



CERTIFIED MAIL



7020 3160 0000 2198 0249

September 28, 2026

Sundeep & Nitisha Mutgi
1002 Reserve Drive
Perrysburg, OH 43551

Re: Tax Protection Plus Case Number 00074629 — 2025 Reimbursement Authorization

Dear Sundeep and Nitisha,

We are writing to update you on the claim our office opened with Tax Protection Plus, our audit defense provider, under Case Number 00074629. Tax Protection Plus has concluded its review of your 2025 return as originally filed, along with the proposed amended return our office prepared, which you elected not to accept.

Following that review, Tax Protection Plus has authorized a reimbursement payout to you of \$2,500.00, which is the maximum amount available under its guarantee.

Please be aware that if you accept this reimbursement, it is considered a taxable payment. Tax Protection Plus will issue you a Form 1099-MISC for the amount paid.

In order to finalize the payout, we must receive the following from you:

1. Completed Form W-9 for each of you (enclosed)
2. The signed ACH Reimbursement Authorization Form (enclosed)

Please return the completed forms to our office at 5660 Southwyck Blvd, Suite 200D, Toledo, OH 43614. Without these documents, Tax Protection Plus cannot release the payment. If you have any questions, please contact our office at (419) 913-1040.

Sincerely,

Daniel Jones
Senior Accountant

Enclosures: Form W-9 (2)
ACH Reimbursement Authorization Form

Cc: Annalie Galceran-Guaico
Julie Leck
Brian Sammon (OH-YHE-T6P)

5660 Southwyck Blvd Suite 200D
Toledo, OH 43614
(419) 913-1040 (Phone)
(419) 386-0158 (Fax)
www.buckeyetaxaccounting.com



**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Sundeep Mutgi	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☒ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 1002 Reserve Dr 6 City, state, and ZIP code Perrysburg, OH 43551 7 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)	Social security number <table><tr><td>4</td><td>7</td><td>9</td><td>-</td><td>1</td><td>5</td><td>-</td><td>7</td><td>3</td><td>9</td><td>8</td></tr></table> or Employer identification number <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	4	7	9	-	1	5	-	7	3	9	8				-							
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			-																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later. Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																							

Part II Certification			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and			
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and			
3. I am a U.S. citizen or other U.S. person (defined below); and			
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.			
Sign Here	<table><tr><td>Signature of U.S. person</td><td>Date</td></tr></table>	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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(866)942-8348(phone) | (850)424-1420(fax)
P.O. Box 24279 | Winston Salem, NC 27114
taxprotectionplus.com

ACH Reimbursement Authorization Form

Please sign and complete this form to authorize Tax Protection Plus LLC to make a one-time deposit to your checking or savings account.

All Fields Required

TAXPAYER DETAILS

Name: _____

Phone Number: _____ Email: _____

BANKING DETAILS

Name on Account: _____

Account Type (select one): **CHECKING** ☐ **SAVINGS** ☐

Routing Number

Account Number

By signing this form, you give Tax Protection Plus LLC permission to make a one-time deposit to your checking or savings account for the amount indicated below. This permission is for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Signature: _____ Date: _____