



Department of the Treasury
 Internal Revenue Service
 AUSTIN, TX 73301-0030

026284

B0D CD-WI

**** IF YOU HAVE ANY QUESTIONS, ****
**** REFER TO THIS INFORMATION: ****
 NUMBER OF THIS NOTICE: CP-515
 DATE OF THIS NOTICE: 06-10-2002
 TAXPAYER IDENT. NUM:
 TAX FORM: 1040 200230
 TAX PERIOD: 12-31-2000



K C
 PO BOX
 VICTOR TX 7903

REQUEST FOR YOUR TAX RETURN

We have no record of receiving the following tax return:

Form Number: 1040 Tax Period: ENDING: 12-31-2000
 Title: US INDIVIDUAL INCOME TAX RETURN

The information below has been reported to us by some of your payers and may not be all-inclusive. Please be sure to report all of your income when filing your tax return.

1. Wages:	\$	0
2. Withholding:	\$	0
3. Pension:	\$	0
4. Dividends:	\$	18
5. Interest:	\$	0
6. Non-Employee Compensation:	\$	1132
7. Stock Sales:	\$	0
8. Social Security:	\$	0
9. Rents & Royalties:	\$	0
10. Other Income:	\$	0

If you have not filed this tax return, please:

- prepare your tax return
- sign the return
- attach your payment for any tax due
- send it to us today.

If you cannot pay the entire amount when you file this return:

- send as large a payment as you can
- contact us to make arrangements to pay the balance.

If you are due a refund you must file within:

- 3 years from the due date of the return or
- 2 years from the date the tax was paid, whichever is later.

If you filed this tax return more than 8 weeks ago please:

- send us a copy of it



Department of the Treasury
Internal Revenue Service

NUMBER OF THIS NOTICE: CP-515
DATE OF THIS NOTICE: 06-10-2002
TAXPAYER IDENT. NUM:
TAX FORM: 1040 200230
TAX PERIOD: 12-31-2000

K C
PO BOX
VICTOR TX 7903

"Information About Your Return"

PLEASE COMPLETE AS NECESSARY AND RETURN THIS ENTIRE PAGE

A. If you are not required to file, please complete this section:

My filing status was:

- Single Head of Household
 Married Filing Jointly Married Filing Separately
 Qualified Widow(er) With Dependent Child

Check the item(s) that apply to your situation:

- I was 65 or older Blind
 My spouse was 65 or older Blind
 I could be claimed as a dependent on another's return

My total income for the tax period shown above was \$_____

Tell us why you are not required to file the tax return listed above:

B. If you have already filed a return, please fill out this section:
Names shown on my tax return (if different than above) are:

My Social Security Number(SSN) shown on the return _____

My spouse's SSN (if you filed a joint return _____

Form _____ Tax Years _____ Date filed _____

C. If your spouse is deceased, complete this section:

Name of deceased spouse _____

SSN of this spouse _____ Date of death _____

D. If you have a credit on this letter, complete this section:

Refund the credit balance. You must file a return to get a refund of your credit.

Apply the credit to the tax return, tax year and SSN on this letter. My return is enclosed.

Apply the credit to another tax return, tax year, and SSN below:

Tax Form: _____ Tax Period: _____ SSN: _____

Please include your telephone number(s), with your area code and the best time to call you.

TELEPHONE NUMBER (_____) _____ HOURS _____

TELEPHONE NUMBER (_____) _____ HOURS _____

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information provided on this form is true, correct, and complete.

Signature _____

Date _____

026284

BOD CD-WI



Department of the Treasury
Internal Revenue Service

NUMBER OF THIS NOTICE: CP-515
DATE OF THIS NOTICE: 06-10-2002
TAXPAYER IDENT. NUM:
TAX FORM: 1040 200230
TAX PERIOD: 12-31-2000

K C

PO BOX

VICTOR TX 7903

KEEP THE TOP PART FOR YOUR RECORDS

DETACH HERE

Send us this part with your reply in the envelope provided.

Number of Notice:(s) CP-515 200012

Date of Notice: 06-10-2002 MCMA

FORM FR LPS TC LRA CC Taxpayer ID Num: 30

0003693 PC- BOD CD-WI

PY9 DF- FS-1 EX- 200222 200222 200230 018

AG+000000000 WH00000000 CC 57 15000000 PLC 7415 BWI-0

SSN000000000 EIN SEL-28 19601117 ADD00

K C
PO BOX
VICTOR TX 7903

INTERNAL REVENUE SERVICE
AUSTIN, TX 73301-0030



Department of the Treasury
Internal Revenue Service

NUMBER OF THIS NOTICE: CP-515
DATE OF THIS NOTICE: 06-10-2002
TAXPAYER IDENT. NUM:
TAX FORM: 1040 200230
TAX PERIOD: 12-31-2000

K C
PO BOX
VICTOR TX 7903

- sign it or re-sign it
- date it.
- allow 6 to 8 weeks to process your return.

If you filed this tax return less than 8 weeks ago, please disregard this letter.

If you believe you are not required to file, please tell us why by completing the "Information About Your Tax Return", at the end of this notice.

We will contact you again if:

- we need additional information
- we need clarification of your response or
- we determine you are required to file.

If you need assistance, call 1-800-829-1040.

If you need tax forms, call 1-800-TAX-FORM, or visit our Web site at: www.irs.gov.

Hours of Operation are: Monday-Friday 7:00 AM to 11:00 PM

***** SPECIAL NOTE ABOUT NONEMPLOYEE COMPENSATION INCOME *****

Our records indicate you received nonemployee compensation during calendar year 2000. This income could be subject to self-employment tax if your net earnings are \$400 or more. Please read the instructions for reporting self-employment tax on Schedule SE (Form 1040), Self-Employment Tax.

Note: In order to get social security credit for your self-employment earnings, you need to file tax returns within 3 years, 3 months, and 15 days after the end of the calendar year in which you earned the self-employment income.