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Pat McCrory
Governor



Lyons Gray
Secretary

NC Department of Revenue, P.O. Box 871 Raleigh, NC 27602-0871

NOTICE OF REQUEST FOR INFORMATION

FIRST LAST
FIRST LAST
STREET ADDRESS
MINT HILL NC 28227-0430

Date of Notice	04/01/2013
Case ID	XXXXXX-XX
Taxpayer ID	XXX-XX-XXXX
Tax Type	Individual Income
Tax Year	2012
Due Date	05/01/2013

REASON FOR NOTICE	<p>We have received your individual income tax return for the year 2012. Additional information is required to process your return.</p> <p>The Department requests the following documentation to verify tax withheld, filing status, dependents and all tax credits claimed on your return.</p> <ul style="list-style-type: none"> • Copy of your Federal income tax return(s). • Copy of all W2's and 1099's if state tax was withheld. • Copy of birth certificates of all dependents. • Copy of Social Security card(s) for you and all dependents claimed on your tax return. • If qualifying children are between the ages of 18 and 24, provide proof a full-time student (1098-T, school transcript, etc). • Copy of marriage certificate. • If filing status is head of household, provide legal separation agreement and/or divorce decree. • If no legal separation agreement or divorce decree exist, provide copy of custody agreement. Daytime telephone number. <p>For any dependent claimed that is not your son or daughter, the following information is required:</p> <ul style="list-style-type: none"> • Provide the following supporting documentation: 1) Proof of relationship, 2) Proof of address in the year listed above, and 3) Completion of IRS <i>Worksheet For Determining Support</i> of each dependent. The supporting documentation provided must reflect 100% of expenses and proof that you paid over 50% of expenses (worksheet is located at www.irs.gov). • If dependent is a parent, also provide a letter from the Social Security Administration of benefits received during the year listed above, even if zero. • "Cash" receipts or "paid in cash" statements are not considered as acceptable proof for substantiation of dependent support and all tax credits claimed. <p>Please send the requested information attached to a copy of this letter within 30 days to the address indicated below. Your refund will not be processed unless proper documentation is provided.</p>				
WHO TO CONTACT	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Tax Auditor:</td> <td style="width: 50%;">Tax Auditor Contact Name</td> </tr> <tr> <td>Phone Number:</td> <td>XXX-XXX-XXXX</td> </tr> </table>	Tax Auditor:	Tax Auditor Contact Name	Phone Number:	XXX-XXX-XXXX
Tax Auditor:	Tax Auditor Contact Name				
Phone Number:	XXX-XXX-XXXX				
MAIL TO	<p>Examination Division Tax Auditor Contact Name 3518 Westgate Drive, Suite 110 Durham, NC 27707-2551 Fax: XXX-XXX-XXXX</p>				