

Department of the Treasury  
Internal Revenue Service

AUSTIN TX 73301-0034

OMB Clearance No.: 1545-0074

In reply refer to: 0625706658  
Oct. 16, 2019 LTR 4087C 0 R  
063-98-7919 201712 30

00013757

BODC: SB

BENJAMIN J & RONIT HOCHSTER  
13 NACHAL KATLAV ST APT 11  
BET SHEMESH 9962043  
ISRAEL

Social Security number: 063-98-7919  
BATCH 56594,15  
20221-264-13801-9

Dear Taxpayer:

We received your Dec. 31, 2017, federal income tax return but we need more information to process it. Send us this letter with your reply within 30 days from the date of this letter.

Your tax return doesn't address your health care individual responsibility. Follow the instruction below that applies to you.

1. Did you and all persons listed on your tax return have full-year health care coverage? Check the appropriate box.

Yes: \_\_\_\_\_ No: ☒

If you responded "No" to question 1, continue to question 2.

2. Did you or any persons listed on your tax return qualify for an exemption from the requirement to have health care coverage? Check the appropriate box.

Yes: ☒ No: \_\_\_\_\_

Refer to the exemption requirements in the Form 8965 instructions.

If yes, submit a completed Form 8965, Health Coverage Exemptions.

3. If you responded "No" to questions 1 and 2, you must make a shared responsibility payment. See the Form 8965 instructions for information on figuring your shared responsibility payment. Enter the amount here. \$ \_\_\_\_\_

If you don't respond to this request, we'll figure the shared responsibility payment for you and include it on your tax return.

Respond to us within 30 days from the date of this letter. When you respond, be sure to include a copy of this letter. Enclose only the information we requested and any forms, schedules, or other information you need to support your entries. You don't need to send a copy of your return unless we specifically asked for it earlier in this letter. We'll issue any refund due to you in 6 to 8 weeks from the time we receive your response. If we don't hear from you, we may have to increase the tax you owe or reduce your refund. Mail the



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requested information to:

Internal Revenue Service  
Austin Submission Processing Campus  
3651 S IH 35  
Austin, TX 78741  
Mail Stop 6126 AUSC

You can get any of the forms or publications mentioned in this letter by visiting [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you want to send the information by fax, our fax number is 855-204-5020. Due to the high volume, we cannot acknowledge receipt of your fax. Your faxed signatures will become a permanent part of your filing. Don't send another copy by mail. Doing so could delay the processing of your return. Be sure to put your taxpayer identification number on each page faxed. Your cover sheet must contain the following information:

- Date
- Attention: ERS - Suspense Unit
- BATCH 56594,15
- IRS control number: 20221-264-13801-9
- Your name
- Your phone number
- Tax year
- Your taxpayer identification number (Social Security number or individual taxpayer identification number)
- Number of pages faxed

If you didn't file your tax return electronically, and your filing requirements allow this option, consider filing electronically in the future. The e-file program will guide you through the steps of completing your tax return so you can avoid correspondence delays. For more information about electronic filing, ask your tax preparer or visit [www.irs.gov](http://www.irs.gov).

If you have questions, you can call 800-829-1040.  
If you are outside the United States, you can call +1-267-941-1000.

If you prefer, you can write to the address shown at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

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Oct. 16, 2019 LTR 4087C 0 R  
063-98-7919 201712 30  
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BENJAMIN J & RONIT HOCHSTER  
13 NACHAL KATLAV ST APT 11  
BET SHEMESH 9962043  
ISRAEL



Keep a copy of this letter for your records.

Telephone number ( ) + 972548040040 Hours: 8:00-18:00

Thank you for your cooperation

Sincerely yours,

Roger Bell  
Mgr., Input Correction Operation

BATCH 56594,15  
20221-264-13801-9

Enclosures:  
Copy of this letter  
Envelope


IRS Department of the Treasury  
Internal Revenue Service

AUSTIN TX 73301-0034

  
BENJAMIN J & RONIT HOCHSTER  
13 NACHAL KATLAV ST APT 11  
BET SHEMESH 9962043  
ISRAEL

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CUT OUT AND RETURN THE VOUCHER BELOW IF YOU HAVE AN INQUIRY OR A RESPONSE.  
DO NOT USE IF YOU ARE MAKING A PAYMENT.

 The IRS address must appear in the window.

20221-264-13801-9

BODCD-SB

0625706658

BATCH 56594,15

Use for inquiries only

Letter Number: LTR4087C

Letter Date : 2019-10-16

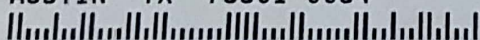
Tax Period : 201712



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INTERNAL REVENUE SERVICE

AUSTIN TX 73301-0034

BENJAMIN J & RONIT HOCHSTER  
13 NACHAL KATLAV ST APT 11  
BET SHEMESH 9962043  
ISRAEL

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Form **8965**Department of the Treasury  
Internal Revenue Service**Health Coverage Exemptions**

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Go to [www.irs.gov/Form8965](http://www.irs.gov/Form8965) for instructions and the latest information.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **75**

Name as shown on return

**BENJAMIN J. HOCHSTER**

Your social security number

**063-98-7919**

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I****Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II Coverage Exemptions Claimed on Your Return for Your Household**

- 7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☐

**Part III****Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	BENJAMIN J. HOCHSTER	063-98-7919	C	V												
9	RONIT HOCHSTER	966-84-1573	C	V												
10	YOAV HOCHSTER	063-98-9687	C	V												
11	Yael HOCHSTER	063-98-9692	C	V												
12	SHIRA HOCHSTER	063-98-9690	C	V												
13	GILAD HOCHSTER	063-98-9683	C	V												

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37787G

Form **8965** (2017)