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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
Тах Туре	Individual Income
Tax Year	2012
Due Date	05/01/2013

	We have received your individual income tax return for the year 2012. Additional information is required to process your return.
REASON FOR NOTICE	<ul> <li>The Department requests the following documentation to verify tax withheld, filing status, dependents and all tax credits claimed on your return.</li> <li>Copy of your Federal income tax return(s).</li> <li>Copy of all W2's and 1099's if state tax was withheld.</li> <li>Copy of birth certificates of all dependents.</li> <li>Copy of Social Security card(s) for you and all dependents claimed on your tax return.</li> <li>If qualifying children are between the ages of 18 and 24, provide proof a full-time student</li> <li>(1098-T, school transcript, etc).</li> <li>Copy of marriage certificate.</li> <li>If filing status is head of household, provide legal separation agreement and/or divorce decree.</li> <li>If no legal separation agreement or divorce decree exist, provide copy of custody agreement. Daytime telephone number.</li> </ul>
	<ul> <li>For any dependent claimed that is not your son or daughter, the following information is required:</li> <li>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).</li> <li>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.</li> <li>"Cash" receipts or "paid in cash" statements are not considered as acceptable proof for substantiation of dependent support and all tax credits claimed.</li> </ul> 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.
WHO TO CONTACT	Tax Auditor:     Tax Auditor Contact Name       Phone Number:     XXX-XXX-XXXX
MAIL TO	Examination Division Tax Auditor Contact Name 3518 Westgate Drive, Suite 110 Durham, NC 27707-2551 Fax: XXX-XXX-XXX