Groundwater & Wastewater Services: Septic Project File & D

21-12-3

GWS File #:	94428
WASPS App #:	8131
Primary ES assigned to project:	Brad Hallman
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	N/A
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	No
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	N/A
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	N/A
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	N/A
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
# of items requiring correction/modification:	1
Comments:	
IA issued date:	
OP Issued date:	6-21-16
Review performed by:	Jeremy Michael
Date performed:	3/31/2016

Created at 3/31/2016 5:11 PM by Michael, Jeremy
Last modified at 3/31/2016 5:11 PM by Michael, Jeremy

Close

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9443B #8131

29 MAR '16 AM 8:13

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 05914526

STREET ADDRESS: 1824 Toddville Rd

CITY: Charlotte

STATE: NC ZIP: 28214

SUBDIVISION NAME: N/A

LOT #: P43 M7-7 LOT SIZE (acres): 0.46

TOWNSHIP:

◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☑ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ 1 ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	◉ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 12/8/94 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Wat Buddharam of NC

ADDRESS: 1824 Toddville Rd

CITY: Charlotte

STATE: NC ZIP: 28214

WORK PHONE: _____

MOBILE PHONE: (704) 408-2827

FAX: _____

E-MAIL: kitthiphol@carolina.rr.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

AL (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Patrick Litchfield — 3-24-2016

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

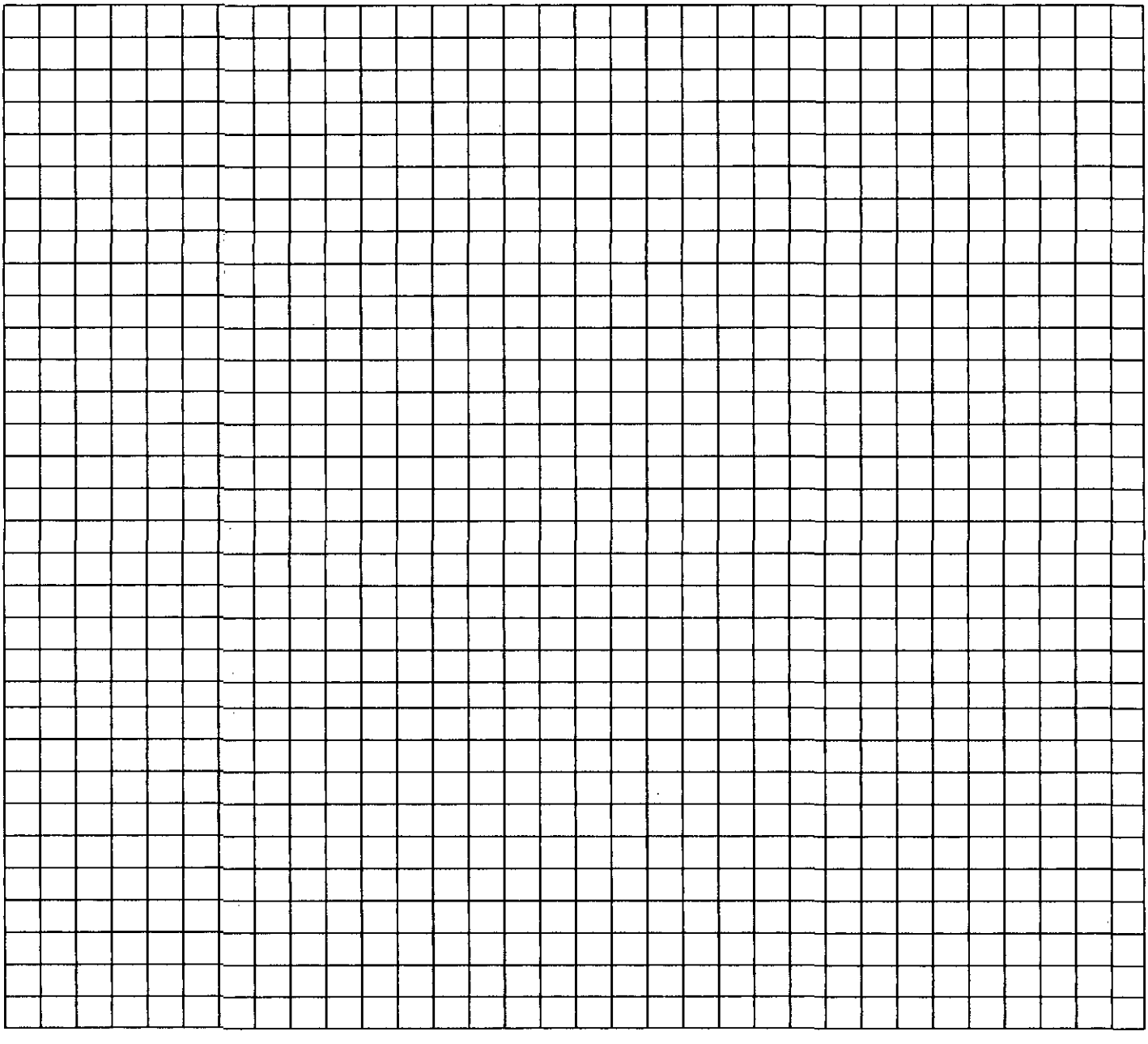
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 059-145-26
Lot #:
File #: 94442B
Code:

