

COPY

STATE OF CALIFORNIA
FRANCHISE TAX BOARD

NOTICE OF PROPOSED ASSESSMENT



INC BUSINESS SECTION F180
PO Box 942840
Sacramento CA 94240-0040
Phone: (866) 204-7902
FAX: (916) 855-5646

NOTICE DATE: 03/19/2007

CODE NUMBER: 3
NPA NUMBER: 07-02608794
REVENUE CODE: 2003800

Notice Number: 01-4621101-031907

Filing A Tax Return May
Reduce Your Tax
Obligation

CHRISTINE N GRAB
[REDACTED]

On 01/16/2007 we sent you a notice stating that we had no record of your 2005 California personal income tax return. By 02/21/2007, you were to do one of the following:

- File a 2005 California personal income tax return.
- Send us a copy of your previously filed return.
- Explain why you do not have a requirement to file a 2005 California personal income tax return.

We have no record of receiving your tax return or information indicating that you do not have a filing requirement. We based this *Proposed Assessment* on available information concerning your income.

This is a proposed assessment. It is not a tax bill.
Filing a tax return may reduce your tax liability, and will ensure that you receive full credit for tax withheld by employers, as well as any other credits, exemptions, and deductions that you have a right to claim.

Your Income (as estimated)	\$	[REDACTED]	< See reference sheet, page 3, for a breakdown of "Your Income (as estimated)".
Standard/Itemized Deduction	-	[REDACTED]	* [REDACTED]
Taxable Income	=	[REDACTED]	
Your Tax		[REDACTED]	
Less Total Exemptions	-	[REDACTED]	
Mental Health Services Tax	+	[REDACTED]	
TAX BEFORE CREDITS	=	[REDACTED]	
Less Withholding Credits Reported to FTB	-	2,450.00	
Less Payments and Credits	-	.00	
Your Tax Liability	\$	[REDACTED]	
Penalty for Late Filing	+	[REDACTED]	
Penalty for Failure to File Upon Demand	+	[REDACTED]	
Interest to: 03/19/2007	+	[REDACTED]	
Filing Enforcement Fee	+	[REDACTED]	
TOTAL TAX, PENALTIES, INTEREST, AND FEE	\$	[REDACTED]	

I had more
two more
w2's totaling
another \$492
in taxes
paid to
FTB.
that does
not show

Unless we receive your tax return or information indicating that you do not have a California filing requirement, this assessment is due and payable on May 18, 2007.

If you have a California filing requirement, you must file a tax return even if you pay the amount shown above. If you believe this notice is incorrect, follow the enclosed protest procedures. Mail your protest by May 18, 2007. We may provide the information contained in this notice to the Internal Revenue Service.

TAXABLE YEAR

2005

DO NOT ATTACH PAYMENT TO THIS SCHEDULE

Wage and Withholding Summary

SCHEDULE

W-2 CG

Important: Attach this schedule directly behind Page 2 of your return.

Name(s) as shown on return

CHRISTINE N. AND ERIC W. GRAB

SSN or ITIN

Caution: If your Form(s) W-2 are from multiple states, or this schedule is not filled out, only use this schedule to attach copies of your Form(s) W-2, 592-B, 593-B, 594, and 1099 showing CA tax withheld to it. Attach this schedule directly behind Side 2 of your return.

Taxpayer W-2 information. (Transfer amounts from your Form(s) W-2 to the appropriate boxes below.) Complete a box for each Form W-2 you receive.

1st W-2

Social Security Number (box d)	[REDACTED]
Employer ID Number (EIN) (box b)	[REDACTED]
State & Employer's State ID Number (box 15)	CA 43027226
Employer Name (box c)	DANA CAPITAL
State Wages, Tips, etc. (box 16)	[REDACTED]
CA State Income Tax (box 17)	487.
Social Security Wages (box 3)	[REDACTED]
SDI (Local Income Tax) (box 14 or 19)	[REDACTED]

2nd W-2

Social Security Number (box d)	[REDACTED]
Employer ID Number (EIN) (box b)	[REDACTED]
State & Employer's State ID Number (box 15)	CA 23313448
Employer Name (box c)	MIRACLE LINK
State Wages, Tips, etc. (box 16)	[REDACTED]
CA State Income Tax (box 17)	2,450.
Social Security Wages (box 3)	[REDACTED]
SDI (Local Income Tax) (box 14 or 19)	[REDACTED]

3rd W-2

Social Security Number (box d)	[REDACTED]
Employer ID Number (EIN) (box b)	[REDACTED]
State & Employer's State ID Number (box 15)	[REDACTED]
Employer Name (box c)	DANA CAPITAL
State Wages, Tips, etc. (box 16)	[REDACTED]
CA State Income Tax (box 17)	50.
Social Security Wages (box 3)	[REDACTED]
SDI (Local Income Tax) (box 14 or 19)	[REDACTED]

4th W-2

Social Security Number (box d)	[REDACTED]
Employer ID Number (EIN) (box b)	[REDACTED]
State & Employer's State ID Number (box 15)	[REDACTED]
Employer Name (box c)	[REDACTED]
State Wages, Tips, etc. (box 16)	[REDACTED]
CA State Income Tax (box 17)	[REDACTED]
Social Security Wages (box 3)	[REDACTED]
SDI (Local Income Tax) (box 14 or 19)	[REDACTED]