

## Attachment 1

## SAMPLE CHECKLIST

	Current Check	Willing to Do for 2000
<b>ERO</b>		
-Identification:		
Require two forms of valid identification (one must be a photo ID) .....	<input type="checkbox"/>	<input type="checkbox"/>
Verify telephone numbers .....	<input type="checkbox"/>	<input type="checkbox"/>
Verify residence .....	<input type="checkbox"/>	<input type="checkbox"/>
-Social Security Card		
Require a valid SSN card for all SSNs on return .....	<input type="checkbox"/>	<input type="checkbox"/>
-Maintain Previous Client Database		
Document change in filing status .....	<input type="checkbox"/>	<input type="checkbox"/>
Document change in number or names of dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
Document multiple returns to same address in prior year .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>INCOME VERIFICATION</b>		
-Questionable W-2s		
Verification of W-2s when one of the following exist:		
• Typed, handwritten or altered forms .....	<input type="checkbox"/>	<input type="checkbox"/>
• W-2s with all copies attached .....	<input type="checkbox"/>	<input type="checkbox"/>
• Unknown companies (out of area) .....	<input type="checkbox"/>	<input type="checkbox"/>
• W-2s that differ from other forms issued from the same company .....	<input type="checkbox"/>	<input type="checkbox"/>
-Schedule C or Other Income Reporting Forms		
Documentation of income .....	<input type="checkbox"/>	<input type="checkbox"/>
Validation and recording of expenses .....	<input type="checkbox"/>	<input type="checkbox"/>
-ETC and Filing Status Verification		
Complete Due Diligence worksheet .....	<input type="checkbox"/>	<input type="checkbox"/>
Document lack of child care expenses where potential exists .....	<input type="checkbox"/>	<input type="checkbox"/>
Utilize tax package and requirements to ensure:		
A child can be claimed as a dependent .....	<input type="checkbox"/>	<input type="checkbox"/>
The taxpayer can qualify as Head of Household .....	<input type="checkbox"/>	<input type="checkbox"/>
A child can be considered as a qualifying child for EITC purposes .....	<input type="checkbox"/>	<input type="checkbox"/>
-Return Verification		
Document Schedule A deductions .....	<input type="checkbox"/>	<input type="checkbox"/>
Software Developer		
Validate SSNs are within valid ranges .....	<input type="checkbox"/>	<input type="checkbox"/>
Check for Duplicate SSNs .....	<input type="checkbox"/>	<input type="checkbox"/>
Check for Multiple Head of Household Returns at the same address .....	<input type="checkbox"/>	<input type="checkbox"/>
Check for improbable Federal withholding amounts .....	<input type="checkbox"/>	<input type="checkbox"/>
Check for incorrect Social Security or Medicare Withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
Verify math computations are correct .....	<input type="checkbox"/>	<input type="checkbox"/>
Verify format is correct .....	<input type="checkbox"/>	<input type="checkbox"/>
Transmitter		
Verify ERO suitability .....	<input type="checkbox"/>	<input type="checkbox"/>
Maintain databases for the following:		
Duplicate SSNs .....	<input type="checkbox"/>	<input type="checkbox"/>
Addresses and phone numbers for jails, drug treatment centers, health/welfare agencies, hotels, etc. ....	<input type="checkbox"/>	<input type="checkbox"/>
SSNs of deceased persons .....	<input type="checkbox"/>	<input type="checkbox"/>
Credit card fraud .....	<input type="checkbox"/>	<input type="checkbox"/>
Bank		
Contract with a fraud screening service for bank products connected to tax returns .....	<input type="checkbox"/>	<input type="checkbox"/>
Request Credit Reports for loan customers .....	<input type="checkbox"/>	<input type="checkbox"/>
Other		

Feel free to add any additional screens you currently employ. Attach additional pages as necessary.

Use this space to further describe any of the above screens. Attach additional pages as necessary.

[FR Doc. 99-31313 Filed 12-1-99; 8:45 am]

BILLING CODE 4830-01-U

# DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0132]

## Proposed Information Collection Activity: Proposed Collection; Comment Request

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of a currently approved collection and allow 60 days for public comment in response to the notice. This

notice solicits comments on the information needed to determine a veteran's eligibility for specially adapted housing or for a special home adaptation grant.

**DATES:** Written comments and recommendations on the proposed collection of information should be received on or before January 31, 2000.

**ADDRESSES:** Submit written comments on the collection of information to Nancy J. Kessinger, Veterans Benefits Administration (20S52), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. Please refer to "OMB Control No. 2900-0132" in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Nancy J. Kessinger at (202) 273-7079 or FAX (202) 275-5947.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Pub. L. 104-13; 44 U.S.C., 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (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.

*Title:* Veteran's Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant, VA Form 26-4555.

*OMB Control Number:* 2900-0132.

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

*Abstract:* The form is used to gather the necessary information to determine the veteran's eligibility for specially adapted housing or the special home adaptation grant.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 133 hours.

*Estimated Average Burden Per Respondent:* 10 minutes.

*Frequency of Response:* Generally one-time.

*Estimated Number of Respondents:* 800.

Dated: November 19, 1999.

By direction of the Secretary.

**Donald L. Neilson,**

*Director, Information Management Service.*

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**BILLING CODE 8320-01-U**

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0562]

### Proposed Information Collection Activity: Proposed Collection; Comment Request

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Health Administration (VHA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement, without change, of a previously approved collection for which approval has expired, and allow 60 days for public comment in response to the notice. This notice solicits comments on the information needed to access the rates that veterans are offered and received critical health promotion and disease prevention services.

**DATES:** Written comments and recommendations on the proposed collection of information should be received on or before January 31, 2000.

**ADDRESSES:** Submit written comments on the collection of information to Ann W. Bickoff, Veterans Health Administration (193B1), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. Please refer to "OMB Control No. 2900-0562" in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Ann W. Bickoff at (202) 273-8310 or FAX (202) 273-9381.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Pub. L. 104-13; 44 U.S.C., 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VHA invites comments on: (1) whether the proposed

collection of information is necessary for the proper performance of VHA's functions, including whether the information will have practical utility; (2) the accuracy of VHA'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.

*Title:* Survey of Health Promotion and Preventative Medicine Services, VA Form 10-21000(NR).

*OMB Control Number:* 2900-0562.

*Type of Review:* Reinstatement, without change, of a previously approved collection for which approval has expired.

*Abstract:* Congress has mandated that VA assess the rates that veterans are offered and receive critical health promotion and disease prevention services, and report these rates to Congress on an annual basis, Public Law 102-585. Existing data resources in VA are unable to provide complete documentation regarding receipt of those services. An annual mail survey is necessary to provide the necessary information.

*Affected Public:* Individuals and households.

*Estimated Annual Burden:* 5,777 hours.

*Estimated Average Burden Per Respondent:* 10 minutes.

*Frequency of Response:* Annually.

*Estimated Number of Respondents:* 51,900.

Dated: November 2, 1999.

By direction of the Secretary.

**Barbara H. Epps,**

*Management Analyst, Information Management Service.*

[FR Doc. 99-31263 Filed 12-1-99; 8:45 am]

**BILLING CODE 8320-01-U**

## DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0018]

### Proposed Information Collection Activity: Proposed Collection; Comment Request

**AGENCY:** Office of General Counsel, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Office of General Counsel (OGC), Department of Veterans Affairs (VA), is announcing an opportunity for