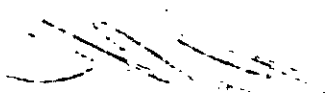
SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Wat Buddharam of NC
Applicant: Same
Address: 1824 Toddville Rd, Charlotte, NC 28214
Date Evaluated: 12/29/2015
Proposed Facility: SFR
Design Flow (.1949): 360
Property Size:
Location of Site: Same
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	L/3-4%	0-8	CL/wSBK	ss/sp/fr/sexp	NA				
		8-24	C/sbk/inclu	ss/sp/fr/sexp	some brown mottles noted				
		24-48	SC/sbk	ss/sp/fr-fi/sexp	brown mottles noted	48"	NA	NA	PS/0.275

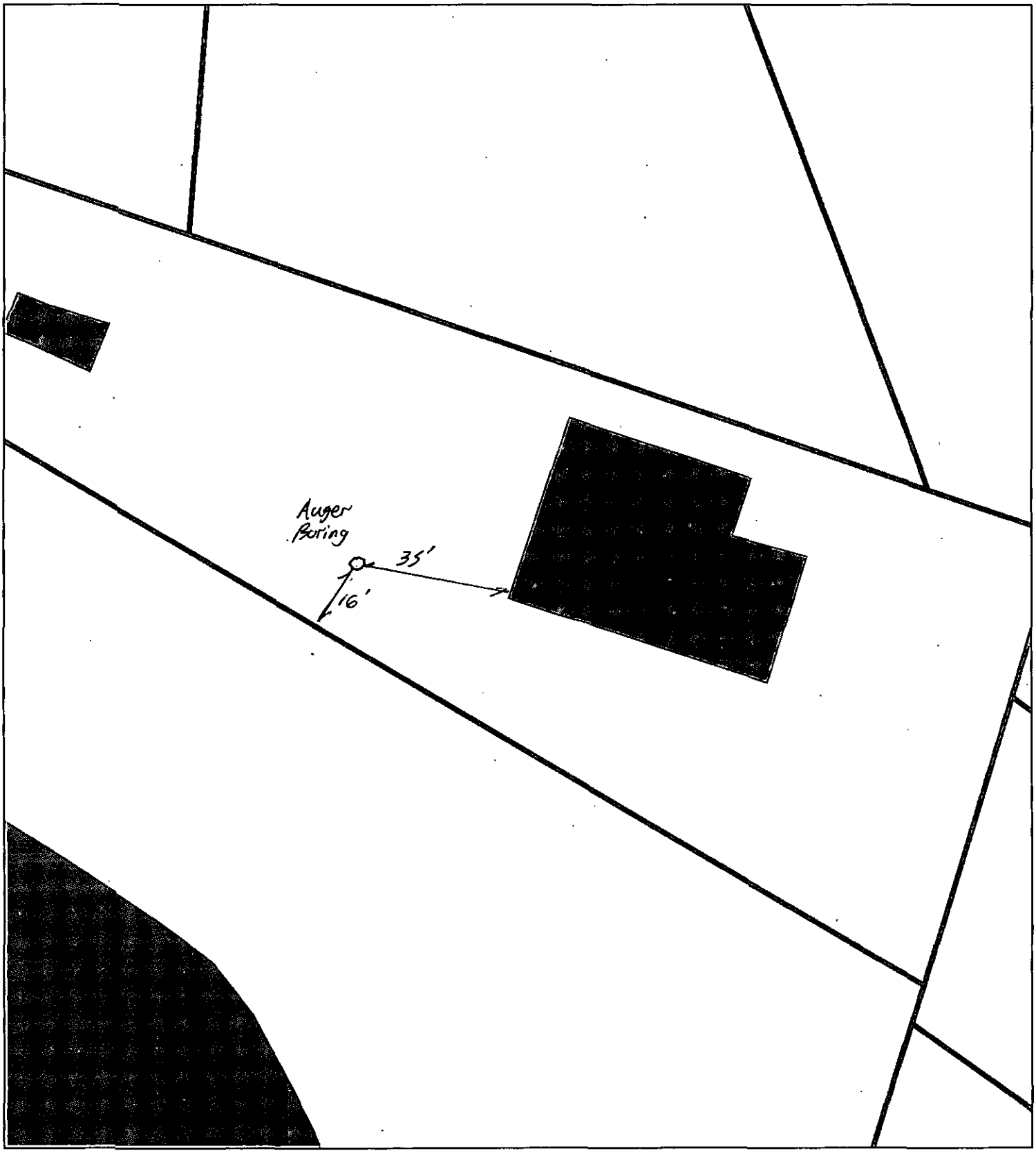
Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		IIa
Site LTAR		0.275

