

Form **4810**  
(Rev. April 1998)

Department of the Treasury—Internal Revenue Service  
**Request for Prompt Assessment  
Under Internal Revenue Code Section 6501(d)**  
*(Please see instructions on reverse)*

OMB Clearance Number  
1545-0430

To  Director, Internal Revenue Service	Kind of tax
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Tax returns for which prompt assessment of any additional tax is requested

Form Number	Tax Period Ended	Social Security or Employer Identification Number	Name and Address Shown on Return	Internal Revenue Service Office Where filed	Date Filed

Remarks

<i>If applicable, please provide the following information</i> ▶	Spouse's name <i>(surviving or deceased)</i>	Spouse's social security number

If the forms listed above are corporation income tax returns, please check one of the boxes below

- |  |   |
|--|---|
| <input type="checkbox"/> Dissolution has been completed.   | <input type="checkbox"/> Dissolution has not begun but is expected by the expiration of the 18-month period of limitation; dissolution will begin before the period expires and will be completed either before or after that period expires. |
| <input type="checkbox"/> Dissolution has begun and will be completed either before or after the 18-month period of limitation. |   |

I have attached the following item(s) to help expedite action on my request:  <input type="checkbox"/> Letters testamentary, or <input type="checkbox"/> Letters of administration <input type="checkbox"/> Copies of returns listed above (See " <b>What to File</b> " on the back)  <input type="checkbox"/> Other:	Requester's name and address	
	Requester's signature	Date
	Title	

I request a prompt assessment of any additional tax for the kind of tax and periods shown above, as provided by section 6501 (d) of the Internal Revenue Code.