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GORDON K MCWORKMAN TR FBO PETER T


CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.


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

The IRS address must appear in the window.
1481055555

BODCD-NOBOD

Use for inquiries only

Letter Number: LTR6042C
Letter Date : 2020-07-22
Tax Period : 201912

INTERNAL REVENUE SERVICE
Ogden Service Center
OGDEN UT 84201-0062




466113502

GORDON K MCWORKMAN TR FBO PETER T



466113502 XP MCW0 05 2 201912 670 0000000000

The IRS address must appear in the window.
1481055555

BODCD-NOBOD

Use for payments

Letter Number: LTR6042C
Letter Date : 2020-07-22
Tax Period : 201912

INTERNAL REVENUE SERVICE
KANSAS CITY MO 64999-0204




466113502

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Department of the Treasury
Internal Revenue Service

Ogden Service Center
OGDEN UT 84201-0062

In reply refer to: 1481055555
July 22, 2020 LTR 6042C 0
[REDACTED] 201912 05
Input Op: 1381469658 00020062
BODC: NOBOD

GORDON K MCWORKMAN TR FBO PETER T
[REDACTED]

Employer identification number: [REDACTED]
Tax Periods: Dec. 31, 2019
Forms: 1041
Contact telephone number: 866-237-8828
Contact fax number: 844-201-5531

Dear Taxpayer:

We received federal tax returns for the entity name and employer identification number (EIN) listed above. We need more information about this entity for us to process the returns.

Please send the information requested below within 30 days from the date of this letter. Mail or fax your response using the information at the top of this letter.

If you aren't affiliated with this entity or aren't the responsible party for it, select one of the statements below, sign the declaration statement at the end of this letter, make a copy for your records, and send us the original.

- I have never been affiliated with this entity.
- I am no longer affiliated with this entity. Date and the reason the affiliation ended.

Date: _____ Reason: _____

If you are affiliated with this entity, provide the following:

1. Write the entity's EIN and any associated taxpayer identification numbers (TINs) for this entity, including the number of the grantor or decedent (as applicable):

2. Month and year the EIN was obtained from the IRS: _____

3. Type of entity:
 - Trust - provide photocopy of the notarized trust
 - Estate - provide photocopy of death certificate

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████████████████████
████████████████████
████████████████████

___ Other - specify: _____

4. Provide any associated addresses used within the last 5 years, if different than the current address:

5. Name and TIN, SSN, or EIN of responsible party:

Name: _____ TIN: _____

6. Did the entity have employees during Dec. 31, 2019? ___Yes ___ No
If yes, number of information returns filed under the entity's EIN:

___ Form W2: _____
___ Form 1099-MISC: _____
___ Other, list form and number filed: _____

If we don't hear from you, we may not be able to process these returns, issue refunds or apply overpayments to next year's estimated tax.

If the responsible party for this entity has changed, submit Form 8822-B, Change of Address or Responsible Party - Business, with this response. Entities with an EIN are required to provide us with updated information.

ADDITIONAL INFORMATION

- You can find the forms or publications mentioned in this letter by visiting www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).
- Publication 5027, Identity Theft Information for Taxpayers
- Form 8822-B, Change of Address or Responsible Party - Business

If you have questions, you can call the number at the top of this letter or visit our website at www.irs.gov/ltr6042c.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

1481055555

July 22, 2020 LTR 6042C 0

██████████ 201912 05
Input Op: 1381469658 00020064

GORDON K MCWORKMAN TR FBO PETER T

██████████

Thank you for your cooperation.

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Sincerely yours,

Integrity & Verification Operations

Integrity & Verification Operations
Program Manager, IVO

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July 22, 2020 . LTR 6042C 0

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Input Op: 1381469658 00020065

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[REDACTED]



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DECLARATION

Under penalties of perjury, I declare that I have examined the information referred to in this letter, and to the best of my knowledge and belief it is true, correct, and complete. I understand that this declaration will become a permanent part of the record.

Signature

Date

Providing false information on this form can result in penalties.

Please provide your contact information in case we have questions regarding your response.

Contact name: _____

Telephone number () _____ Hours _____