



September 22, 2026

Internal Revenue Service
Stop 6120
Kansas City, MO 64999

Re: Kendra R. Mathys
SSN: XXX-XX-2123
Response to Letter 12C dated September 4, 2026
Control Number: 09221-164-15320-6
Tax Year: 2021 Form 1040

To Whom It May Concern:

This letter is submitted on behalf of our client, Kendra R. Mathys, in response to the above-referenced Letter 12C, which requests documentation to support the wage and withholding amount of \$5,842.00 reported on Line 25d of her 2021 Form 1040.

Enclosed please find the following:

1. A copy of the Letter 12C notice dated September 4, 2026.
2. The signed declaration required by the enclosed instructions.
3. Form W-2 from Put-In-Bay Resorts LLC, reporting federal income tax withheld of \$4,114.07.
4. Form 1099-G from the Ohio Department of Job & Family Services, reporting federal income tax withheld of \$1,728.00.

Together, these two forms substantiate total federal income tax withholding of \$5,842.07, which corresponds to the \$5,842.00 reported on Line 25d of the return. We respectfully request that the IRS accept the enclosed documentation and process the return accordingly.

Please do not hesitate to contact our office if you require any additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Daniel Jones", is written over a light blue circular stamp.

Daniel Jones
Senior Accountant
PTIN: P00247387

Enclosures: Letter 12C Notice; Signed Declaration; Form W-2; Form 1099-G

ORIGINAL IRS NOTICE:

September 22, 2026

Kendra R. Mathys
SSN: XXX-XX-2123
Tax Year 2021



Department of the Treasury
Internal Revenue Service

STOP 6120

KANSAS CITY MO 64999
SEP 04 2026 LTR 12C 0 R
***-**-2123 202112 30 0
Input Op: 0927808587 00000179

OMB Clearance No.: 1545-0074

In reply refer to: 0922508587
Sep. 04, 2026 LTR 12C 0 R
***-**-2123 202112 30 0
Input Op: 0927808587 00000179
BODC: SB

KENDRA R MATHYS
PO BOX 2466
TOLEDO OH 43606

KENDRA R MATHYS
PO BOX 2466
TOLEDO OH 43606

control number 09221-164-15320-6 on your response.

You can fax your information to 855-895-7288 using either a fax machine or an online fax service. Digital data by fax is not accepted. Due to high volume, we cannot guarantee that your faxed information will become a permanent part of our files. Don't send another copy by mail. Doing so could delay processing of your return. Your faxed information will become a permanent part of our files. Don't send another copy by mail. Doing so could delay processing of your return.

Social Security number: ***-**-2123
BATCH 16523,02 09221-164-15320-6

Dear Taxpayer:

We received your Dec. 31, 2021, Form 1040 federal individual income tax return, but we need more information to process the return accurately. Unless otherwise required, send us your reply within 20 days from the date of this letter.

Enclose only the information we requested and any forms, schedules, or other information required to support your entries and a copy of this letter. Don't send a copy of your return unless we ask you to do so. Don't respond with a Form 1040-X, Amended U.S. Individual Income Tax Return. We'll issue any refund due to you in 6 to 8 weeks from the time we receive your response. If we don't receive a response from you, we may have to increase the tax you owe or reduce your refund.

Visit [IRS.gov/Forms](https://www.irs.gov/forms) for tax forms and publications.

To support the amount of wage or withholding entry of \$5,842.00 on line 25d of Form 1040 submit:

- Form W-2, Wage and Tax Statement
- Form W-2G, Certain Gambling Winnings
- Form 1099-R, Distributions from Pensions, Annuities, Retirement or Profit Sharing Plans, IRAs, Insurance Contracts, etc.
- Other forms reporting wage or withholding

If you don't have the form you need, contact the issuer of the income statement for a copy and send it with a copy of this letter. Otherwise, send us the information in a substitute format. For example you can send an earnings statement or paystub from your employer which shows year-to-date totals.

Your tax return doesn't have original signatures. Sign and return the declaration at the end of this letter. See the instructions for the declaration below for the additional requirements that may apply to you.

You can submit the requested forms, schedules, or other information online by visiting [IRS.gov/Connect](https://www.irs.gov/Connect). You will need to sign-in or create an account to upload your documents. Be sure to write your

0922508587
Sep. 04, 2026 LTR 12C 0 R
***-**-2123 202112 30 0
Input Op: 0927808587 00000181

KENDRA R MATHYS
PO BOX 2466
TOLEDO OH 43606



046329

Thank you for your cooperation.

BATCH 16523,02
09221-164-15320-6

Enclosures:

0922508587
Sep. 04, 2026 LTR 12C 0 R
***-**-2123 202112 30 0
Input Op: 0927808587 00000182

KENDRA R MATHYS
PO BOX 2466
TOLEDO OH 43606

BATCH 16523,02
09221-164-15320-6

DECLARATION INSTRUCTIONS

1. If this is a joint return, both spouses must sign the declaration. Witness signatures are not required.
2. If you can't write your name, sign your mark in the presence of two witnesses. The two witnesses must also sign.
3. If you're signing as a parent of the minor child, you should sign both the child's name and your name, writing "parent of the minor child" beside your name.
4. We require a power of attorney or court certificate in all other instances when someone other than the taxpayer is signing the declaration. A power of attorney is invalid after the death of a taxpayer.

