



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
2665 N First Street Suite 210
San Jose CA 95134

FIRST LAST
555 AVENUE ST
BERNALILLO NM 85555

Date: 12.10.2020
Case: XXXXXXXXXXXXXXXXX
Case Unit: XXXXXXXXXXXXXXXXX
In reply refer to: XXX:XX:X-XX

Regarding: Franchise Tax Board Examination
Account Number: XXXXXXXXXX
Taxpayer's Name: First Last & First Last
Taxable Year: 2017

We are contacting you because we plan to examine your California personal income tax return for the taxable year listed above. In order to schedule our examination, we would appreciate it if you, or your authorized representative, contacted us so we can discuss a date to provide the documents.

We understand the impact and challenges this pandemic is presenting and that the above information may not be readily available. Our intent is to offer flexibility during this unprecedented time. Please contact us first to discuss what scheduling options are available to you. To do this, complete and return the questionnaire attached within 30 days from the date of this letter.

You can call or fax me using the contact information below my signature line. If mailing the below contact information, please attach a copy of this letter to your response and send to:

Franchise Tax Board
Attn: First Last
2665 North First Street, Suite 210
San Jose, CA 95134

You may choose to represent yourself, or authorize someone to represent you during this examination.

To authorize someone to represent you on state income tax matters (including a protest), file a California Franchise Tax Board (FTB) Power of Attorney (POA) declaration. We recommend you and your designated representative register with **MyFTB** and electronically file a POA declaration. For individuals, use **POA FTB Form 3520 PIT, Individual, or Fiduciary Power of Attorney Declaration, or to revoke a POA, use FTB Form 3520 RVK, Power of Attorney Declaration Revocation.**

For more information on how to register with MyFTB, go to ftb.ca.gov/POA.



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We prefer to represent ourselves. Please contact us at the telephone number and time indicated below:

Telephone Number: _____ Time: _____

Please contact the representative identified below. A valid POA must be on file with the Franchise Tax Board.

Person to Contact: _____ Time: _____

Title: _____

Telephone Number: _____ Extension: _____

If the Internal Revenue Service has notified you of an audit or if they have completed an audit of your personal income tax returns for any tax years in question, please provide a copy of their initial contact letter and/or a copy of the completed audit report, if applicable.

Thank you for your cooperation. Please call me if you have any questions regarding this matter.

Sincerely,

First Last
Telephone: 555.555.5555
Fax: 555.555.5555
Web: ftb.ca.gov

If you have any questions or concerns regarding the audit process and are unable to resolve them with the auditor, you may contact either:

First Last, Audit Supervisor.....(555) 555-5555
First Last, Audit Manager.....(555) 555-5555



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In reply refer to: XXX:XX:X-XX

Case Unit: XXXXXXXXXXXXXXXXXXXX

AUDIT SCHEDULING INFORMATION

PERSONAL INCOME TAX

FRANCHISE / CORPORATE INCOME TAX

INFORMATION RETURN

INCOME/TAXABLE YEAR(S) ENDED: _____

TAXPAYER / PASS THROUGH ENTITY NAME	ADDRESS LOCATION WHERE RECORDS CAN BE EXAMINED
CURRENT BUSINESS ADDRESS (NO P.O. BOXES PLEASE)	<input type="checkbox"/> SAME AS CURRENT BUSINESS ADDRESS
CURRENT BUSINESS ADDRESS CONTINUED	<input type="checkbox"/> _____

TAXPAYER OR DESIGNATED INDIVIDUAL TO CONTACT FOR INFORMATION REGARDING THIS AUDIT
 IF OTHER THAN THE TAXPAYER, CORPORATE OFFICER, CORPORATE EMPLOYEE, DESIGNATED BY A CORPORATE OFFICER, GENERAL PARTNER, OR TRUSTEE A VALID POWER OF ATTORNEY MUST BE ON FILE WITH THE FRANCHISE TAX BOARD. GO TO ftb.ca.gov AND SEARCH FOR poa information OR CALL ME AT THE NUMBER LISTED ABOVE.

NAME _____ TELEPHONE AND EXTENSION _____

TITLE _____

ADDRESS _____

- Have you signed a consent to extend the federal statute of limitations for any of the years involved or for any prior year? Yes No

 If Yes, list each year and statute of limitations expiration date:

Year:	
Expiration Date:	
- Has the Federal Government examined any of the returns for the year(s) involved or any prior years? Yes No
- Is an examination in progress? Yes No
 If Yes, what years are under examination?
- To your knowledge, is an examination planned? Yes No
- Please enclose a copy of the articles of organization with all amendments, the operating agreement(s), and the financial reports for each referenced year so they can be reviewed before proceeding with the examination.

If an examination has already been completed or is currently under way, a copy of the IRS audit report and the initial document request should be forwarded to this office with this questionnaire. Provision of this information may make our independent examination unnecessary.

PASS THROUGH ENTITIES (PTE) COMPLETE THE FOLLOWING

Name of partners / members / shareholders in this PTE. (continue on separate sheet if necessary)	Owners' Shares Prof. / Loss / Cap.	Account Number SSN, CA Corporation No., PTE FEIN	Files California Returns? (Yes or No)

This questionnaire completed by: _____

Signature _____ Title _____ Date _____