Other Factors (.1946):
Site Classification (.1948): PS
Evaluated By: Bradley W Hallman
Others Present:



On-site Wastewater Improvement Permit Diagram

PARCEL #:
WASPS APPLICATION #:



Map Created By:
Map Created On:

N

1 inch = 30 feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9442 B Permit #: 8131 Tax Parcel #: 059-145-26

Property Owner: Wat Buddharam of NC

Job Location Address: 1824 Toddville Rd.

City: Charlotte State: NC Zip Code: 28214

Improvement Permit Issuance Date: 3/30/16 Construction Authorization Issuance Date 3/30/16

Permission is hereby given to ☒ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD Site LTAR: .275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 new gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36" inches

Bed Width: 10' feet

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 24" inches (Type) Stone/Tire Chip

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50'+ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See Attached Site Plan

Comments: System Classification & Type: II a. (Stone/Tire Chip.

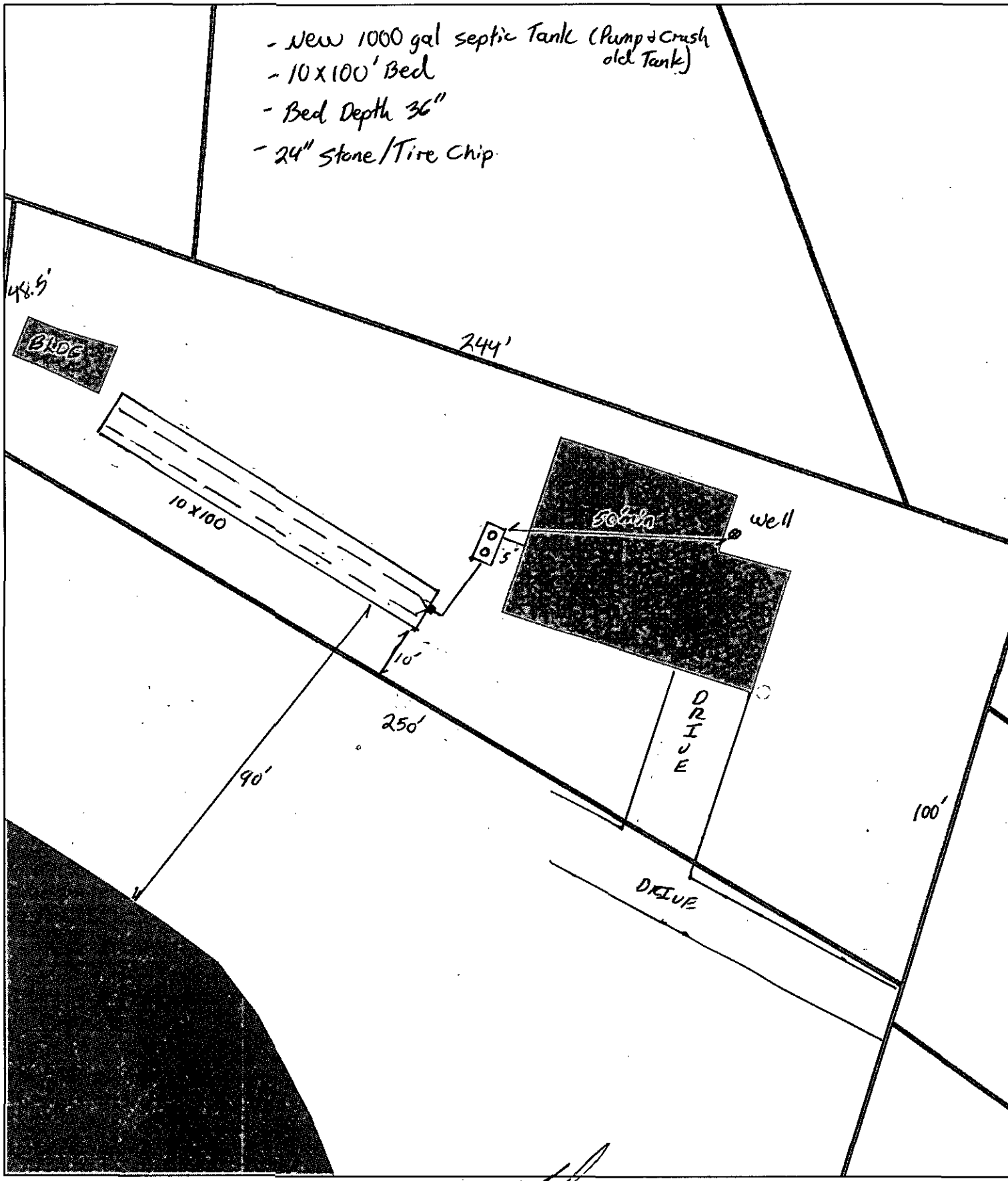
Authorized Agent: Bradley W. Hallman Signature: [signature]

Owner Signature: [signature] Date: 3/30/2016

On-site Wastewater Improvement Permit Diagram

PARCEL #: 059-145-26

WAPSPS APPLICATION #:

