

Department of the Treasury	Transmittal Number 11-03	Date of Issue 03/07/2011
----------------------------------	-----------------------------	-----------------------------

Originating Office SE:S:CCS:CRC:EP	Form Number 3339C
---------------------------------------	----------------------

IDRS
CORRESPONDEX

Internal
Revenue
Service

Title: Audit Reconsideration Additional Substantiation Request

Number of Copies Original	Distribution to: 1 to TP	Former Letter 3339C (Rev. 06-01)
------------------------------	-----------------------------	-------------------------------------

OMB Clearance Number -	Expires	IMF
---------------------------	---------	-----

Letters Considered in Revision:

Taxpayer Identification Number:	[01 12T]	
Kind of Tax:	[02 25V]	
Original Audit Assessment/IC:	[\$[03 12\$]	[\$[04 12\$]
	[05 12\$]	[06 12\$]
Tax Year(s)	[07 13P]	[08 13P]
	[09 13P]	[10 13P]

Dear [-30V]

We reviewed the documents you provided on [11 12D], in support of your audit reconsideration request. However, we need additional information before we can complete our evaluation. If you do not provide all of the information requested in this letter, your audit reconsideration may be denied or only a partial change made. Please provide us with the following:

- A [12 385V]
- A
- B [13 385V]
- B
- C [14 385V]
- C
- D [15 385V]
- D
- E [16 385V]
- E
- F [17 385V]
- F

Please send this information to [18 30V] of the Audit Reconsideration Unit at the Service Center identified above. If you wish, you may fax your information to [19 30V] at [20 24V]. Please attach a copy of this letter so that we can associate your information with your case file.

Please respond within 30 calendar days. Otherwise, we will deny

your request and resume collection activity.

If you have questions, please contact [21 30V] at [22 24V] between the hours of [23 10V] and [24 14V].

Thank you for your cooperation.

Sincerely yours,

[25 35S]

[26 35S]

G Enclosure(s):

G [27 25V]

G [28 25V]

G [29 25V]

NOTE: Use the date on the taxpayer correspondence for fill-in 11.

NOTE: Explain to the taxpayer what is needed in fill-in 12.

NOTE: Enter the examiner's name in fill-ins 19 and 21.

NOTE: Enter the fax number in fill-ins 20.

NOTE: Enter the examiner's phone number in fill-in 22 and hours in fill-ins 23 and 24.

NOTE: Use Sel. A to tell the taxpayer what additional information is needed.

NOTE: Use Sel. B, C, D, E or F only if addressing additional

issues.

Letter 3339C (Rev. 11-2010)

sample