Internal Revenue Service Small Business and Self-Employed

10225 Westmoor Dr., Ste 200 MS 4118 NW Westminster CO 80021

Date: May 29, 2009

Boulder, CO 80301

Department of the Treasury

Taxpayer Identifying Number:

- -

Tax Year: 2007

Form Number:

1040

Person to Contact:

Employee Identification Number:

Contact Telephone Number:

Fax Number:

- -

Dear &:

We have selected your federal income tax return for the year shown above for examination. We examine tax returns to verify the correctness of income, deductions, exemptions, and credits.

WHAT YOU NEED TO DO

Please call the individual listed above WITHIN 10 DAYS to schedule an appointment Please call between the hours of 8:00 a.m. - 4:30 p.m. , Monday through Friday.

ISSUES TO BE REVIEWED: DURING THE EXAMINATION

Your examination will primarily be focused on the following issues:

1. Other Expenses Subject to 2% AGI Limitation

4. Medical and Dental

- 2. Sch C1 Interest Mortgage
- 3. Home mortgage Interest and points From Form 1098

WHAT TO BRING WITH YOU TO THE EXAMINATION

Attached to this letter is an Information Document Request that lists the items on your return to be examined and the supporting items you need to provide. Please include complete copies of your 2006 and 2008 individual income tax returns. You should organize your records according to the issues identified above. For additional information see the enclosed Publication 1, *Your Rights as a Taxpayer, and Notice 609, Privacy Act Notice.*

WHY THE INFORMATION DOCUMENT REQUEST IS IMPORTANT

It is important that you read and fully understand the attached Information Document Request. It lists the items you should bring with you to the appointment. To ensure an efficient examination and to save you time; please organize the requested items according to the issues identified above in this letter. If you have any questions or need additional guidance, please feel free to contact us.

WHAT TO TO EXPECT AT THE EXAMINATION

The examination is scheduled to last approximately 4 hours. During the examination, I will review the information you provide. My goal is to complete your examination at the initial meeting. However, depending on the results of the initial meeting and the supporting items you provide, I may ask you to provide additional information or schedule a follow-up meeting. When the examination is completed, you may owe additional tax, be due a refund, or there may be no change to your return.

WHO MAY COME TO THE EXAMINATION

If you filed a joint return, you and/or your spouse may attend. You may also have someone represent you at the examination. If you will not attend with your representative, you must provide a completed Form 2848, *Power of Attorney*, or Form 8821, *Tax Information Authorization*, by the start of the examination. You can obtain these forms from our office; from Our web site, www.irs.gov, or by calling (800) 829-3676.

WHAT WILL HAPPEN IF YOU DO NOT RESPOND

If you do not respond to this letter, we will issue an examination report showing additional tax due. Therefore, it is to your advantage to call and schedule an appointment. If you are uncertain about the records needed or the examination process, we will answer your questions when you call to schedule your appointment.

Sincerely,

Examining Officer

Enclosures: Information Document Request Publication 1 Notice 609

IRS Letter 3572 Sample Tax Notice

This sample is provided by TaxAudit, the nation's leading tax representation firm.

Form 4564 (Rev. September 2006)	Department of the Treasury - Internal Revenue Service Information Document Request			Request Number 0001
To: (Name of Taxpayer and Company Division or Branch)		Subject 2007 Examination		
Please return Part 2 with lis	sted documents to requester identified below	SAIN number	Submitted	to:
riease retuin rait 2 with listed documents to requester identified below		Dates of Previous Requests (mmddyyyy)		

Description of documents requested

Tax Period(s): 200712

Employee Business Expenses

Statement from your employer showing reimbursement policy (or statement that there is no reimbursement policy); amount and kind of expense reimbursed, charged, or provided; specific expenses not covered by reimbursement policy; territory assigned to you; dates and locations of temporary jobs; and a brief outline of your duties. Your employer should also state whether or not reimbursement is included on your W-2 as Wages, Tips, or Other Compensation.

Copies of expense vouchers submitted to your employer

Logs, diaries, or other records of expenses not reimbursed by your employer

Please bring the items listed below which apply:

Automobile Expenses

Repair receipts, inspection slips. or any other records showing total mileage for the year

Log books and other records verifying the business mileage claimed

If you did not keep a log or other formal record of your business mileage, reconstruct the business use of the vehicle, including current mileage reading on the vehicle used for business purposes, mileage reading on the vehicle when you acquired it, the mileage reading for January 1 and December 31 of the year being audited, and mileage distance between your residence and your business location. Also, bring an appointment book or calendar of your business activities during the year.

