**NAME**

Tax Defense Network Affiliated Partner

**ADDRESS**

**DATE**

RE: **CLIENT NAME** – SSN: **XXX-XX-XXXX**

Dear Reviewing Agent,

Please find the enclosed information. It has been submitted in request of a **Currently Non-Collectable Status** as defined by IRM § 5.16.1.2.9.

Enclosed are the following documents:

* Collection Information Statement Form 433-F showing an inability to make payments

***ENTER CASE SPECIFIC REASONS FOR CNC***

Please contact me directly with any question regarding either this request or this account in general. My contact information is listed at the top of this page.

Thank you,