool Riders *- Only complete Form 11664-A, PTSP Application*

☐ Cash is the only fare accepted by my vanpool

Applicant Information *(Please print clearly or type. Do not use initials or nicknames.)*

Last name	First name	Middle initial

Home street address *(Street address preferred over P.O. Box)*	City	State	Zip Code	Country

Office street address *(Street address preferred over P.O. Box)*	City	State	Zip Code	Country

Check the appropriate Business Unit symbol

☐ APPZ ☐ ATTY ☐ AWSS ☐ CALC ☐ CIDV ☐ LMSB ☐ MITS ☐ NHQM ☐ SBSE ☐ TPAX ☐ TEGE ☐ TIGTA ☐ WAGE

Office telephone number *(Include Area Code)*	SEID number (you can ask your manager your SEID)	Work status ☐ Full Time ☐ Seasonal Full Time ☐ Part Time ☐ Seasonal Part Time

Vanpool Criteria: (1) Any highway vehicle with a seating capacity of at least 6 adults (not including the driver), and
(2) at least 80% of the vehicle's mileage use should be for purposes of transporting employees in connection with travel between their residences and their permanent POD's, and
(3) the number of employees transported is at least 50% of the adult seating capacity of such vehicle (not including the driver).

Vanpool Participants – **Must list at least 3 passengers and 1 driver** *(Use additional sheets if necessary. Please print clearly.)*

	Name	Driver/Rider	Agency/Company	Manager's name	Manager's phone number
1.					
2.					
3.					
4.					

Employee Certification

- I certify that I am employed by the Internal Revenue Service, and am in current work status.
- I certify that I am eligible for a public transportation fare benefit and will use it for my daily commute to and from work.
- I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.
- I certify that any additional costs above the statutory limit will be supplemented with my own funds.
- I certify that I am not receiving both a transit benefit and a parking benefit.

- **I certify that my total usual monthly commuting cost is $ _____**

Employee signature	Date signed	Do you use multiple modes of transportation for your work commute ☐ Yes ☐ No

Approving Official *(Manager of record. Do not use initials or nicknames.)*

Name *(Print clearly)*	Phone number *(Include Area Code)*	Manager's email address

Office street address *(Street address preferred over P.O. Box)*	City	State	Zip Code	Country

Signature	Date signed

Mail completed form to:
Internal Revenue Service
Attention: Joi Evans
1919 Smith Street - Stop 1550-HOU
Houston, Texas 77002

Phone: (713) 209-3919 Email: Joi.L.Evans@irs.gov

☐ **Participant qualifies for private vanpool**	**Phone number** *(Include Area Code)*	**Signature of Reviewer**	**Date signed**

PRIVACY ACT STATEMENT

This information is solicited under authority of 5 U.S.C. 301. Furnishing the information is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. Information in this record may periodically be used to ensure that the amount of subsidy requested and received by you is proper. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, fictitious, or fraudulent certification may render you subject to criminal prosecution under Title 18; United States Code, Section 1001, Civil Penalty Action; providing for administrative recoveries of up to $10,000 per violation; and/or agency disciplinary actions up to and including dismissal.