If you claimed actual expenses, bring paid bills. invoices, and cancelled checks for your automobile expenses including gas, oil, tires, repairs, insurance, interest, tags and taxes.

Information du	e by	At next appointment	Χ	Mail in	
	Name and Title of Requester		Emplo	yee ID number	Date (mmddyyyy)
From:		, Tax Compliance Officer	-		
1 10111.	Office Location:	10225 Westmoor Dr., Ste 200 MS 4118 NW Westminster, CO 80021			Phone: Fax:

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For depreciation of actual expenses, provide a bill of sale or other verification to establish the cost or other basis of the vehicle, including the trade-in of another vehicle.

Entertainment, Meals, Gifts and Other Expenses

Records and receipts for entertainment expenses you claimed. These records must have been made timely and must show the names and business relationship of the persons entertained, the purpose of the entertainment, the place where the entertainment occurred, the date of the entertainment, and the amount of the expenditure.

For entertainment facilities, records showing expenses incurred, and total use and business use of the facility if you maintained it, in addition to the information requested in the paragraph above .

For business gifts: records and receipts showing the cost of the gifts you provided, the persons to whom the gifts were made, and their business relationship

Receipts and other records for meals claimed

Education Expenses

Documents such as transcripts, course descriptions, catalog, etc., showing period of enrollment in educational institution, principal subjects studied, and description of educational activity

Cancelled checks and receipts to verify amounts you spent for tuition and books, meals and lodging while away from home overnight for educational purposes, travel and transportation, and other educational expenses

Information du	ue by	At next appointmen	t X	Mail in	
	Name and Title of I	Requester	Employee	e ID number	Date (mmddyyyy)
From:		, Tax Compliance Officer	-		
1 10111.	Office Location:	10225 Westmoor Dr., Ste 200 MS 4118 NW Westminster, CO 80021			Phone: Fax:

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Please return Part 2 with lis	sted documents to requester identified below	SAIN number Dates of Previous	Submitted ous Request	

Description of documents requested

Tax Period(s): 200712

Statement(s) from your employer explaining whether the education was necessary for you to keep your job, salary, or status; how the education helped maintain or improve skills needed in your job; how much education expense reimbursement you received, identified by kind of expenses; type of certificate and subjects taught, if a teacher

Complete information about any scholarship or fellowship grants, including amounts you received during the year

Interest Expense (Schedule A and Schedule C)

Verification of the debt (e.g. loan papers, promissory notes, etc)

Proof interest expenses were incurred in the taxable year. Payment books for installment purchases or purchase contract and cancelled checks, receipts, or other evidence of payments made.

Proof that loan was from a debtor/creditor relationship and not from a gift. A written legal and binding agreement between two parties (e.g. land contract, notarized papers, etc.)

Provide the debt instrument that shows the receipts or statements from creditors amount of interest paid and names of payees (e.g. mortgage statement Form 1098, including land contracts, written proof of interest paid by taxpayer on the loan, etc.)

Statement from broker to show investment interest

If home mortgage, then provide statement that Indicated who the payment was made to, if other than a financial institution (i.e., amortization statement)

Information d	ue by	t next appointment X	Mail in	
	Name and Title of Requester	Emp	loyee ID number	Date (mmddyyyy)
From:	, Tax Compliand	ficer -		
	Office Location: 10225 Westmo MS 4118 NW Westminster, C	•		Phone: Fax:

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Medical and Dental Expenses

Cancelled checks, receipts or statements for all medical and dental expenses, including medical insurance, showing the person for whom each expense was incurred

Statement from Insurance company showing any expense reimbursed or paid directly by it

Insurance policies on which you deducted the cost of premiums paid. Proof of medical insurance premium payment (e.g. copy of cancelled checks, check stubs, etc.)

For prescription drug expenses, a statement or receipt showing the prescription number, name of drug, cost and date purchased. Cancelled checks alone are not acceptable.

For other expenses, including transportation, lodging, or special equipment, proof of payment and statements to show cost and medical requirement. (e.g. gas receipts, ambulance bill, taxi cabs receipts, parking fees, tolls, etc.)

If claim is made for dependent, then provide proof of dependency qualification for deduction (e.g. birth certificate, guardianship papers. etc.)

Information d	ue by	At next appointmen	t X	Mail in	
	Name and Title o	f Requester	Employ	ee ID number	Date (mmddyyyy)
From:		, Tax Compliance Officer	-		
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