

Claim for Refund and Request for Abatement

OMB No. 1545-0024

▶ See separate instructions.

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- (b) an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

Do not use Form 843 if your claim or request involves:

- (a) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s) ██████████	Your social security number ██████████
Address (number, street, and room or suite no.) ██████████	Spouse's social security number ██████████
City or town, state, and ZIP code ██████████	Employer identification number (EIN) ██████████
Name and address shown on return if different from above	Daytime telephone number ██████████
1 Period. Prepare a separate Form 843 for each tax period or fee year. From 01/01/2007 to 12/31/2007	2 Amount to be refunded or abated: \$ 507.98

3 Type of tax or fee. Indicate the type of tax or fee to be refunded or abated or to which the interest, penalty, or addition to tax is related.

- Employment
 Estate
 Gift
 Excise
 Income
 Fee

4 Type of penalty. If the claim or request involves a penalty, enter the Internal Revenue Code section on which the penalty is based (see instructions). IRC section: **6651(a)(2) or 6651(a)(3)**

5a Interest, penalties, and additions to tax. Check the box that indicates your reason for the request for refund or abatement. (If none apply, go to line 6.)

- Interest was assessed as a result of IRS errors or delays.
 A penalty or addition to tax was the result of erroneous written advice from the IRS.
 Reasonable cause or other reason allowed under the law (other than erroneous written advice) can be shown for not assessing a penalty or addition to tax.

b Date(s) of payment(s) ▶ see attached account transcript

6 Original return. Indicate the type of fee or return, if any, filed to which the tax, interest, penalty, or addition to tax relates.

- 706 709 940 941 943 945
 990-PF 1040 1120 4720 Other (specify) ▶

7 Explanation. Explain why you believe this claim or request should be allowed and show the computation of the amount shown on line 2. If you need more space, attach additional sheets.

The taxpayer is requesting penalty abatement and refund of the full delinquency penalty on their 200712 1040/MFT 30 under the first time abate policy. Pursuant to the 04/05/2013 IRM procedural update, First Time Abate Policy Modified, taxpayers must be current with filing and payment requirements. The taxpayer is currently compliant and is in and installment agreement to pay all remaining balances in full over time. The three years preceding the 2003/12 tax period for which the abatement is requested, had no penalties. Per, IRM(s)/SUBSECTION(s): 20.1.1.3.6.1, the taxpayer qualifies for abatement of all failure to file and failure to pay penalties on the 200312 1040 tax period.

Signature. If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the claim. Claims filed by corporations must be signed by a corporate officer authorized to sign, and the officer's title must be shown.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature (Title, if applicable. Claims by corporations must be signed by an officer.) _____ Date _____

Signature (spouse, if joint return) _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name ██████████	Preparer's signature ██████████	Date ██████████	Check <input type="checkbox"/> if self-employed	PTIN ██████████
	Firm's name ▶ Tax Defense Network			Firm's EIN ▶ ██████████	
	Firm's address ▶ 13901 Sutton Park Dr. S. Ste 220, Jacksonville, FL 32224			Phone no. ██████████	