

PTIN Fees Class Action Administrator  
P.O. Box 30245  
College Station, TX 77842-3245

UAS



Must Be Postmarked  
No Later Than  
December 7, 2016

# Request for Exclusion

Official  
Office  
Use  
Only



## CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name M.I. Last Name

<input type="text"/>
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Primary Address

<input type="text"/>
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Primary Address Continued

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

<input type="text"/>
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Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Area code Telephone number

**IF YOU WISH TO BE EXCLUDED FROM THE CLASS ACTION LAWSUIT  
YOU MUST SIGN AND SUBMIT THIS FORM BY DECEMBER 7, 2016.**

**Return this Exclusion Form to:  
PTIN Fees Class Action Administrator  
P.O. Box 30245  
College Station, TX 77842-3245**

**DO NOT COMPLETE THIS FORM IF YOU WISH TO REMAIN IN THE CLASS AND KEEP THE  
POSSIBILITY OF GETTING MONEY OR BENEFITS FROM THIS LAWSUIT**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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