Internal Revenue Service	Department of the Treasury
	Taxpayer Identification Number:
	Form:
	Tax Period(s) Ended:
Date:	Person to Contact:
	Contact Telephone Number:
	Contact Fax Number:
	Employee Identification Number:
	Refer Reply to:
Dear	
As you requested on , we have reviewed year(s) listed above. The items checked below applies to you	ed the adjustment to your tax liability for the tax our situation.
☐ We are reducing the adjustment by the amount show	vn on the enclosed report.
☐ The information you provided us doesn't justify cha	nging our prior adjustment.
You didn't provide the information we requested; the request.	derefore, we can take no further action on your
The Internal Revenue Code has no provision for filing incoour determination you can, after paying the additional tax d you file a claim or amended return, you should do so within years from the time the tax was paid, whichever is later.	lue, file an amended return or a claim for refund. If
If you have any questions, please write, fax or call the personant the heading of this letter. When writing or faxing us, please	
Thank you for your cooperation.	
Sin	ncerely,
Enclosures: Examination Report Copy of this Letter	