Form **14764** (April 2017)

Department of the Treasury - Internal Revenue Service

ESRP Response

Complete both sides of this form and return it to the address below so that we receive it by [, An envelope has been enclosed for your convenience. To request more time to respond, call us at 1-[XXX-XXX-XXXX].

Return form to: Department of the Treasury Internal Revenue Service Group 2219 7300 Turfway Road, Suite 410 Florence, KY 41042

Provide Your Contact Information		
Name		
Address (if you changed your address, make the ch	hanges below)	
Primary telephone number	Best time to	rall
initially suspendent indirect	Dest article	Valle .
Secondary telephone number	Best time to	call
Indicate Your Agreement or Disagreement		
Agreement with proposed assessment		
I consent to the assessment and collection of the	he of the proposed assessme	nt of the ESRP in the amount of [\$0.00]
Signature	- 1	Date
Print name and title of the person who signed above	9	
Partial/Total disagreement with proposed asses	sment	
I disagree with part or all of the proposed asset	ssment of the ESRP	
Indicate Your Payment Option (check all tha	t apply)	
Full payment using EFTPS on		
Partial payment using EFTPS on	_	
Enclosed full payment of \$		
Enclosed partial payment of \$		
No payment		
Write your employer ID number	, the tax year and	ESRP on your payment and any correspondence
Make your check or money order payable to the L	Inited States Treasury.	

					-
Autho	riza	tion	(OB	terre	(1453)

If you would like to authorize someone, in addition to you, to contact the IRS concerning this proposed ESRP matter, please include the person's information, your signature, and the date.

The authority granted is limited as indicated by the statement above the signature line. The contact may not sign returns, enter into agreements, or otherwise represent you before the IRS. If you want to have a designee with expanded authorization, see IRS Publication 947. Practice Before the IRS and Power of Attorney.

Publication 947, Practice Before the			raignee with exp	anueu authorizat	ion, see into
Full name of authorized person					
Address					
City	State		Country		Zip code
Primary telephone number		Best time to	call		
Secondary telephone number		Best time to	call		
authorize the person listed above to	discuss and provide in	nformation to the IRS	about this letter		
Signature				Date	
Print name and title of the person wh	o signed above				

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Employee Premium Tax Credit (PTC) Listing

Any month not highlighted is a month that the employee received a PTC and no safe harbor or other relief from the ESRP was applicable. The employee is an assessable full-time employee for that month.

Employer name										Employe	Employer ID number	9	Tax year		
Employee Name (last. first)	SSN (last 4 digits)	All 12 months Indicator Codes (Form 1095-C, Ilnes 14 and 16 combined)	Jan	Feb	Mar	Apr	Мау	Jun	й	Aug	Sep	Oct	Nov	Dec	Additional Information Attached
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