

PO BOX 149338 AUSTIN TX 78714-9338 XXXXXX

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\*\* IF YOU HAVE ANY QUESTIONS, \*\*

\*\* REFER TO THIS INFORMATION: \*\*

NUMBER OF THIS NOTICE: CP-518

DATE OF THIS NOTICE: 09-05-2011
TAXPAYER IDENT. NUM: XXX-XX-XXXX
TAX FORM: 1040 XXXXXX

TAX PERIOD: 12-31-2009

XXXXX



YOUR TAX RETURN IS OVERDUE - PLEASE CONTACT US IMMEDIATELY

Our records show that we have not received the following tax return(s) from you.

Form Number: 1040

Title: US INDIVIDUAL INCOME TAX RETURN

Tax per iod(s): 12-31-2009

- 1. We request you file your return immediately and pay in full any tax due.
- 2. If you cannot pay in full, contact us to make arrangements to pay the balance.
- 3. Failure to file your return and pay any tax due can result in the following:
  - further administrative action, including, but not limited to, assessing your tax based on information we have received, and
  - additional civil and criminal penalties.

If you believe you are not required to file, or if you have previously filed, please contact us at 1-800-XXX-XXXX.

If you are out of the country and need assistance, please call 1-267-XXX-XXXX (not a toll-free number).

If you need tax forms, call 1-800-TAX-FORM (1-800-829-3676), or visit our website at www.irs.gov.

\*\*\* MORTGAGE FORGIVENESS DEBT RELIEF ACT OF 2007 \*\*\*

If you had a debt canceled, also known as Cancellation of Debt (COD), on your principal residence, you may be able to exclude all or part of the amount canceled from your income. You should receive Form 1099-C from your financial institution(s) or other lenders forgiving the debt. For additional information, refer to Publication 4681, Canceled Debts, Foreclosures, Repossessions, and Abandonments,

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or you can visit www.irs.gov and type key words "foreclosure and debt cancellation," or "cancellation of debt," or "4681."

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| "Information About Your Return"   |                  |  |  |
|---|------------------|--|--|
|   |                  |  |  |
| PLEASE COMPLETE AS NECESSARY AND RETURN THIS ENTIRE PAGE  |                  |  |  |
| A. If you are not required to file, please complete this secti  | on:              |  |  |
| My filing status was:   |                  |  |  |
| [ ] Single [ ] Head of Household [ ] Married Filing Jointly [ ] Married Filing Separately   |                  |  |  |
| Married Filing Jointly Married Filing Separatel   | V                |  |  |
| [ ] Qualified Widow(er) With Dependent Child  | ,                |  |  |
| Check the item(s) that apply to your situation:   |                  |  |  |
|   |                  |  |  |
| [ ] I was 65 or older [ ] Blind<br>[ ] My spouse was 65 or older [ ] Blind  |                  |  |  |
| [ ] I could be claimed as a dependent on another's return   |                  |  |  |
| Include the Social Security Number (SSN) and name of  |                  |  |  |
| person who claimed you on their tax return  |                  |  |  |
| [ ] I am not a U.S. citizen or a green-card holder.   |                  |  |  |
| [ ] My work was performed in another country.   |                  |  |  |
| My total income for the tax period shown above was \$   |                  |  |  |
| Enter here the reason why you are not required to file the  |                  |  |  |
| return listed above:  |                  |  |  |
|   |                  |  |  |
|   |                  |  |  |
| B. If you have already filed a return, please fill out this se  |                  |  |  |
| Names shown on my tax return (if different than above) are:   |                  |  |  |
|   |                  |  |  |
| My SSN shown on the return  |                  |  |  |
| My Spouse's SSN (if you filed a joint return)   |                  |  |  |
| Form: Tax Years: Date filed:<br>C. If your spouse is deceased, complete this section:   |                  |  |  |
| C. It your spouse is deceased, complete this section:   |                  |  |  |
| Name of deceased spouse   |                  |  |  |
| SSN of this spouse Date of death<br>If you filed Form 1041, U.S. Income Tax for Estates and Tr  |                  |  |  |
| If you filed form 1041, U.S. Income lax for Estates and Irusts,   |                  |  |  |
| in lieu of Form 1040, complete below:   |                  |  |  |
| Employer Identification Number on the toy weturn  |                  |  |  |
| Employer Identification Number on the tax return  |                  |  |  |
| Name shown on the tax return  |                  |  |  |
| Name shown on the tax return<br>Tax year of the return  |                  |  |  |
| Name shown on the tax return  Tax year of the return  D. If you have a credit on this letter, complete this section:  |                  |  |  |
| Name shown on the tax return  Tax year of the return  D. If you have a credit on this letter, complete this section:  [ ] Refund the credit balance. You must file a return to  |                  |  |  |
| Name shown on the tax return  Tax year of the return  D. If you have a credit on this letter, complete this section:  [ ] Refund the credit balance. You must file a return to a refund of your credit.   | get              |  |  |
| Name shown on the tax return  Tax year of the return  D. If you have a credit on this letter, complete this section:  [ ] Refund the credit balance. You must file a return to a refund of your credit.  [ ] Apply the credit to the tax return, tax year and SSN   | get              |  |  |
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| Name shown on the tax return  Tax year of the return  D. If you have a credit on this letter, complete this section:  [ ] Refund the credit balance. You must file a return to a refund of your credit.  [ ] Apply the credit to the tax return, tax year and SSN this letter. My return is enclosed.  [ ] Apply the credit to another tax return, tax year, and  | get              |  |  |
| Name shown on the tax return  | get              |  |  |
| Name shown on the tax return  Tax year of the return  D. If you have a credit on this letter, complete this section:  [ ] Refund the credit balance. You must file a return to a refund of your credit.  [ ] Apply the credit to the tax return, tax year and SSN this letter. My return is enclosed.  [ ] Apply the credit to another tax return, tax year, and below:  Tax Form: Tax Period: SSN:   | get<br>on<br>SSN |  |  |
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| Under penalties of perjury, I declare t | hat, to     | the best of my  |
|---|-------------|-----------------|
| knowledge and belief, the information p | or ovided ( | on this form is |
| true, correct, and complete.            |             |                 |
|   |             |                 |
|   |             |                 |
| Signature                               |             | Date            |