

Freedom of Information Act (FOIA) Template  
Audit File Request

November 23, 2024

FOIA Requester Service Center  
Internal Revenue Service  
Central Processing Unit Stop 211  
P.O. Box 621506  
Atlanta, GA 30362-3006

David W Collins  
9301 Ocoee St., #64  
Ooltewah, TN 37363  
Phone: (423) 482-9737  
Fax: (423) 558-3274

Taxpayer Name: Troy C Searl  
Taxpayer SSN: 393-78-2545  
Tax Period(s) Covered by Request: 01/01/2021 – 12/31/2021

Dear Disclosure Manager:

This is a request under the Freedom of Information Act/Privacy Act.

I am requesting all documents relating to the IRS determination that additional tax should be assessed to the above taxpayer, my client. Specifically, tax in the amount of \$1,870.00 on 07/08/2024 assessed to 1040, for tax year ending 12/31/2021. I am seeking all documents related to decision to find my client liable; including, but not limited to, the following documents:

- All Form(s) 4564 -Information Document Request (IDR) – issued to the taxpayer or taxpayer’s representative
- All documents received by the IRS in response to Form 4564, whether provided by the taxpayer or taxpayer’s representative.
- All Form(s) 4549 – Income Tax Examination Changes – issued to the taxpayer or taxpayer’s representative.
- All Form(s) 886-A – Explanation of Items – issued to the taxpayer or taxpayer’s representative.
- All other letters or correspondence issued by IRS personnel related to this audit/examination.
- All Notice(s) of Deficiency

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I do not wish to inspect the documents first. In order to determine my status for the applicability of fees, you should know that I am an "other" requester seeking information for personal or non-commercial use.

A copy of my properly completed 2848, which has been submitted to the Centralized Authorization File (CAF) unit, has been enclosed demonstrating my authority to access the requested information.

As proof of identity, I am including

- Copy of my Driver's License, Passport, or other Government Issued Picture ID
- Notarized statement swearing to or affirming my identity
- A sworn statement as to my identity, under penalty of perjury. The sworn statement must meet the requirements of 28 USC section 1746

I am willing to pay fees for this request up to a maximum of \$25.00. If you estimate that the fees will exceed this limit, please inform me first.

Thank you for your consideration of this request.

Sincerely,



David W Collins

DRIVER LICENSE

DUP

USA  
TN

Tennessee

THE VOLUNTEER STATE

NOT FOR REAL ID ACT PURPOSES

DL NO. 102359534 DOD 03/30/1963

EXP 01/20/2026 ISS 06/08/2021

CLASS D END F

REST 01

SEX M HT 5-08" EYES GRN

DL 532106080834153

COLLINS  
DAVID WAYNE  
7298 FLAGRIDGE DR

OOLTEWAH, TN 37363



Handwritten signature in black ink.

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211590403550220101



03/30/1963

Rev 12/02/2011

ENDORSEMENTS:  
F - For Hire



CLASS: D Vehicles <26,000 (Operator)

RESTRICTIONS: 01 Glasses, Contact

**ORGAN DONOR**  I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here:

Any Organ/Tissue

Entire Body

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Blood Type \_\_\_\_\_

Specific Organ(s)/Tissue \_\_\_\_\_

RH Factor \_\_\_\_\_

**FOR NON-PHOTO  
SIGN HERE:**