

ESRP Response

Complete both sides of this form and return it to the address shown on the letter received.

Provide Your Contact Information

Name

Address (if you changed your address, make the changes below)

City	State	Country	Zip code
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Primary telephone number	Best time to call
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 proposed assessment of the ESRP in the amount of [\$0.00]

Signature	Date
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Print name and title of the person who signed above

Partial/Total disagreement with proposed assessment

I disagree with part or all of the proposed assessment of the ESRP

Indicate Your Payment Option (check all that 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 ([NN-NNNNNNN]), the tax year [(2015)] and ESRP on your payment and any correspondence.
- Make your check or money order payable to the United States Treasury.

Authorization (optional)

If you would like to authorize someone, in addition to you, to contact the IRS concerning this proposed ESRP matter, 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.

Full name of authorized person

Address

City	State	Country	Zip code
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Primary telephone number	Best time to call
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Secondary telephone number	Best time to call
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I authorize the person listed above to discuss and provide information to the IRS about this letter.

Signature	Date
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Print name and title of the person who signed above
