Alabama Department of Revenue additional information needed tax notice
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State of Alabama
Department of Revenue
(www.revenue.alabama.gov)
50 North Ripley Stree
Montgomery, Alabama 36132

Letter Id: XXXXXXXX

May 9, 2014

FIRST M. & FIRST M. LAST
STREET ADDRESS
ATHENS, AL 35613-7034

Subject: Individual Income Tax
Tax Period: 12/31/2013

A review of your Alabama income tax return for the year 12/31/2013, indicated that additional information is needed.

Submit a paper copy of your original W-2 Form(s) as issued by UNIVERSAL LIMITED to verify certain information. If this form is not available, request a duplicate from you employer(s).

Submit copies of cancelled checks or receipts to substantiate all medical expenses claimed on Schedule A of your tax return. Only submit the items that indicate what you actually paid during the year. Insurance summary forms will not be accepted. For drug expenses, submit an itemized computer listing from your pharmacist.

Submit the following: (1) a letter from your employer verifying that the job expenses claimed on Schedule A were incurred in the performance of your job and that you were not reimbursed for these expenses, (2) copies of cancelled checks and receipts for job expenses, and (3) mileage log indicating the date, location, number of miles, and the business reason.

Submit the information requested to the address below by June 08, 2014. Failure to provide the information may reduce your refund, result in the denial of your refund, or increase the tax due. A copy of this letter must be attached for identification purposes.

If you are unable to provide substantiation of the items requested, please circle one of the choices below, sign your name on the line provided below, and return this letter to the address indicated below.

A.   I am unable to provide substantiation of the items requested above. Please process my return without this information.

B.   I am unable to provide substantiation of the items requested above. Please process my return using the standard deduction.

Signature_____