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Department
                             |Transmittal Number|Date of Issue
of the
                             | 15-01 | 01/05/2015
Treasury
                             _____
                             |Originating Office|Form Number
                                SE:W:CAS:AM
                                                   0916C
TDRS
CORRESPONDEX
Internal
Revenue
Service
Title: Claim Incomplete for Processing; No Consideration
Number of Copies \mid Distribution to: Original and 1 \mid 2 to T/P
                                               Former Letter
                                           | 0916C (Rev. 03-14)
OMB Clearance Number | Expires
Letters Considered in Revision:
 A CERTIFIED MAIL
      Taxpayer identification number:
                         Kind of tax:
                 Amount of claim(s):
  С
  С
              Date claim(s) received:
                       Tax period(s):
                                                     [
    Dear
  D We are responding to an inquiry of [ ], from
            ]. We have no record that you authorized [ ] to
  D [
  D act for you in this matter. Please notify [ ] that we replied
  D directly to you. If you want to authorize a third party to represent
  D you, complete Form 2848, Power of Attorney and Declaration of
  D Representative. If you want to give us permission to release your
  D confidential tax information to a third party, complete Form 8821, Tax
    Information Authorization. For more information about these forms,
  D visit our website at www.irs.gov or call the telephone number at the
  D end of this letter.
  D
  E We are unable to process your claim for the tax period(s) shown above.
  Ε
  F We are unable to process your claim for the tax period(s) shown above
  F because your supporting information was not complete. If you have
  F more information you did not send with this claim, you may file
  F another claim and attach your information.
  G We cannot process your claim for an exemption from the individual
  G shared responsibility payment because you didn't provide the
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G information we requested. H We cannot issue the refund you requested until we finish processing H your tax return for that period. When we finish processing your H return, we will automatically refund any tax you overpaid if you don't H owe any other tax or legal obligation we are required to collect. I You completed the line on your tax return that asked us to apply the I tax you overpaid on the above tax period to your estimated taxes for I the following year. You should claim your overpayment as an estimated I tax payment on your [ ] tax return. If you meant to complete the I line asking for a refund and you aren't an estimated tax filer, send I a letter to us explaining that and we will refund your overpayment. J We reviewed your amended tax return for the tax period shown above. We can't finish processing your claim until we receive supporting information for each item you asked us to change. ıΤ ], we asked you to send supporting information for your K On [ K amended tax return for the tax period ending K process your claim because we didn't receive your supporting K information. If you want to use your appeal rights, you must first K pay the tax you owe. K L We reviewed the additional information you sent to support your L amended return for the tax period shown above. It didn't give us a L basis to change the tax you owe. If you want to use your appeal L rights, you must first pay the tax you owe. M The law allows you to file a claim for a refund of taxes you paid. M The law doesn't allow you to file a claim to reduce the tax you owe. M If you disagree with the amount of tax you owe, you can appeal our M decision. To appeal our decision, you must first pay the tax you owe, M then file an amended return with supporting information to claim a M refund. We must receive your claim within three years from the date M you filed your return or two years from the date you paid your tax. N The law allows you to file a claim for a refund of penalties you have N paid. The law doesn't allow you to file a claim for refund prior to N paying the penalty. To appeal the penalty, you must first pay the N penalty and then file a claim for refund with supporting information. N We must receive your claim within two years from the date you paid N the penalty. The law requires you to pay the tax you now owe. If you don't agree O with our decision on your taxes, you must first pay the tax you owe, O then file the enclosed Form [ ]. Complete the entire form and O explain why you are entitled to a refund of your taxes. We enclosed an envelope for your convenience.

P We can't process your claim for a credit because we didn't receive
P a tax return for the year you are claiming the credit. If you want
P us to review your request again, send a signed copy of the tax return
P that shows your credit or loss, the enclosed claim form, and Form
P [ ].

P [ ]

Q We are returning your Forms 4669 and 4670 because we aren't finished

Q examining your return. You can file your forms again when we tell you our examination is complete and we charged you additional tax. You should also file Form 843 with your request, if you paid any portion of the withholding tax.

