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Department  
of the  
Treasury

| Transmittal Number | Date of Issue  
| 13-02 | 02/04/2013  
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| Originating Office | Form Number  
| SE:W:CAS:SP:PPB:PPS | 2475C  
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IDRS  
CORRESPONDEX

Internal  
Revenue  
Service

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Title: Address Change Request from an Undeliverable  
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Number of Copies | Distribution to: | Former Letter  
Original and 1 | 2 to T/P | 2475C (Rev. 07-12)  
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OMB Clearance Number | Expires |  
- | | BMF  
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Letters Considered in Revision:

A Social Security Number:  
B Employer Identification Number:  
C Form:

Dear

D Thank you for the inquiry of .

D

E Thank you for your correspondence .

E

F We need your help keeping our records current. Recently, the post  
F office returned tax information we sent to you as "undeliverable".  
F We identified the address shown above through research, but we cannot  
F update our records without your written verification.

F

F Please complete and return Form 8822/8822-B, so that we can update our  
F records. Be sure to date and sign the form and mail it to the address  
F shown on this letter.

F

F Your tax information is enclosed for your review and/or action.

F

G Recently, the post office returned tax information we sent to you as  
G "undeliverable". However, we've recently changed your address on our  
G records and are resending the information to the correct address.

G

G Your tax information is enclosed for your review and/or action.

G

H Recently, the post office returned tax information we sent to you as  
H "undeliverable". Through research, we identified a typing error in  
H the address we used to mail the information. We are resending the  
H information to the correct address.

H Your tax information is enclosed for your review and/or action.

I We need your help keeping our records current. Recently, the post  
I office returned tax information we sent to your representative or  
I appointee as "undeliverable".

I Our records show the following information for your representative  
I or appointee. The information is shown on a current Power of Attorney  
I or Tax Information Authorization on file at the [07 12V] Service  
I Center:

I Representative or Appointee name:  
I Centralized Authorization File (CAF) number:  
I Address:  
I City, State, ZIP:  
I Telephone Number:

I Please mark the appropriate box below, sign and date this section, and  
I return this letter in the enclosed envelope.

I  Please remove the representative or appointee named above  
I from the Centralized Authorization File for all powers of  
I attorney or tax information authorizations you have on file  
I for me. I no longer wish to have this person as my  
I representative or appointee.

I  If the representative's information needs to be updated, please  
I have them submit a signed request to change their information on  
I our records.

I If you want to appoint a new representative, please submit a new  
I Form 2848/8821.

I  Please add this new address or phone number or both to your  
I Centralized Authorization File for my representative or  
I appointee. This is the most current information available  
I regarding my representative or appointee.

I Representative or appointee address \_\_\_\_\_  
I City, State, ZIP \_\_\_\_\_  
I Telephone number \_\_\_\_\_

I  I don't have current a address for this representative or  
I appointee. However, I don't wish to remove this person from  
I the Centralized Authorization File.

I If you filed a joint return, please be sure both husband and wife  
I sign below. If a corporation, partnership, estate, or trust filed  
I the return, please be sure the responsible officer signs on the  
I taxpayer line.

I Taxpayer's signature \_\_\_\_\_ Date \_\_\_\_\_

I  
I Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_  
I

J Your tax information is enclosed for your review and/or action.  
J

K We recently received a Power of Attorney or Tax Information  
K Authorization from you. We noticed that the address you used is  
K different from the one we have in our files. If this is a recent  
K change of address, we need your help in keeping our records current.  
K Please complete and return a Form 8822/8822-B, to the address shown at  
K the top of the first page of this letter.  
K

K If this is a joint return, please be sure both husband and wife sign  
K and date the form. If a corporation, partnership, estate, or trust  
K filed the return, please be sure the responsible officer signs  
K and dates the form.  
K

K [ ] Check this box if you haven't changed your address.  
K

L

L

M If you need forms, schedules, or publications, you can obtain them by  
M visiting the IRS website at [www.irs.gov](http://www.irs.gov) or by calling toll-free at  
M 1-800-TAX-FORM (1-800-829-3676).  
M

N Recently, the post office returned tax information we sent to you. We  
N are mailing information to you at the address provided by the USPS on  
N their forwarding label. If you would like our records to reflect this  
N change please send the information you would like in our system with  
N a dated signature to the fax number 855-214-7522.  
N

O Please provide the information by \_\_\_\_\_. We have enclosed a  
O return envelope for your convenience.  
O

P Please provide the information by \_\_\_\_\_. If we don't hear  
P from you, we will automatically delete your representative or  
P appointee from your file on the Centralized Authorization File system.  
P

Q If you wish to send the information by fax, our fax number is  
Q \_\_\_\_\_. Please include a cover sheet containing the following  
Q information:  
Q

Q Date: \_\_\_\_\_

Q Attention: \_\_\_\_\_

Q Name: \_\_\_\_\_

Q Control number: \_\_\_\_\_

Q Phone number: \_\_\_\_\_  
Q

Q Your name: \_\_\_\_\_

Q Your Taxpayer Identification Number: \_\_\_\_\_

Q (Social Security Number/Employer Identification Number)

Q Tax Period: \_\_\_\_\_

Q Number of pages of faxed material: \_\_\_\_\_  
Q

R If you have any questions, please call \_\_\_\_\_ at  
R \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_.  
R

R

R

R If you prefer, you may write to us at the address shown at the top of the first page of this letter.

R

S If you have any questions, please call us toll free at 1-800-829- .

S

S If you prefer, you may write to us at the address shown at the top of the first page of this letter.

S

T If you have any questions, please call us toll free at .

T

T If you prefer, you may write to us at the address shown at the top of the first page of this letter.

T

U If you have any questions, please contact the office where we've transferred your case by calling at between the hours of and .

U

U If you prefer, you may write to that office at the address we've provided in this letter.

U

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Thank you for your cooperation.

Sincerely yours,

Enclosures:

Copy of this letter

Envelope

V Notice

W

X Your tax information

Letter 2475C (Rev. 12-2012)