Date: [Insert Date]

Notice ID: [Insert Notice Number]

Taxpayer ID: [Insert ID/SSN/EIN]

TO:
[Taxpayer Name]
[Taxpayer Address]
[City, State, Zip Code]

NOTICE OF OUTSTANDING TAX DEBT

Dear [Taxpayer Name],

Our records indicate that there is an unpaid balance regarding your tax account for the period(s) listed below. This letter serves as your formal initial notification of this outstanding debt.

Tax Period	Tax Type	Principal Amount	Penalties & Interest	Total Balance Due
[Period Date]	[Type]	$[Amount]	$[Amount]	**$[Total]**

Action Required:

To avoid further interest charges and potential collection actions, please pay the full amount due by [Insert Due Date].

Payment Options:

- **Online:** Visit [Insert Website URL] to pay via credit card or bank transfer.
- **By Mail:** Send a check or money order payable to [Insert Department Name] using the enclosed voucher.
- **Installment Plans:** If you are unable to pay in full, you may be eligible for a payment arrangement. Contact us at [Insert Phone Number] to discuss options.

Dispute Process:

If you believe this notice is in error or you have already paid this balance, please submit proof of payment or supporting documentation to [Insert Address/Email] within [Number] days.

Failure to respond to this notice may result in additional penalties, interest, or the commencement of formal collection activities, including levies or liens.

Sincerely,

[Department Name]
[Agency Name]
[Contact Phone Number]