Q R

R

Γ 1 1

S S

Τ

The amount you owe for tax period [ ] is \$[ The amount you owe includes penalty and interest figured to ]. Interest and penalty will continue until you pay the entire amount you owe.

T We've provided a general explanation of the possible penalties and/or interest included in the current balance due on your account. If you would like a specific explanation of how the amounts were computed on your account, please contact us at the toll-free number shown in this T letter and we will send you a detailed computation.

Τ

\*\* Filing and/or Paying Late -- IRC Section 6651 \*\*

Т

Т

T We charge a 5% penalty for filing late, and a 1/2% penalty for paying late, when a return is filed late and the tax is not paid by the date it was due. When both penalties apply for the same month, the penalty for filing late is reduced by the amount of the penalty for paying late for that month.

The penalty for filing late is based on the tax ultimately due, which was not paid by the original return due date without regard to extensions.

Τ Τ

The penalty for paying late is based on the net unpaid tax at the T beginning of each penalty month following the payment due date for that tax.

Т т Τ

The penalties are charged for each month or part of a month the return or payment is late; however, neither penalty can be more than 25% in total.

Τ

Т

Income tax returns are subject to a minimum penalty if filed late and T received more than 60 days after the due date. The minimum penalty is \$135 (\$100 for returns due before 1/1/2009) or 100% of the tax paid late, whichever is less.

The penalty for paying late applies when tax is paid late, even if the T return was filed on time. The due date for payment of tax shown on a return generally is the return due date without regard to extensions. Increases in tax must be paid within 21 days of our notice demanding payment (10 business days if the amount in the notice is \$100,000 or

Τ

T If we issue a Notice of Intent to Levy and the balance due isn't paid within 10 days from the date of the notice, the penalty for paying late increases to 1% per month.

T For individuals who filed on time, the penalty decreases to 1/4% per

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T month while an approved installment agreement with the IRS is in
  effect for payment of that tax.
       ** Interest -- IRC Section 6601 **
Τ
т
 We charge interest when tax is not paid on time. We figure interest
  from the due date of the return (regardless of extensions) to the date
  we receive full payment or the date of the notice.
U
  ** Late or incomplete [ ] return -- IRC Section [
U
  The penalty is $[ ] per [ ], for each month
IJ
  or part of a month the return was late or incomplete, for up to
U
        ] months.
V The shared responsibility payment (SRP) portion of the amount that you
  owe is the assessed payment for not securing minimum essential health
  coverage for you and, if applicable, your dependents per Internal
V Revenue Code Section 5000A - Individual shared responsibility payment.
V The SRP portion of the amount that you owe is not subject to penalties
V or to lien and levy enforcement actions. However, interest will
V continue to accrue on the entire amount due, including the unpaid
V SRP, until you pay the total balance due.
W Please send the requested information within 30 days from the date of
W this letter. If we don't hear from you, we can't process your tax
W return and your account may be incorrect or incomplete. We enclosed an
W envelope for your convenience.
X If you want to send the information by fax, our fax number is
        ]. Please include a cover sheet containing the following
Χ
X information:
Χ
X Date:
X Attention:
X Name: [
  Control number:
X Phone number:
Χ
X Your name:
X Your taxpayer identification number:
X (social security number/employer identification number)
X Tax period:
X Number of pages of faxed material:
Χ
  If you have questions, you can call [
                                               ] at
           ] between [
                          ] and [
                                           ].
 If you prefer, you can write to us at the address shown at the
  top of the first page of this letter.
Z If you have questions, you can call us toll free at 1-800-829-[
Z If you prefer, you can write to us at the address shown at the top
Z of the first page of this letter.
O If you have questions, you can call us toll free at
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0 [ ].
0 If you prefer, you can write to us at the address shown at the
0 top of the first page of this letter.
1 If you have questions, contact the office where we transferred your
1 case by calling [ ] at [
                               ] between
1
        ] and [
1
1 If you prefer, you can write to that office at the address we
1 provided in this letter.
  When you write, include this letter and provide in the spaces below,
   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,
  Enclosure(s):
   Copy of this letter
  Publication 1
2 Envelope
3 Form [
4 Notice [
5 Publication [
  Your Claim
8 Your Forms 4669 and 4670
                                   Letter 0916C (Rev. 09-2014)
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