

NOTICE OF ASSESSMENT FOR SALES AND USE TAX

NAME	CR NO./EIN	PERIOD ASSESSED	CASE NO. NOTICE NO.	DATE
	05868829	01012008 02292012	006184089 1895250120817	08/17/2012

Tax Assessed\$66,789.86
 Net Tax Assessed\$66,789.86
 Interest\$23,819.50
 Penalty\$6,678.99

 Total.....\$97,288.35

READ THIS NOTICE WITH CARE:
 YOU MUST ACT WITHIN 30 DAYS OF THE DATE OF
 THIS NOTICE TO PRESERVE YOUR APPEAL RIGHTS.

Payment of this assessment should be by check or money order made payable to the "Comptroller of Maryland" and forwarded to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411. Make sure the check contains your CR number or Federal Identification Number. Do not send any correspondence with your payment. All correspondence must be sent to Comptroller of Maryland, Compliance Division, 301 West Preston Street, Room 315, Baltimore, Maryland 21201.

If you disagree with this assessment, you must appeal in writing within 30 days of the date of this notice to: Comptroller of Maryland, Compliance Division, Hearings and Appeals Section, 301 W. Preston Street, Room 315, Baltimore, Maryland 21201, or e-mail: cdhearings@comp.state.md.us. A hearing will be scheduled and you will be notified of the date and time. If an appeal is not received within the 30-day period, the assessment will become **FINAL** and **COLLECTIBLE**.

If neither payment nor a request for appeal is received within 30 days, collection proceedings will be instituted, including, if necessary, the filing of liens and the issuance of attachments.

If you have questions regarding the assessment or the hearing process, you may call Hearings and Appeals at 410-767-4271, send a fax to 410-333-7745, or e-mail at: cdhearings@comp.state.md.us. If you wish to inquire about payment plans, you may call the Collection Section at 410-649-0633, or e-mail: cdcollectionbizz@comp.state.md.us.

FOR THE HEARING IMPAIRED: Maryland Relay Service 711

Please tear at perforation and return this portion with your payment or letter so it can be identified properly. Make checks payable to COMPTROLLER OF MARYLAND. DO NOT SEND CASH. Please write your identification number (SSN, CR or FEIN) on your check. Be sure the return address shows through the window on the enclosed envelope. Make any name or address changes below.

State of Maryland
Comptroller of Maryland

1895250120817

97 288 35

EIN

CR Number.....

Sales and Use Tax

NOTICE NO.

BALANCE DUE

COMPTROLLER OF MARYLAND
 REVENUE ADMINISTRATION DIVISION
 110 CARROLL ST
 ANNAPOLIS, MD 21411-0001

08/17/2012

Name:
t/a:
Address:

Schedule: A
Filename: sut-wkbk
Account #:
Audited By: Rhonda Crawford

Recap
Period: 01/01/08 - 02/29/12

Date: July 30, 2012

Schedule	Type	Tax Deficiency
B	Capital Assets	\$874.20
C-1 thru C-3	G & A Expensed Purchases	4,161.89
	Job Material	
C-4 thru C-6	Job Material Expense	58,699.77
C-7	Actual Job Materials	<u>\$3,054.00</u>
	Total Job Materials	61,753.77
Sales & Use Tax total		<u><u>\$66,789.86</u></u>

Acknowledgement of Audit Closing Meeting

1. By signing below Taxpayer or Authorized Representative is acknowledging receipt of workpapers accompanied by an explanation of the audit results.
2. The deficiency listed above does not represent a formal assessment. A formal assessment notice accompanied by appeal rights will be mailed to the Taxpayer.
3. The Taxpayer or Authorized Representative acknowledges that during the final closing conference the auditor has explained applicable interest and penalty charges will be included on the formal assessment notice.

**Taxpayer
or Authorized Representative**

By _____

Signatory

Name _____

Print Name

Title _____

Date _____

Name:
t/a:
Address:

Schedule: A
Filename: sut-wkbk
Account #:
Audited By: Rhonda Crawford

Recap
Period: 01/01/08 - 02/29/12

Date: June 18, 2012

Schedule	Type	Tax Deficiency
B	Capital Assets	\$874.20
C	G & A Expensed Purchase	4,161.89
D	Job Material Expense	93,781.50
Sales & Use Tax total		<u>\$98,817.59</u>

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**Taxpayer
or Authorized Representative**

By _____
Signatory

Name _____
Print Name

Title _____

Date _____

Name:

t/a:

Address:

Recap

Period: 01/01/08 - 02/29/12

Schedule: A

Filename: sut-wkbbk

Account #:

Audited By: Rhonda Crawford

Date: April 5, 2012

Schedule	Type	Tax Deficiency
B	Capital Assets	\$875.40
C	G & A Expensed Purchase	6,247.28
D	Job Material Expense	590,987.93
Sales & Use Tax total		<u>\$598,110.61</u>

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**Taxpayer
or Authorized Representative**

By _____
Signatory

Name _____
Print Name

Title _____

Date _____