Form **15105** (June 2017)

Department of the Treasury - Internal Revenue Service

No Breakdown of Liability By Abstract Number on Form 720

Complete this form and send it to us in the enclosed envelope.

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Contact information						
Employer Identification Number	Business name	iness name			Tax period(s)	
If your address has changed, pro	ovide the current addre	ss below, ca	ll 1-866-699-4096 or visit www.ir	s.gov		
Address			City		State	ZIP code
Primary telephone number	Best time to call	a.m.	Secondary telephone number	Best time to	call	a.m.
		p.m.				p.m.
Tax Breakdown						
Type of tax			Amount	IRS number		
Type of tax			Amount	IRS number		
Type of tax			Amount	IRS number		
			-			

Mail your response to us within 30 days from the date of the attached notice. If you're using your own envelope, mail your package to the address shown on the notice.