



Department of the Treasury
Internal Revenue Service

[Redacted]

[Redacted]

| | |
|--------------------|------------|
| Notice | CP267B |
| Fee year | [Redacted] |
| Notice date | [Redacted] |
| Employer ID number | [Redacted] |
| To contact us | [Redacted] |
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Message about your payment of the Annual Fee on Health Insurance Providers

Your overpayment: \$ [Redacted]

Our records show you've overpaid the Annual Fee on Health Insurance Providers for [Redacted]

We believe your overpayment is \$ [Redacted]

Summary

Annual Fee on Health Insurance Providers for [Redacted]

Overpayment \$ [Redacted]

What you need to do

Call us at [Redacted] by [Redacted] to confirm that your payment was intended for another fee year or inform us where you want to apply the overpayment.

If we don't hear from you

If we don't hear from you, we'll issue you a refund check for \$ [Redacted], as long as you don't owe other debts we're required to collect.

Additional information

- Visit www.irs.gov/cp267b.
 - For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
 - Keep this notice for your records.
- If you need assistance, please don't hesitate to contact us.