



The Commonwealth of Massachusetts
Department of Revenue - Audit Division
200 Arlington Street - Room 4300
Chelsea, MA 02150



AMY A. PITTER, COMMISSIONER
JOSEPH J. MCDERMOTT, DEPUTY COMMISSIONER

Notice 00XXX
T/P ID XXX-XX-XXXX
Date 02/20/14
Bureau DESK AUD
Examiner Desk Audit
Phone (617) 887-XXXX

971C



FISRT M. LAST
STREET ADDRESS
SOUTH PORTLAND ME 04106

NOTICE OF INTENT TO ASSESS

This is an official notice from the Massachusetts Department of Revenue

Dear Taxpayer,

You are receiving this notice because your **2013 Massachusetts Income Tax Return** has been selected for verification. In order for us to resolve this issue, it is necessary that you provide the following information and/or documentation:

* Please Note: It is recommended that 8 1/2" X 11" photocopies of documents be sent. Originals will not be returned. Documents should be mailed and free of staples.

- 1). A completed copy of your **2013** Federal Income Tax Return (1040) including all schedules and attachments.
- 2). A copy of all **2013** W2 and 1099 Form(s).
- 3). A copy of your **2013** final pay stub issued by each employer.
- 4). If an Individual Taxpayer Identification Number (TIN) was used for anyone listed on the return, including dependents, please submit a copy of the letter issued by the IRS to verify the number(s).
- 5). A copy of the Social Security Card for you and for each individual listed on the return.

If you wish to discuss this notice with the Department of Revenue's Audit Division, please call **(617) 887-XXXX**. If someone will be representing you, you must complete and submit a Power of Attorney Form (M-2848). This form is available on our website: www.mass.gov/dor.

If you do not respond by 30 days from the date of this notice, the withholding of \$379.00 will be disallowed pursuant to G.L. c. 62C § 26(b).

If you would like to appeal, you have the right to a pre-assessment conference, to request settlement consideration of both, with the Office of Appeals. This request must be made within 30 days from the date of this notice. (See enclosed "response form").



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RESPONSE FORM

The office of Appeals is a separate office within the Department of Revenue that settles tax disputes and conducts pre-assessment conferences relating to taxpayer appeals. If you wish to appeal this notice, you may request a conference to dispute the proposed assessment pursuant to G.L. c. 62C § 26(b), request settlement consideration pursuant to G.L. c. 62C § 37(c) or both, with the Office of Appeals.

If you wish to request a pre-assessment conference or settlement consideration, please submit the response Form with a statement of your intentions. Upon receipt of your request, the Department will send you Form DR-1, "Request for Conference of Settlement Consideration" for you to complete.

If what you are seeking is a general discussion of your case or if you want to provide additional information, please contact the auditor.

Please mail this response form with all written correspondence to the following address:

Massachusetts Department of Revenue
Refund Review Unit
200 Arlington Street Room 4300
Chelsea, MA 02150

Address or phone number change.

Please complete if your address or phone has changed.

Apt#
City State Zip
Home Phone () Work Phone ()