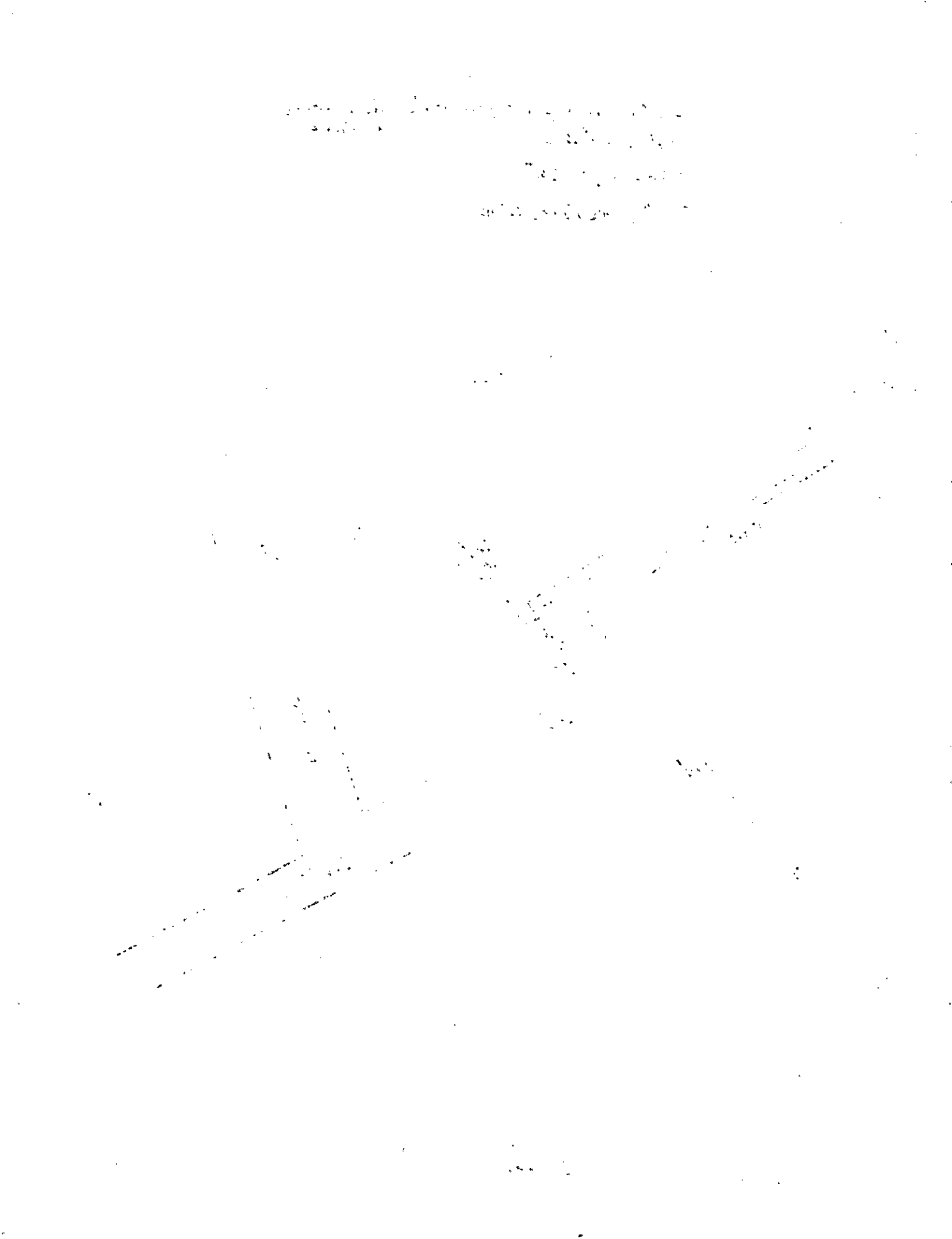


Map Created By: Bradley W Hallman

Map Created On: 3/29/16

0 15 30 60 Feet

N



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9442B, Permit #: 8131 Tax Parcel #: 059 145 26

Property Owner: Wat Buddharam of NC

Job Location Address: 1824 Toddville Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 6/21/16 Contractor Name: Stanley Septic

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: existing gallons Manufacture ~~[illegible]~~ Dellinger Effluent Pump Model: NA

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 10 feet

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 24 inches (Type) Tire Chips

