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Letter Number: 2797

Date of this Letter: 04/19/2004

Taxpayer Identitication Number:



For assistance you may call us at:

1-800-829-8374

Office Hours:

8:00 AM - 4:30 PM

Person to Contact:

Customer Service Rep

BOD CODE: **SB** CP: **515** 

Dear ---

We need your assistance in updating our records. Please fill in the address information requested below and sign your name in the space provided. Return your response within 10 days from the date of this letter. An envelope is enclosed for your convenience.

Is the above address correct?

YES [

NO

Your signature

If you checked NO, please complete the following:

Your street address or P.O. Box Number

City

State

Zip code

Your daytime telephone number

Best time for us to call

If you have any questions, you may contact a Customer Service Representative by calling the toll-free telephone number shown above. For faster service, try calling us any day except Monday when our call volumes are highest.

Thank you for your cooperation.

Sincerely yours,

Compliance Services Field Director

Ensure that the Internal Revenue Service return address shows in the window.

\*363405614102001\*





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