



AUSTIN PROCESSING CENTER  
P O BOX 15264  
AUSTIN TX 78761-5264

~~NEW ADDRESS BECAUSE OF~~  
13151 WOODTREK  
HOUSTON TX 77015

Notice	CP2000
Tax Year	2015
Notice Date	2016-08-26
Social Security	<del>810883265</del>
To contact us	<del>18008291964</del>
Your Caller ID	336524
Page 1 of 2	18G

Changes to your 2015 Federal Income Tax Return

**Balance due: \$325.00**

As a result of examination we have made adjustments to your federal income tax return for the tax year ending 12-2015. As a result, you owe the amount indicated above.

Please pay immediately to avoid additional interest and penalties.

**Summary**

Balance before this change	\$0.00
Increase in tax	\$325.00
Balance due	\$325.00

**What you need to do**

**If you agree with the changes we made**

- Send us your payment as soon as possible for the total amount due indicated above. Make your check or money order payable to "I.R.S." and mail it to the address indicated on the payment coupon.

**If you do not agree with the changes**

- You may send us your payment immediately to avoid additional interest and penalties. Please write a short explanation telling us why you disagree and enclose it with your payment. If we determine you did not owe this balance, we will process the refund with your next income tax refund or credit it to any future balance due you may have.
- If we do not hear from you within 30 days of the date of this notice, we will assume you agree with the changes we made.

*should be United States Treasury*

*wrong*

**Explanation**

**The Affordable Care Act (ACA)**

- Starting January 2014, you and your family must either have health insurance coverage throughout the year, qualify for an exemption from coverage, or make a payment when you file your 2014 federal income tax return in 2015. Many people already have qualifying health insurance coverage and do not need to do anything more than maintain that coverage in 2014.
- Qualifying coverage includes coverage provided by your employer, health insurance you purchase in the Health Insurance Marketplace, most government-sponsored coverage, and coverage

you purchase directly from an insurance company. However, qualifying coverage does not include coverage that may provide limited benefits, such as coverage only for vision care or dental care, workers' compensation, or coverage that only covers a specific disease or condition.

- For any month in 2014 that you or any of your dependents don't maintain coverage and don't qualify for an exemption, you will need to make an individual shared responsibility payment with your 2014 tax return filed in 2015.

#### **Individual Shared Responsibility Payment**

- If you (or any of your dependents) do not maintain coverage and do not qualify for an exemption, you will need to make an individual shared responsibility payment with your return. In general, the payment amount is either a percentage of your income or a flat dollar amount, whichever is greater. You will owe 1/12<sup>th</sup> of the annual payment for each month you (or your dependents) do not have coverage and are not exempt. The annual payment amount for 2015 is \$325.

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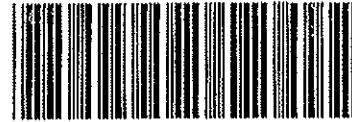
## **Additional Information**

- Visit [www.irs.gov/CP2000](http://www.irs.gov/CP2000)
  - For tax forms, instructions and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676)
  - Keep this notice for your records.
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Department of the Treasury  
Internal Revenue Service

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13151 WOODTREK  
HOUSTON TX 77015

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU HAVE AN INQUIRY.



The IRS Address must appear in the window.

*Use for payments*

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13151 WOODTREK  
HOUSTON TX 77015

Letter Number: LTR0105C  
Letter Date: 2016-08-22  
Tax Period: 201512  
Amount Due: \$325.00

Amount Paid:

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PO BOX 15264  
AUSTIN TX 78761-5264