Depth of Cover: 12 inches

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

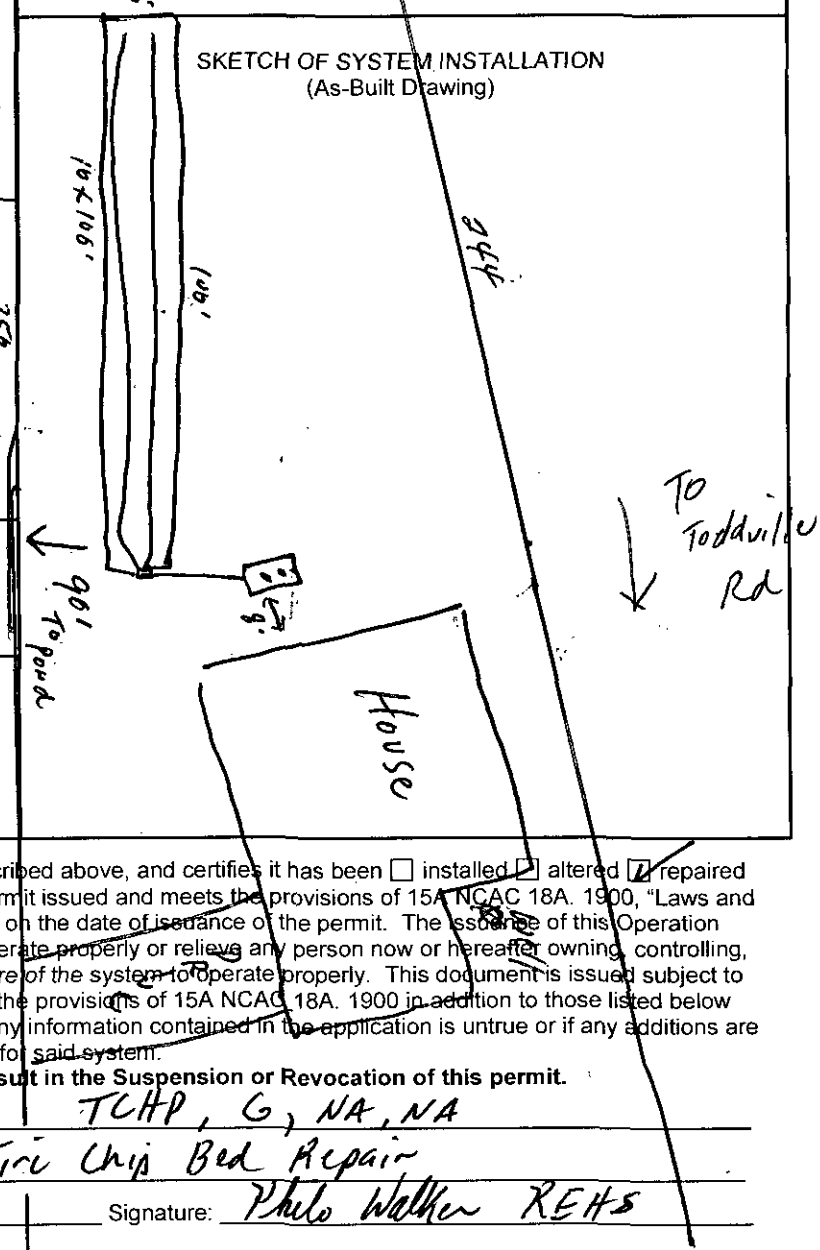
Inspection Dates

Tank(s) Inspected: NA

Excavation Inspected: 6/21/16

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☑ altered ☑ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIa TCHP, G, NA, NA
Gravity Tire Chip Bed Repair

DENR Authorized Agent: Philo Walker Signature: Philo Walker REHS



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9442B Permit #: 8131 Tax Parcel #: 059 145 26

Property Owner: Wat Buddharam of NC

Job Location Address: 1824 Toddville Rd

City: Charlotte State: NC Zip Code: 28214

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☐

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Gravity Tire Chip Bed Repair

DENR Authorized Agent: Phil Walker Date: 6/21/16

Signature: Phil Walker REHS

NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

LAOTIAN CULTURE CENTER OF NORTH CAROLINA

WHICH CHANGED ITS NAME TO

WAT BUDDHARAM OF NORTH CAROLINA

the original of which was filed in this office on the 4th day of November, 2015.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of November, 2015.

Elaine F. Marshall

Secretary of State

Document Id: C201530600112
Verify this certificate online at www.secretary.state.nc.us/verification

Date Filed: 11/4/2015 11:45:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2015 306 00112

State of North Carolina
Department of the Secretary of State

ARTICLES OF AMENDMENT
NONPROFIT CORPORATION

Pursuant to §55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is: Laotian Culture Center of North Carolina