DECLARATION

Under penalties of perjury, I declare that I have examined the return (including any accompanying forms, schedules, and statements) referred to in this letter, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that this declaration will become a permanent part of the return.

Signature

Date

Spouse's signature (both spouses
must sign for a joint return)

Date

Signature of Witness #1

Date

Signature of Witness #2

Date

SIGNED DECLARATION:

September 22, 2026

0922508587

Sep. 04, 2026 LTR 12C 0 R
***-**-2123 202112 30 0
Input Op: 0927808587 00000182

KENDRA R MATHYS
PO BOX 2466
TOLEDO OH 43606

BATCH 16523,02
09221-164-15320-6

DECLARATION INSTRUCTIONS

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DECLARATION

Under penalties of perjury, I declare that I have examined the return (including any accompanying forms, schedules, and statements) referred to in this letter, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that this declaration will become a permanent part of the return.

Signature

Date

Spouse's signature (both spouses
must sign for a joint return)

Date

Signature of Witness #1

Date

Signature of Witness #2

Date

FORM W-2 AND FORM 1099-
G:
September 22, 2026

2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement OMB No. 1545-0008		2021	
Copy C for employee's records			
d Control number 010018 CLEV/RB7	Dept. 000300	Corp.	Employer use only T 38
c Employer's name, address, and ZIP code PUT-IN-BAY RESORTS LLC 266 DELAWARE AVE PUT IN BAY OH 43456			
Batch #02311			
e/f Employee's name, address, and ZIP code KENDRA MATHYS 439 LORAIN AVENUE PUT IN BAY OH 43456			
b Employer's FED ID number 20-1421886	a Employee's SSA number XXX-XX-2123		
1 Wages, tips, other comp. 29531.60	2 Federal income tax withheld 4114.07		
3 Social security wages 29531.60	4 Social security tax withheld 1830.96		
5 Medicare wages and tips 29531.60	6 Medicare tax withheld 428.21		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b 12c 12d		
15 State Employer's state ID no. OH 52-6597893	16 State wages, tips, etc. 29531.60		
17 State income tax 861.59	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	29,531.60	29,531.60	29,531.60	29,531.60
Reported W-2 Wages	29,531.60	29,531.60	29,531.60	29,531.60

2. Employee Name and Address.

**KENDRA MATHYS
439 LORAIN AVENUE
PUT IN BAY OH 43456**

© 2021 ADP, Inc.

1 Wages, tips, other comp. 29531.60	2 Federal income tax withheld 4114.07
3 Social security wages 29531.60	4 Social security tax withheld 1830.96
5 Medicare wages and tips 29531.60	6 Medicare tax withheld 428.21
d Control number 010018 CLEV/RB7	Dept. 000300
Corp.	Employer use only T 38
c Employer's name, address, and ZIP code PUT-IN-BAY RESORTS LLC 266 DELAWARE AVE PUT IN BAY OH 43456	
b Employer's FED ID number 20-1421886	a Employee's SSA number XXX-XX-2123
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
13 Stat emp	Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code KENDRA MATHYS 439 LORAIN AVENUE PUT IN BAY OH 43456	
15 State Employer's state ID no. OH 52-6597893	16 State wages, tips, etc. 29531.60
17 State income tax 861.59	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy W-2 Wage and Tax Statement OMB No. 1545-0008	

1 Wages, tips, other comp. 29531.60	2 Federal income tax withheld 4114.07
3 Social security wages 29531.60	4 Social security tax withheld 1830.96
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OH.State Reference Copy W-2 Wage and Tax Statement OMB No. 1545-0008	

1 Wages, tips, other comp. 29531.60	2 Federal income tax withheld 4114.07
3 Social security wages 29531.60	4 Social security tax withheld 1830.96
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OH.State Filing Copy W-2 Wage and Tax Statement OMB No. 1545-0008	

☐ VOID ☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. OHIO DEPARTMENT OF JOB & FAMILY SERVICES P.O. BOX 182059 COLUMBUS, OH 43218-2059 1-(877) 644-6562		1 Unemployment compensation \$17,178.00	OMB No. 1545-0120 2021 Form 1099-G	Certain Government Payments Copy B - For Recipient: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 31-1334373	RECIPIENT'S TIN XXX-XX-2123	2 State or local income tax refunds, credits, or offsets	3 Box 2 amount is for tax year	
RECIPIENT'S name KENDRA R. MATHYS Street address (including apt no.) PO BOX 246 City or town, province or state, country, and ZIP or foreign postal code PUT IN BAY, OH 43456-0246 Account number (see instructions)		5 RTAA payments \$0.00	6 Taxable grants	
		7 Agriculture payments	8 If checked, box 2 is trade or business income ☐	
		9 Market gain	10a State 10b State identification no.	
		11 State income tax withheld \$ \$		

Form 1099-G

(keep for your records)

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2020 taxes.

Box 4. Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on the "Other income" line of Schedule 1 (Form 1040).

Box 6. Shows taxable grants you received from a federal, state, or local government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Schedule F (Form 1040) instructions for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Schedule F (Form 1040) instructions.

Boxes 10a-11. State income tax withheld reporting boxes. **Future developments.** For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099g.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.