

Response to Notice CP562A

Provide the information requested below. Return this Response form along with any requested documents.

Provide Your Contact Information

First name	Middle name	Last name
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Street address

City	State	ZIP code
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Primary telephone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Secondary telephone number	Best time to call <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Provide Adoptive Child's Information

Adoptive child's full name *(enter in the spaces below the child's full name as it will appear on your tax return)*

First name	Middle name	Last name
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Adoptive child's date of birth *(Month/Day/Year)* *(enter the child's date of birth in the space below)*

Adoptive child's place of birth *(enter the child's place of birth in the spaces below)*

City	State
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Adoptive child's gender *(indicate the child's gender by checking the appropriate box below)*

Male Female

Provide Placement Agency's Information

Placement agency/agent name *(enter in the space below the name of the placement agency or agent who placed the child in your home)*

Placement agency's address *(enter in the space below the address of the placement agency or agent who placed the child in your home)*

Street address

City	State	ZIP code
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Placement date *(Month/Day/Year)* *(enter in the space below the date the adoptive child was placed in your home for the purpose of adoption)*

Signature

You didn't sign your application. Sign in the spaces below. If two people are adopting the child, both must sign.

Under penalties of perjury, I declare that I have examined the application, including accompanying documentation and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Adoptive parent 1

Signature	Telephone number	Date
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Adoptive parent 2

Signature	Telephone number	Date
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Social Security Number (SSN) of Adoptive Parents

The last name or SSN you entered on your Form W-7A for one or both adoptive parents doesn't match the records given us by Social Security Administration (SSA). This can happen if you used a maiden, married or professional name that SSA doesn't have on record. Contact SSA to verify or correct the information they have on record. Verifying or correcting this information may avoid additional delays in processing this application and your tax returns.

Enter in the spaces below your SSN, name, and an explanation of your name change, if applicable. If you have changed your name due to marriage, divorce, or other legal action, include a copy of the legal document that supports the name change.

Adoptive parent 1

SSN	Full name
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Adoptive parent 2

SSN	Full name
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Explanation of name change *(if applicable)*

Change In Your Contact Information

If your address has changed, provide your new address in the space below.

Street address

City	State	ZIP code
Telephone number	Best time to call	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.