

Public Transportation Subsidy Program Participant Return of Fare Media

Last name		First name	SEID number	City your office is located in	
How many media returned	Denomination	Total Amount	Expiration Date	Reason Code	Type of Pass
1, 2, 3, etc.	\$1, \$5, \$10, etc.	(Number x Denomination)	(If applicable)	(See below)	1-way, Monthly, etc.
Grand Total		\$			

Reason code for returning Fare media
A) Leaving/Separating from IRS B) Withdrawing from program C) Unused fare media D) Fare media has expired E) Fare media damaged F) Request exchange

Mail completed form with all fare media attached to: Internal Revenue Service
 Attention: Sandra Graves
 290 Broadway - 14th Floor
 New York, NY 10007

Phone: (212) 298-2022 Email: Sandra.G.Graves@irs.gov

Signature of participant	Work phone number	Date fare media returned
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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.