

# REQUEST FOR PAYMENT OF INTEREST INTERNAL REVENUE SERVICE ON ADMINISTRATIVE OR CIVIL JUDICIAL SEIZURES

This form is to be used to request payment of interest on refunded seized currency as required by the Civil Asset Forfeiture Reform Act of 2000 (CAFRA). Please email this form, with backup documentation, to the Internal Revenue Service Headquarters' mailbox: **HQ-W&F@ci.irs.gov**

Seizure #:           -

Seizure Date: \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Cash Receipt Number :

Seizure Amount: \_\_\_\_\_

Payment date of Refund: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ (to be determined by EOAF)

Pay To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TIN/SS#: \_\_\_\_\_

Headquarters Representative:

Name _____	Port: _____	Title: _____
Signature & Date: _____	Phone: _____	Fax: _____

**SEIZURE#:** \_\_\_\_\_

**FUND:** \_\_\_\_\_ **COST CENTER:** 98999000

**FUNDS CENTER:** RM500 **MATERIAL GROUP:** 4312

**FUNCTIONAL AREA:** MA1199999988 **AMOUNT:** \_\_\_\_\_

**ORDER:** ZFX5

EOAF: Obligator - Signature/Date \_\_\_\_\_ EOAF: Certifier - Signature/Date \_\_\_\_\_

Accomplished by NFC: \_\_\_\_\_  
 \_\_\_\_\_  
 NFC Signature and Date