Internal Revenue Service

Department of the Treasury

			Plan Name:
Date:			Plan Number
			Form(s):
-			Plan Year Ended:
			Person to Contact/ID Number:
			Contact Telephone/(Fax Number):
Dear Sir or Madam:			
We are examining your retirement plan for the above year and find we need additional information. The information needed is shown in the paragraphs checked on the enclosed form(s). You may also furnish any other documents or explanatory material that you believe will be helpful for our review.			
☐ Please send this information within 30 days from the date of this letter. Copies are acceptable as long as they are readable.			
□ We	have scheduled an appointment for the examin	nation of yo	ur return(s) as follows:
Da	ite:		
Tir	me:		
Lo	ocation:		
required t necessary financial	01.6058-1(c)(3) of the Income Tax Regulations to be furnished by this section, the district may to determine allowable deductions under section condition and operation of the plan." Failure to sequalified status.	require any on 404, qua	further information that is considered lification under section 401, or the
If you would like someone else to represent the plan during this examination, you must submit a written			

power of attorney or tax information authorization. Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization, whichever is appropriate, may be used for this purpose.

(over)

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter. When you send any requested information or write to us with questions about this letter, please provide your telephone number and the most convenient time for us to call if we need more information
Thank you for your cooperation.
Sincerely yours,
Enclosures: Envelope Comparison of the compari