



P.O. Box 9013
HOLTSVILLE, NY 00501-9013

Letter Number: 2566(SC/CG)
Letter Date: 11/03/2003

Social Security Number:
[REDACTED]
Tax Year: 2000

Tax Form: 1040
Filing Status:
[REDACTED]

Contact Person:
Customer Service Rep.

Contact Telephone Number:
[REDACTED]

(Not a toll free number)
Contact Hours:
5:00 PM - 10:00 PM

PROPOSED INDIVIDUAL INCOME TAX ASSESSMENT

We have no record of receiving your Form 1040, U.S. Individual Income Tax Return, for the tax year shown above. Therefore, we have computed your tax, penalties, and interest based on income reported to us by your employer(s), bank(s), etc., as shown on page 5 of this letter. We show our computation of your tax on Page 2. Since we computed your tax based on income only, it would be to your advantage to file your return(s) so that you can claim all of the exemptions, deductions, and credits that the law allows you.

Within 30 days from the date of this letter, we must receive one of the following:

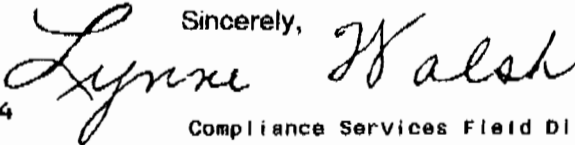
1. Your Form 1040 completed and signed, including all schedules and forms, with the cover letter;
2. The "Consent to Assessment and Collection" form on page 4 signed and dated;
3. A statement explaining why you believe you are not required to file, or information you would like us to consider; or
4. Your appeal to the proposed assessment. We've enclosed Publication 5, Appeal Rights and Preparation of Protests for Unagreed Cases, and Publication 1, Your Rights as a Taxpayer. These publications explain your rights concerning assessments and payment of tax.

If you cannot pay the full amount you owe, send as much as you can, and tell us when you can pay the rest. We may be able to arrange a payment agreement if you have filed all of your tax returns. If your contact person does not hear from you within 30 days, we will assess the amount of tax, penalties, and interest shown in our computation based on available income information.

You may order blank tax forms, schedules, instructions and publications by calling 1-800-829-3676 toll-free. Please allow 2 weeks from the date of your order for delivery.

If you have questions, you may write or call your contact person listed in this letter. If you write, give us your telephone number and the most convenient time for us to call. Please attach page 1 of this letter to your reply and use the enclosed envelope.

Enclosures:
Publications 1, 5, and 594
Notice 609

Sincerely,

Lynne Walsh

Compliance Services Field Director

Return Envelope

COLLECTION : [REDACTED]
Date of Report: [REDACTED]
Soc Sec Number: [REDACTED]
Form 1040 : TAX YEAR [REDACTED]
Filing Status : [REDACTED]
Reply to : [REDACTED]

TAX CALCULATION SUMMARY

TOTAL INCOME REPORTED BY PAYERS (see Income Sources): [REDACTED]

Wages, interest, dividends, pensions, misc. [REDACTED]
Self-employment income [REDACTED]

ADJUSTMENT TO INCOME: [REDACTED]

ALLOWABLE DEDUCTIONS/EXEMPTIONS: [REDACTED]

Personal exemption allowance (1 exemption) [REDACTED]
Standard Deduction [REDACTED]

TAX COMPUTATIONS:

Taxable Income (total income minus deductions) [REDACTED]
Income tax calculated using (1) exemption [REDACTED]
SECA tax on eligible self-employment income [REDACTED]

TOTAL TAX BEFORE CREDITS: [REDACTED]

TOTAL PRE-PAID CREDITS (Withholding, ES tax payments, etc.): [REDACTED]

NET TAX (TOTAL TAX minus PRE-PAID CREDITS): [REDACTED]

TOTAL INTEREST (calculated through 12-03-2003, see page 2): [REDACTED]

TOTAL PENALTIES (see page 2): [REDACTED]

Failure-to-File Penalty [REDACTED]
Failure-to-Pay Penalty [REDACTED]
Estimated Tax Penalty [REDACTED]

TOTAL AMOUNT DUE through 12-03-2003 (PAY THIS AMOUNT) ----- [REDACTED]

Soc Sec Number: [REDACTED]

Tax Year [REDACTED]

Date of Report: [REDACTED]

EXPLANATION OF PENALTIES AND INTEREST

INTEREST: I.R.C. 6601

Interest due based on statutory interest rates [REDACTED]
Interest on Failure-to-file Penalty [REDACTED]
Additional interest will accrue at the current rate of interest (compounded daily). Interest is charged from the original due date of the return to the earlier of the date of payment, a date 30 days after an agreement to the additional tax is signed, or the assessment date. The interest shown has been computed 30 days from the date of this report, which will allow you to pay the total balance due without an additional charge for accrued interest.

