



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](http://ftb.ca.gov/POA).



12.10.2020

Account Number: XXXXXXXXXX

Case Unit: XXXXXXXXXXXXXXXX

Page 2 of 3

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](http://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



12.10.2020

Account Number: XXXXXXXXXX

Case Unit: XXXXXXXXXXXXXXXXXXXX

Page 3 of 3

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

CURRENT BUSINESS ADDRESS (NO P.O. BOXES PLEASE)

CURRENT BUSINESS ADDRESS CONTINUED

ADDRESS LOCATION WHERE RECORDS CAN BE EXAMINED

SAME AS CURRENT BUSINESS ADDRESS

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](http://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 \_\_\_\_\_

