



Department of the Treasury  
Internal Revenue Service  
HOLTSVILLE, NY 00501-0030

02

001384

B0D CD-SB

\*\* IF YOU HAVE ANY QUESTIONS, \*\*  
\*\* REFER TO THIS INFORMATION: \*\*

NUMBER OF THIS NOTICE: CP-515  
DATE OF THIS NOTICE: 06-10-2002  
TAXPAYER IDENT. NUM: [REDACTED]  
TAX FORM: 1040 200230  
TAX PERIOD: 12-31-2000



DAVID P FONTAINE

Rx #01  
6/10/02

REQUEST FOR YOUR TAX RETURN

We have no record of receiving the following tax return:

Form Number: 1040 Tax Period: ENDING: 12-31-2000  
Title: US INDIVIDUAL INCOME TAX RETURN

The information below has been reported to us by some of your payers and may not be all-inclusive. Please be sure to report all of your income when filing your tax return.

1. Wages:	\$	18702
2. Withholding:	\$	1525
3. Pension:	\$	6000
4. Dividends:	\$	8
5. Interest:	\$	30
6. Non-Employee Compensation:	\$	0
7. Stock Sales:	\$	0
8. Social Security:	\$	0
9. Rents & Royalties:	\$	0
10. Other Income:	\$	0

If you have not filed this tax return, please:

- prepare your tax return
- sign the return
- attach your payment for any tax due
- send it to us today.

If you cannot pay the entire amount when you file this return:

- send as large a payment as you can
- contact us to make arrangements to pay the balance.

If you are due a refund you must file within:

- 3 years from the due date of the return or
- 2 years from the date the tax was paid, whichever is later.

If you filed this tax return more than 8 weeks ago please:

- send us a copy of it



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[REDACTED]

Rx #01

- sign it or re-sign it
- date it.
- allow 6 to 8 weeks to process your return.

If you filed this tax return less than 8 weeks ago, please disregard this letter.

If you believe you are not required to file, please tell us why by completing the "Information About Your Tax Return", at the end of this notice.

We will contact you again if:

- we need additional information
- we need clarification of your response or
- we determine you are required to file.

If you need assistance, call 1-800-829-1040.

If you need tax forms, call 1-800-TAX-FORM, or visit our Web site at: [www.irs.gov](http://www.irs.gov).

Hours of Operation are: Monday-Friday 7:00 AM to 11:00 PM

KEEP THE TOP PART FOR YOUR RECORDS

DETACH HERE

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Send us this part with your reply in the envelope provided.

Number of Notice:(s) CP-515 200012

Date of Notice: 06-10-2002 FONT

FORM	FR	LPS	TC	LRA	CC	Taxpayer ID Num:	[REDACTED]	30
						0003602	PC-	B0D CD-SBW
PY9 DF-			FS-2	EX-		200222	200222	200230 019
AG+000000000			WH00000000	CC		21000000	PLC 0421	BWI-0
SSN033402061			EIN			SEL-13	19511224	ADD00

DAVID P FONTAINE

[REDACTED]

INTERNAL REVENUE SERVICE  
HOLTSVILLE, NY 00501-0030



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DAVID P FONTAINE

R# # 01

"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 \_\_\_\_\_