PENALTIES:

Failure-to-File Penalty, I.R.C. 6651(a)(1) [REDACTED]
Since you did not file your return within the time prescribed by law, a Failure-to-File Penalty of 5 percent of the tax due is added for each month that the return is late (not to exceed 22.5%), or the lesser of \$100 or the tax due.

* Failure-to-Pay Penalty, I.R.C. 6651(a)(2) [REDACTED]
If you did not pay the balance of the tax owed within the time prescribed by law, a penalty of 0.5% of the tax due is added for each month the tax remains unpaid (not to exceed a total of 25% of the unpaid amount.)

Estimated Tax Penalty I.R.C. 6654(a) [REDACTED]
Since you did not pay sufficient Estimated Tax, an addition to the tax is charged.

ROUNDING: In arriving at your tax deficiency, amounts have been rounded to the nearest dollar.

STATE EXCHANGE: IRS has exchange agreements with state tax agencies under which information about increases or decreases in Federal tax liability is exchanged with states. You should check your state tax return and file an amended return if this change affects your state income tax liability.

SELF-EMPLOYMENT (SECA) TAX CALCULATIONS

Maximum income subject to FICA/SECA tax for tax year 2000: [REDACTED]
FICA wages already paid: 0.00
(A) remaining balance eligible for SECA tax [REDACTED]
(B) Self-employment income [REDACTED]

(1,293.00 X 12.40% SECA) + (1,293.00 X 2.90% Medicare) = [REDACTED] SECA tax

Social Security Number: [REDACTED]

Taxpayer Name: [REDACTED]

Tax Form: [REDACTED] Tax Year: [REDACTED]

Filing Status: [REDACTED]

TAXPAYER CONSENT FORM

NET TAX INCREASE (TOTAL TAX minus PREPAID CREDITS) [REDACTED]

PENALTIES: Failure-to-File Penalty [REDACTED]
Failure-to-Pay Penalty [REDACTED]
Estimated Tax Penalty [REDACTED]

INTEREST (Calculated through [REDACTED]) [REDACTED]

TOTAL AMOUNT DUE (through [REDACTED]) [REDACTED]

If you disagree, you must respond to your contact person listed on page 1 of this letter and file your return(s) for the tax year listed above within 30 days.

If you agree with the information in this letter:

1. please sign the waiver shown below and use the enclosed envelope to send it to us, or
2. you wish to change the filing status or number of dependents used in our calculation, please indicate the appropriate filing status and fill in the dependent information in the space below. We will recalculate your tax based on the new information.

After we receive your consent, you may consider your case closed. We have 45 days to notify you if you qualify for exemption from this increase in tax, plus penalties and interest.

Filing Status: _____

Spouse's Name(if applicable) _____ Spouse's SSN: _____

Dependent(s):

Name: _____	Social Security Number: _____ - _____ - _____
Name: _____	Social Security Number: _____ - _____ - _____
Name: _____	Social Security Number: _____ - _____ - _____
Name: _____	Social Security Number: _____ - _____ - _____

WAIVER- Consent to Assessment and Collection

Subject to any changes I have indicated in filing status and dependents listed above, I consent to the immediate assessment and collection of the total amount due explained in this letter. I understand that by signing this waiver, I will not be able to exercise my appeal rights with the Internal Revenue Service or contest these tax years in the United States tax court, unless IRS determines additional deficiencies for these years.

_____ Your Signature	_____ Date	_____ Spouse's Signature(if applicable)	_____ Date
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SUMMARY OF INCOME SOURCES

SSN: [REDACTED] TAX YEAR: [REDACTED]

TAXABLE INCOME REPORTED TO THE IRS BY YOUR PAYERS:

[REDACTED]

RN NETWORK INC

Paid to [REDACTED]

\$ [REDACTED]
\$ 0 FICA TAX WITHHELD
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0

02-Paid by [REDACTED]
U S TREASURY DEPARTMENT - INTERNAL
Paid to [REDACTED]

\$ [REDACTED] INTEREST
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0

03-Paid by [REDACTED]
RN NETWORK INC
[REDACTED]

\$ [REDACTED] NEC INCOME
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0
\$ 0