

of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: April 5, 2011.

Yvette B. Lawrence,
IRS Reports Clearance Officer.

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DEPARTMENT OF THE TREASURY

Internal Revenue Service

Proposed Collection; Comment Request for Regulation Project

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)). The IRS is soliciting comments concerning information collection requirements related to changes with respect to prizes and awards and employee achievement awards.

DATES: Written comments should be received on or before June 14, 2011 to be assured of consideration.

ADDRESSES: Direct all written comments to Yvette B. Lawrence, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of regulation should be directed to Joel Goldberger, (202) 927-9368, Internal Revenue Service, Room 6129, 1111 Constitution Avenue, NW., Washington, DC 20224, or through the Internet at Joel.P.Goldberger@irs.gov.

SUPPLEMENTARY INFORMATION:

Title: Changes With Respect to Prizes and Awards and Employee Achievement Awards.

OMB Number: 1545-1100.

Regulation Project Number: REG-209106-89.

Abstract: This regulation requires recipients of prizes and awards to maintain records to determine whether a qualifying designation has been made in accordance with section 74(b)(3) of the Internal Revenue Code. The affected public is prize and award recipients who seek to exclude the cost of a qualifying prize or award.

Current Actions: There is no change to this existing

(2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Titles

a. Central Nervous System and Neuromusculo Diseases, Disability Benefits Questionnaire, VA Form 21-0960C-5.

b. Headaches (Including Migraine Headaches), Disability Benefits Questionnaire, VA Form 21-0960C-8.

c. Multiple Sclerosis (MS), Disability Benefits Questionnaire, VA Form 21-0960C-9.

d. Esophageal Disorders (Including GERD), Disability Benefits Questionnaire, VA Form 21-0960G-1.

e. Gallbladder and Pancreas Conditions, Disability Benefits Questionnaire, VA Form 21-0960G-2.

f. Intestinal Disorders (Other Than Surgical or Infectious) (Including Irritable Bowel Syndrome, Crohn's Disease, Ulcerative Colitis, and Diverticulitis) Disability Benefits Questionnaire, VA Form 21-0960G-3.

g. Intestines Surgical and/or Infectious Intestinal Disorders (Bowel Resection, Colostomy, Ileostomy, Bacterial and Parasitic Infections) Disability Benefits Questionnaire, VA Form 21-0960G-4.

h. Hepatitis, Cirrhosis and Other Liver Conditions, Disability Benefits Questionnaire, VA Form 21-0960G-5.

i. Peritoneal Adhesions Disability Benefits Questionnaire, VA Form 21-0960G-6.

j. Stomach and Duodenal Conditions (Not Including GERD or Esophageal Disorders) Disability Benefits Questionnaire, VA Form 21-0960G-7.

k. Rectum and Anus Disability Benefits Questionnaire, VA Form 21-0960H-2.

l. Breast Conditions and Disorders Disability Benefits Questionnaire, VA Form 21-0960K-1.

m. Gynecological Conditions Disability Benefits Questionnaire, VA Form 21-0960K-2.

n. Sleep Apnea Disability Benefits Questionnaire, VA Form 21-0960L-2.

o. Arthritis Disability Benefits Questionnaire, VA Form 21-0960M-3.

p. Osteomyelitis Disability Benefits Questionnaire, VA Form 21-0960M-11.

q. Ear Conditions (Including Vestibular and Infectious) Disability Benefits Questionnaire, VA Form 21-0960N-1.

OMB Control Number: 2900-New (DBQs—Group 3).

Type of Review:</