



IRS Department of the Treasury
Internal Revenue Service

333 West Pershing Stop N-1 6120
Kansas City MO 64108

OMB Clearance No.: 1545-0074

In reply refer to: 0927888939
Aug. 10, 2020 LTR 12C 0 R
305-45-2275 201912 30
Input Op: 0927888939 00017270
BODC: SB

NEELIMA KONDA
404 HARRODSOOD RD APT 8
FRANKFORT KY 40601

028717

Social Security number: 305-45-2275
BATCH 30382,47 14221-483-30689-0

Dear Taxpayer:

We received your Dec. 31, 2019, Form 1040 federal individual income tax return, but we need more information to process the return accurately. Unless required otherwise, send us your reply within 20 days from the date of this letter.

Enclose only the information requested and any forms, schedules or other information required to support your entries and a copy of this letter. Don't send a copy of your return unless we ask you to do so. Don't respond with a Form 1040X, Amended U.S. Individual Income Tax Return. We'll issue any refund due to you in 6 to 8 weeks from the time we receive your response. If we don't receive a response from you, we may have to increase the tax you owe or reduce your refund.

Find tax forms or publications by visiting www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

According to our records, advance payments of the premium tax credit were made for health care coverage from the Health Insurance Marketplace for you or someone listed on your return. If this is the case, you must use Form 8962, Premium Tax Credit, to reconcile the advance credit payments with the amount of the premium tax credit you are allowed for the year.

You should have received a Form 1095-A, Health Insurance Marketplace Statement, from the Health Insurance Marketplace. Refer to the Form 1095-A and Form 8962 instructions to help you complete Form 8962. If you didn't receive a Form 1095-A, visit www.healthcare.gov or your state Marketplace website.

Send us the following documents:

- a completed Form 8962
- a copy of your Form 1095-A

If you don't reconcile, you won't be eligible for advance payments of the premium tax credit or cost-sharing reductions to help pay for your Marketplace health insurance coverage and other medical expenses in future years. You may also be required to pay back all or part of the

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advance payments, which could result in an additional tax due or a reduction of your refund.

If you have questions, visit www.irs.gov/ltr0012C or call at 866-682-7451, extension 568.

If you have questions about this letter, call the appropriate telephone number listed below:

- 800-829-0922 (Individual-Wage Earners)
- 800-829-8374 (Individual-Self Employed/Business Owners)
- 800-829-4059 (Telecommunication Device for the Deaf, TDD)
- +1-267-941-1000 (Outside of the United States), not toll-free

If you prefer, you can write to us at the address shown at the beginning of this letter.

If you want to send the information by fax, our fax number is 855-892-7588. Due to the high volume, we can't acknowledge receipt of your fax. Your faxed signatures will become a permanent part of your filing. Don't send another copy by mail. Doing so could delay the processing of your return. Be sure to put your taxpayer identification number on each page faxed. Include a cover sheet with the following information:

Date: _____
Attention: ICO Rejects Team KCSPC
BATCH: 30382,47
Control number: 14221-483-30689-0

Your name: _____
Your taxpayer ID: _____
(Social Security or individual taxpayer identification number)

Tax period: _____
Number of pages faxed: _____

If you didn't file your tax return electronically and your filing requirements allow you this option, please consider this in the future. The e-file program will guide you through the steps of completing your tax return, so that you can help to avoid correspondence delays. For more information about electronic filing, ask your tax preparer or visit www.irs.gov.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

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Keep a copy of this letter and any documents you send us with this response for your records.

Thank you for your cooperation.

Sincerely yours,


Sherry Mueller
Operations Mgr., Input Corrections

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Enclosures:
Copy of this letter
Envelope



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CUT OUT AND RETURN THE VOUCHER BELOW IF YOU HAVE AN INQUIRY OR A RESPONSE.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

The IRS address must appear in the window.
14221-483-30689-0 0927888939
BODCD-SB BATCH 30382,47

Use for inquiries only
Letter Number: LTR0012C
Letter Date : 2020-08-10
Tax Period : 201912



305452275

INTERNAL REVENUE SERVICE
333 West Pershing Stop N-1 6120
Kansas City MO 64108


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404 HARRODSOOD RD APT 8
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