

P.O. Box 9002 Holtsville NY 11742-9002

Date:
Taxpayer ID number:
Form:
1040
Tax periods ended:
Person to contact:
Tax Examiner
Employee ID number:
Contact telephone number:
1-866-897-0161
Contact hours:
Contact fax number:

We're auditing your For	m 1040, and need a respons	se from you
Dear Taxpayer:		
We're auditing your listed below that you claimed on	federal income tax return and ryour return.	need additional information to support the items
x Medical and Dental Expense	x Gifts to Charity	x Employee Business Expenses
X Miscellaneous Deductions		

What you need to do

- Please see the enclosed explanation of the documentation you need to provide.
- Send the documentation to us within 30 days from the date of this letter.
 - Send clean, readable <u>copies</u> of your supporting records and/or information (includes receipts, canceled checks, etc.). Include a copy of this letter. (Don't send us original documents, unless we specifically ask for it.)
 - Complete and return any enclosed questionnaires.
 - If you reply by mail, send to the address shown at the top of this letter. Keep a copy of the letter and any information you send to us.
 - If you reply by fax, use the number listed at the top of this letter. Include your social security number on each page.

If you have questions about this letter or need additional time to gather your documents, call us at the number listed at the top of this letter. We enclosed Publication 3498-A, *The Examination Process (Audits by Mail)*, that explains your responsibilities and rights during the audit process.

We'll review the information you send us and take one of the following actions:

- 1. We will make no changes to the tax you reported on your return, if the information you send fully addresses our questions. You will receive a letter stating we accept your return as filed, and you won't need to take any further action.
- 2. We will send you a letter with an examination report explaining the proposed changes to your tax and the actions you need to take, if the information doesn't fully address our questions.

If you don't reply

We will disallow the questioned items and send you a letter and examination report showing our proposed changes to your tax.

Please provide a telephone number, including area cod information.	le, and the best time for us to reach you if we need more
Home telephone number: ()	Hours:
Thank you for your cooperation.	
	Sincerely,
	Examination Operation Manager
Enclosures: Copy of this letter Publication 3498-A Envelope	
X Questionnaire(s)	
x Form 886-A □	