

DEPARTMENT OF THE TREASURY

WASHINGTON, D.C. 20220

Confirmation Letter

OMB NO. XXXX Expires MM/DD/YY

Month Day, Year

Person to Contact: xx. xxxx xxxxxx Telephone Number (Not Toll Free):

(xxx) xxx-xxxx

Taxpayer Identifying Name: John Q. Public Taxpayer Identifying Number: 012-34-5678

Taxpayer 1234 Main Avenue Metropolis, USA 01234

Dear Taxpayer,

The Treasury Department is conducting an independent review of the Internal Revenue Service's (IRS) records to determine whether the IRS is complying with certain provisions contained in the Internal Revenue Code. The Treasury Inspector General for Tax Administration (TIGTA), which is part of the Department of Treasury but independent of the IRS, is charged with conducting these independent reviews of the IRS.

We would appreciate your help in verifying the accuracy of the IRS records by answering the questions listed below. Your response is voluntary and there are no penalties for not replying. This letter is NOT a review of your tax records or a request for payment.

The information that you provide may be furnished to the IRS. However, the law prohibits us from providing information concerning your tax account to third parties (other than the IRS) without your written permission.

We are currently reviewing procedures related to the record of returns not filed. As of the date of this letter, the IRS records show the following return(s) for your account have not been filed:

Type c	of Return	Period Ending
Please	e provide the following information if you filed	any of the tax returns listed above.
	Date and location of filing: Please show the employee receiving the return, if available,	S .

F	Paymen	t information: If you made a payment when you filed the return, please show:
	1	Amount of payment
	2	2. IRS receipt number. If you were given one, please include the name of the IRS employee receiving payment and the address of the IRS office.
	3	B. IRS endorsement on back of personal check and 13 digit number on front. If you paid by money order, please provide the date and place of purchase, and serial number.
		nd identifying number: Show the name and number used if your return was not ler the name or taxpayer identifying number shown above.
(or TIGT If you ha	A) usin ave any	our independent review of the IRS, please reply only to the Department of Treasury g the enclosed postage-paid envelope. Please do not forward this letter to the IRS. questions, please call the individual shown at the top of this letter. We would reply within 20 days. Thank you for your cooperation.
Sincerel	у,	
Michael Deputy		ips or General for Audit
Enclosu	res: Po	ostage-paid Envelope

Privacy Act and Paperwork Reduction Act Notice

The Budget and Accounting Procedures Act of 1950 authorizes the Department of Treasury to request this information for the purposes stated in the letter. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid Office of Management and Budget control number. The estimated average time to comply with this letter is fifteen minutes. If you have any comments concerning the accuracy of this time estimate or suggestions for making this letter simpler, please write to either the:

Treasury Inspector General for Tax Administration Office of Audit 1125 15th Street, N.W., Suite 700A Washington, D.C. 20005

Or

Office of Management and Budget Paperwork Reduction Project (1591-XXXX) Washington, D.C. 20503

Do not send your reply to this letter to either of these addresses.