2. The text of each amendment adopted is as follows (*state below or attach*):

Corporate Name: The new name of the corporation is Wat Buddharam of North Carolina

3. The date of adoption of each amendment was as follows:

November 1st 2015

4. (*Check a, b, and/or c, as applicable*)

a._____The amendment(s) was (were) approved by a sufficient vote of the board of directors or incorporators, and member approval was not required because (*set forth a brief explanation of why member approval was not required*)_____

b.__✓__The amendment(s) was (were) approved by the members as required by Chapter 55A.

c._____Approval of the amendment(s) by some person or persons other than the members, the board, or the incorporators was required pursuant to N.C.G.S. §55A-10-30, and such approval was obtained.

5. These articles will be effective upon filing, unless a date and/or time is specified: _____

This the 1st day of November, 20 15

Laotian Culture Center of North Carolina
Name of Corporation

Airrick Itthiphol
Signature

AIRRICK ITTHIPHOL President
Type or Print Name and Title

Notes:
1. Filing fee is $25. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077567774
Dec. 10, 2015 LTR 4168C 0
56-1593113 000000 00
00030294
BODC: TE

WAT BUDDHARAM OF NORTH CAROLINA
1824 TODDVILLE RD
CHARLOTTE NC 28214-2439

011593

Employer ID Number: 56-1593113
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Nov. 04, 2015, regarding your tax-exempt status.

We issued you a determination letter in May 1990, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) 3.

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).