

|                                                                   |                                                  |
|-------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 10. Medical Examination                  | <input type="checkbox"/> 23. Time And Attendance |
| <input type="checkbox"/> 11. Pay Including Overtime               | <input type="checkbox"/> 24. Training            |
| <input type="checkbox"/> 12. Performance Evaluation/<br>Appraisal | <input type="checkbox"/> 25. Other               |
| <input type="checkbox"/> 13. Promotion/Non-Selection              |                                                  |

17. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, or gender identity), national origin, age (40 years or older), disability (mental and/or physical), genetic information, or in retaliation for your participation in the EEO complaint process or opposition to alleged discriminatory practices; (D) indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)

18. What remedial or corrective action are you seeking?

**PART IV EEO COUNSELOR CONTACT**

|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19. When did the most <u>recent</u> discriminatory event occur?<br>Month _____ Day _____ Year _____                                                                               | 24. When did you receive your Notice of Right to File a<br>Discrimination Complaint?<br>Month _____ Day _____ Year _____                                                                                                                                                                                                                           |
| 20. When did you first become aware of the alleged<br>discrimination?<br>Month _____ Day _____ Year _____                                                                         | 25. On this same matter, have you filed a grievance or appeal<br>under:<br>- Negotiated Grievance procedures <input type="checkbox"/> YES <input type="checkbox"/> NO<br>- Agency grievance procedure <input type="checkbox"/> YES <input type="checkbox"/> NO<br>- MSPB appeal procedure <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 21. When did you contact an EEO Counselor?<br>Month _____ Day _____ Year _____                                                                                                    | If you filed a grievance or appeal, provide date filed, case<br>number, and present status.                                                                                                                                                                                                                                                        |
| 22. Did you discuss <u>ALL</u> actions raised in item 17 with an<br>EEO Counselor? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>(If no, explain on attached sheet) |                                                                                                                                                                                                                                                                                                                                                    |
| 23. Name and Telephone number of EEO Counselor<br>Name _____ Telephone No. _____                                                                                                  |                                                                                                                                                                                                                                                                                                                                                    |

[FR Doc. 2015-18398 Filed 7-24-15; 8:45 am]

BILLING CODE 4910-9X-C

**DEPARTMENT OF THE TREASURY****Internal Revenue Service****Proposed Collection; Comment  
Request for Regulation****AGENCY:** Internal Revenue Service (IRS),  
Treasury.**ACTION:** Notice and request for  
comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing 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 collection requirements related to application of section 338 to insurance companies.

**DATES:** Written comments should be received on or before September 25, 2015 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Christie Preston, Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala, (202) 317-5746, at Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224, or through the Internet at [RJoseph.Durbala@irs.gov](mailto:RJoseph.Durbala@irs.gov).

**SUPPLEMENTARY INFORMATION:**

*Title:* Application of section 338 to Insurance Companies.

*OMB Number:* 1545–1990.

*Form Number:* T.D. 9377.

*Abstract:* Final regulations and removal of temporary regulations.

This document contains final regulations under *section 197 of the Internal Revenue Code* (Code) that apply to a *section 197* intangible resulting from an assumption reinsurance transaction, and under *section 338* that apply to reserve increases after a deemed asset sale. The final regulations also provide guidance with respect to existing *section 846(e)* elections to use historical loss payment patterns. The final regulations apply to insurance companies.

*Current Actions:* There is no change in the paperwork burden previously approved by OMB.

*Type of Review:* Extension of a currently approved collection.

*Affected Public:* Businesses and other for-profit organizations, Farms.

*Estimated Number of Respondents:* 12.

*Estimated Time per Respondent:* 1 hour.

*Estimated Total Annual Burden Hours:* 12.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number.

Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

*Request for Comments:* Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate 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: July 21, 2015.

**Christie Preston,**

*IRS Reports Clearance Officer.*

[FR Doc. 2015–18387 Filed 7–24–15; 8:45 am]

**BILLING CODE 4830–01–P**

**DEPARTMENT OF THE TREASURY****Internal Revenue Service****Proposed Collection; Comment Request for Form 911**

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing 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)). Currently, the IRS is soliciting comments concerning Form 911, Request for Taxpayer Advocate Service Assistance (And Application for Taxpayer Assistance Order).

**DATES:** Written comments should be received on or before September 25, 2015 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Christie Preston, Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to Sara Covington at Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224, or through the Internet at [Sara.L.Covington@irs.gov](mailto:Sara.L.Covington@irs.gov).

**SUPPLEMENTARY INFORMATION:**

*Title:* Request for Taxpayer Advocate Service Assistance (And Application for Taxpayer Assistance Order).

*OMB Number:* 1545–1504.

*Form Number:* 911.

*Abstract:* This form is used by taxpayers to apply for relief from a significant hardship which may have already occurred or is about to occur if the IRS takes or fails to take certain actions. This form is submitted to the IRS Taxpayer Advocate Office in the district where the taxpayer lives.

*Current Actions:* There are no changes being made to the form at this time.

*Type of Review:* Extension of a currently approved collection.

*Affected Public:* Individuals or households, business or other for-profit organizations, not-for-profit institutions, farms and state, local or tribal governments.

*Estimated Number of Respondents:* 93,000.

*Estimated Time per Respondent:* 30 minutes.

*Estimated Total Annual Burden Hours:* 46,500.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

*Request for Comments:* Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate 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: July 14, 2015.

**Christie Preston,**

*IRS Supervisory Tax Analyst.*

[FR Doc. 2015–18367 Filed 7–24–15; 8:45 am]

**BILLING CODE 4830–01–P**

**DEPARTMENT OF THE TREASURY****Internal Revenue Service****Proposed Collection; Comment Request for Regulation Project**

**AGENCY:** Internal Revenue Service (IRS), Treasury.