

OGDEN UT 84201-0038

In reply refer to: 0441996863
Feb. 10, 2016 LTR 147C 0
46-4916133 000000 00
Input Op: 0441996863 00005513
BODC: TE

TENNESSEE CHARITABLE CARE NETWORK % LAURA HOBSON 326 21ST AVE N NASHVILLE TN 37203-1846



135882

Employer identification number: 46-4916133

Dear Taxpayer:

Thank you for your inquiry of Feb. 01, 2016.

Your employer identification number (EIN) is 46-4916133. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

This letter confirms that your employer identification number (EIN) and your name on our records match the name and EIN listed above. Return a copy of this letter to the payer who requested verification of your EIN.

Your name control is tenn. Keep this letter in your permanent records because you'll need this information if you file your returns electronically.

Please return the copy of this letter with an explanation and a completed Form SS-4, Application for Employer Identification Number, if you need a new employer identification number.

You can get any of the forms or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at www.irs.gov/formspubs.

If you have questions, you can call us toll free at 1-800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include this letter and provide in the spaces below, your telephone number with the hours we can reach you.

Keep a copy of this letter for your records.

Telephone number (()	Hours
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CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window. 0441996863

BODCD-TE

Use for payments

Letter Number: LTR0147C Letter Date : 2016-02-10

Tax Period : 000000

464916133

TENNESSEE CHARITABLE CARE NETWORK
% LAURA HOBSON
326 21ST AVE N
NASHVILLE TN 37203-1846

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038 ||...|...||....||||....||