

Form **15105**

# No Breakdown of Liability By Abstract Number on Form 720

(June 2017)

Department of the  
Treasury

Internal Revenue  
Service (99)



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

Contact information

Employer Identification Number	Business name	Tax period(s)
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If your address has changed, provide the current address below, call 1-866-699-4096 or visit [www.irs.gov](http://www.irs.gov)

Address		City	State	ZIP code
Primary telephone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Secondary telephone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> 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.