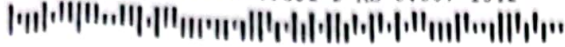


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MANJUNATH GUNDE PANGA
3560 FLORA VISTA AVE APT 322
SANTA CLARA CA 95051

041403

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.
16221-505-29908-3 0426727000
BODCD-

Use for inquiries only

Letter Number: LTR0012C
Letter Date : 2023-05-04
Tax Period : 202112



*****7709

INTERNAL REVENUE SERVICE
AUSC
AUSTIN TX 73301-0034

MANJUNATH GUNDE PANGA
3560 FLORA VISTA AVE APT 322
SANTA CLARA CA 95051



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In reply refer to: 0426727000

May 04, 2023 LTR 12C 0 R

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MANJUNATH GUNDE PANGA
3560 FLORA VISTA AVE APT 322
SANTA CLARA CA 95051

Social Security number: ***-**-7709
16221-505-29908-3

Dear Taxpayer:

We received your Dec. 31, 2021, 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 we 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 1040-X, 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 or 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 (PTC), 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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May 04, 2023 LTR 12C 0 R
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MANJUNATH GUNDE PANGA
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SANTA CLARA CA 95051

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 866-682-7451, extension 568.

You can fax your information to 844-254-2836 using either a fax machine or an online fax service. Protect yourself when sending digital data by understanding the fax service's privacy and security policies. 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 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 AUSPC

Control number: 16221-505-29908-3

Your name

Your taxpayer ID (Social Security or individual taxpayer identification number)

Tax period

Number of faxed pages

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 at the top of the first page of this letter.

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/efile.

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

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3560 FLORA VISTA AVE APT 322
SANTA CLARA CA 95051

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,

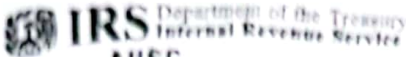


Shane Perry
Department Manager, ICO ERS/Rejects

BATCH .
16221-505-29908-3

Enclosures:
Copy of this letter
Envelope

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OMB Clearance No.: 1545-0074

In reply refer to: 0426727000

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Social Security number: ***-**-7709
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Thank you for your cooperation.

Sincerely yours,



Shane Perry
Department Manager, ICO ERS/Rejects

BATCH .
16221-505-29908-3

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Copy of this letter
Envelope

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