




PO BOX 24035
FRESNO CA 93779-4035


** IF YOU HAVE ANY QUESTIONS, **
** REFER TO THIS INFORMATION: **
NUMBER OF THIS NOTICE: CP-518
DATE OF THIS NOTICE: 05-29-2006
TAXPAYER IDENT. NUM: 
TAX FORM: 1040 
TAX PERIOD: 12-31-2004

YOUR TAX RETURN IS OVERDUE - PLEASE CONTACT US IMMEDIATELY

Our records show that we have not received the following tax return(s) from you.

Form Number: 1040
Title: US INDIVIDUAL INCOME TAX RETURN
Tax period(s): 12-31-2004

1. We request you file your return immediately and pay in full any tax due.
2. If you cannot pay in full, contact us to make arrangements to pay the balance.
3. Failure to file your return and pay any tax due can result in the following:
 - further administrative action, including, but not limited to, assessing your tax based on information we have received, and
 - additional civil and criminal penalties.

If you believe you are not required to file, or if you have previously filed, please contact us at 1-800-829-0922.

If you are out of the country and need assistance, please call 01-215-516-2000 (not a toll free number).

If you need tax forms, call 1-800-TAX-FORM, or visit our Web Site at www.irs.gov.

*** SELF-EMPLOYMENT TAX ***

You reported self-employment tax on your prior tax return. Please read the instructions for reporting self-employment tax on Schedule SE (Form 1040), Social Security Self-Employment Tax. Note: In order to get Social Security credit for your self-employment earnings, you need to file tax returns within 3 years, 3 months, and 15 days after the end of the calendar year in which you earned the

NUMBER OF THIS NOTICE: CP-518
DATE OF THIS NOTICE: 05-29-2006
TAXPAYER IDENT. NUM: [REDACTED]
TAX FORM: 1040 [REDACTED]
TAX PERIOD: 12-31-2004

[REDACTED]

self-employment income.

NUMBER OF THIS NOTICE: CP-518
DATE OF THIS NOTICE: 05-29-2006
TAXPAYER IDENT. NUM: [REDACTED]
TAX FORM: 1040
TAX PERIOD: 12-31-2004

"Information About Your Return"

PLEASE COMPLETE AS NECESSARY AND RETURN THIS ENTIRE PAGE

A. If you are not required to file, please complete this section:

My filing status was:

- Single Head of Household
 Married Filing Jointly Married Filing Separately
 Qualified Widow(er) With Dependent Child

Check the item(s) that apply to your situation:

- I was 65 or older Blind
 My spouse was 65 or older Blind
 I could be claimed as a dependent on another's return

My total income for the tax period shown above was \$_____.
Tell us why you are not required to file the tax return listed
above:

B. If you have already filed a return, please fill out this section:
Names shown on my tax return (if different than above) are:

My Social Security Number(SSN) shown on the return _____
My spouse's SSN (if you filed a joint return) _____
Form: _____ Tax Years: _____ Date filed: _____

C. If your spouse is deceased, complete this section:

Name of deceased spouse _____
SSN of this spouse _____ Date of death _____

D. If you have a credit on this letter, complete this section:

- Refund the credit balance. You must file a return to get
a refund of your credit.
 Apply the credit to the tax return, tax year and SSN on
this letter. My return is enclosed.
 Apply the credit to another tax return, tax year, and SSN
below:

Tax Form: _____ Tax Period: _____ SSN: _____

Please include your telephone number(s), with your area code
and the best time to call you.

TELEPHONE NUMBER (____) _____ HOURS _____
TELEPHONE NUMBER (____) _____ HOURS _____

Under penalties of perjury, I declare that, to the best of my
knowledge and belief, the information provided on this form is
true, correct, and complete.

Signature

Date