



Taxpayer information

Taxpayer ID:

XXX-XX-1158

Taxpayer name:

CLAUDE A SIMON

Issue information

Assessment ID number:

Notice:

DTF-973.56-O

Notice description:

Issue:

Case number:

Reason for response

Provide explanation. You can only enter 1000 characters:

Attachment information

Document type

Proof of Income

File name

CS-2019-W2.pdf

Contact information

Home phone number:

Cell phone number:

Work phone number:

(212)683-9300

Extension:

Best time to call:

Designee's name:

Designee's phone number:

Extension:

PIN:

Transaction details

Confirmation number:

RTDN1026201814952

Transaction date/time:

10/26/2020 09:24 AM

Submitted by:

CLAUDE SIMON