

Form **12203**
(August 2022)

Department of the Treasury - Internal Revenue Service

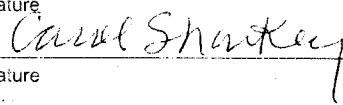
Request for Appeals Review

This form is to be used to request an Appeals review upon completion of an examination (audit) if you do not agree with our proposed changes from the audit. Complete the information in the spaces below, including your signature and the date.

| | | | |
|--|-------------------|---|--|
| Taxpayer name(s) Carol L. Sharkey | | Taxpayer Identification Number(s) 236-76-0560 | |
| Mailing address 106 Crickett Court | | Tax form number 1040 | |
| City Saint Peters | | Tax period(s) ended 12/31/2020 | |
| State MO | ZIP Code 63376 | | |
| Your telephone number(s) (423) 482-9737 | | Best time to call 9:00 a.m. - 3:00 p.m., Monday - Friday | |

Identify the item(s) (for example: filing status, exemptions, interest or dividends) you disagree with in the proposed change or assessment report you received with the enclosed letter. Tell us why you disagree. You can add more pages if this is not enough space.

| Disagreed item | Reason why you disagree |
|---------------------------------|--|
| Mileage of 7,850 business miles | TP gave est. mileage in testimony and maintenance records for one vehicle w/odometer readings. TP also gave actual mileage log showing accurate, legitimate, total miles driven for Sch C business. Personal miles and/or S-Corp miles have no bearing on Sch C miles submitted. Maint. record odometer readings are for only 1 car. TP used multiple vehicles to drive for Sch C business |
| Disagreed item | Reason why you disagree |
| Disagreed item | Reason why you disagree |
| Disagreed item | Reason why you disagree |

| | | |
|--------------------------------------|---|--------------------|
| Name of Taxpayer Carol L. Sharkey | Signature  | Date 01/22/2024 |
| Name of Taxpayer | Signature | Date |

Name and signature of authorized representative (If a representative is signing this form, please attach a copy of your completed Form 2848, Power of Attorney and Declaration of Representative.)

| | | |
|-------------------------|--|--------------------|
| Name David W Collins | Signature  | Date 01/22/2024 |
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|-----------------------|-------------------|
| Your telephone number | Best time to call |
|-----------------------|-------------------|