

# Calling Card Order Form

*(Use this form only if you do not have intranet access. For ONLINE Processing, go to intranet site <http://phonecard.web.irs.gov>).*

<b>1. SEID</b>	<b>2. First Name</b>	<b>3. Middle Initial/Name</b>	<b>4. Last Name</b>
<b>5. Business Address</b>	<b>6. City</b>	<b>7. State</b>	<b>8. Country</b>
<b>9. Zip/Country Postal Code</b>	<b>10. Mail Stop</b>	<b>11. Building</b>	<b>12. Floor</b>
<b>13. Work Station Number</b>	<b>14. Telephone Number</b>	<b>15. Organizational Symbols</b>	<b>16. PIN</b>
<b>17. Domestic/International</b>  Domestic  International	<b>18. Business Operating Division</b>	<b>19. Employee Signature</b> I certify that the information I provide is accurate to the best of my knowledge, that my request for a Calling Card is based on the business need to perform my duties as an Internal Revenue Service employee, and my full name is as it appears on my personnel record.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>20. Immediate Manager Name</b>		<b>21. Immediate Manager Signature</b>	<b>22. Date</b>
<b>23. Second Review Manager Name</b>		<b>24. Second Review Manager Signature</b>	<b>25. Date</b>

**Instructions:**

- (1)** Please complete all data boxes.
- (2)** Your PIN must be a four digit number that you choose. Your PIN must not begin with a 0(zero) or a 1 (one).
- (3)** Please provide your Business Operating Division (BOD). If you do not know your BOD, please ask your Manager.
- (4)** Give this Calling Card Order Form to your Immediate Manager in a confidential envelope for review and further processing to the 2nd Review Manager or designee who will mail the forms in a confidential envelope to IRS Detroit Computing Center, 985 Michigan Ave, ATTN Designated Agency Representative (DAR) Staff, OS:CIO:l:EN:M:D, Detroit, MI 48226.