



Department of Treasury
Internal Revenue Service

[REDACTED]

[REDACTED]

Notice	CP15H
Tax year	2014
Notice date	June 2, 2015
Social Security number	[REDACTED]
To contact us	[REDACTED]
Your caller ID	1 [REDACTED]
	[REDACTED]

We charged you a shared responsibility payment for not having minimum essential health coverage

Amount due: [\$ [REDACTED]]

Our records show you have an unpaid shared responsibility payment for the tax year ending [REDACTED]. The law allows us to assess this payment for not having minimum essential health coverage for you and, if applicable, your dependents.

As a result, your balance is \$ [REDACTED]. The balance shown is due immediately.

Billing Summary

Shared responsibility payment you owe	[\$ [REDACTED] 0]
Amount due by [REDACTED]	[\$ [REDACTED]]

What you need to do immediately

Pay immediately

- Send us the amount due of [\$ [REDACTED]] by [REDACTED], to avoid interest charges.

Continued on back...



[REDACTED]

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Contact information

INTERNAL REVENUE SERVICE

[REDACTED]

If your address has changed, please call 1- [REDACTED] or visit www.irs.gov.
 Please check here if you've included any correspondence. Write your Social Security number [REDACTED] the tax year [REDACTED], and (\$ [REDACTED] on any correspondence.

Primary phone ----- Best time to call a.m. --- Secondary phone ----- Best time to call a.m. ---

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What you need to do immediately—
continued

Pay immediately—**continued**

- If you can't pay the amount due, pay as much as you can now and make payment arrangements that allow you to pay off the rest over time. Visit www.irs.gov/payments for more information about:
 - Installment and payment agreements—download required forms or save time and money by applying online if you qualify
 - Automatic deductions from your bank account
 - Payroll deductions
 - Credit card payments

Or, call us at [1- [REDACTED]] to discuss your options.

[You will need to complete Form [9465] prior to setting up any long-term payment plan. Please have this form completed prior to your call to set up your installment agreement. This will assist us in handling your call more efficiently.]

[You will need to complete Form 433-F prior to setting up any long-term payment plan. Please have this form completed prior to your call to set up your installment agreement. This will assist us in handling your call more efficiently.]

If you think there's been a mistake

- Call [1- [REDACTED]] to review your account. You can also contact us by mail. Fill out the Contact information section, detach, and send it to us with any correspondence or documentation.

If you've already paid your balance within 14 days or made payment arrangements, please disregard this notice.

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Payment

- Make your check or money order payable to the United States Treasury.
- Write your Social Security number [REDACTED], the tax year [REDACTED], and (SRP) on your payment and any correspondence.

INTERNAL REVENUE SERVICE



**Amount due by
June 23, 2015**

\$ [REDACTED]



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If we don't hear from you

If you don't pay [\$ [REDACTED]] by [REDACTED] interest will be added. The shared responsibility payment (SRP) amount you owe is the assessed payment for not securing minimum essential health insurance for you and, if applicable, your dependents per Internal Revenue Code Section 5000 - Individual Shared Responsibility Payment. The SRP amount you owe is not subject to a Notice of Federal Tax Lien filing, a levy, or the failure-to-pay penalty. However, interest will continue to accrue until you pay the total SRP balance due. We may apply your federal tax refunds to the amount you owe, including the SRP balance, until it is paid in full.

Our authority for charging this payment

Internal Revenue Code section 5000A; Individual shared responsibility payment. The shared responsibility payment amount is based on the number of months during the tax year that you or any dependent didn't have minimum essential health coverage or qualify for an exemption.

[For 2014, the annual payment amount is the greater of

- 1% of household income that is above your tax return filing threshold, or
- A flat dollar amount, which is \$ [REDACTED] per adult and [REDACTED] per child, limited to a family maximum of \$ [REDACTED]

The shared responsibility payment cannot exceed the national average premium for a bronze level health plan available through the Marketplace. Visit www.Healthcare.gov for more information on levels of coverage and exemption qualifications.

Additional Information

- Visit www.irs.gov/cp15h.
- For information about the shared responsibility payment, visit irs.gov/aca and Healthcare.gov.
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.
- This bill reflects only the shared responsibility payment, which is for failure to have minimum essential health coverage. You may receive additional notices regarding your income tax liability, as appropriate.

[REDACTED]

If you need assistance, please don't hesitate to contact us.