

**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 - Criminal Investigation

Seizure #:

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Seizure Date: _____

Deposit Date: _____

Date Notice Sent: _____

Seizure Amount: _____

Cash Receipt Number :

Refund Amount: _____

Payment date of Refund: _____

Special Instructions:

Amount of Interest: _____

(to be determined by EOAF)

Pay To: _____

TIN/SS#: _____

Address: _____

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 ARC: _____

ARC Signature and Date