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
must meet the requirements of 20 030 section 1740

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



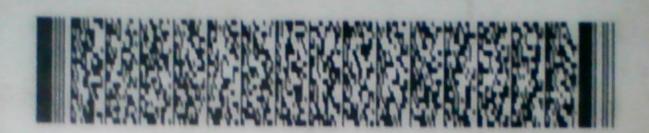
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03/30/1963 Rev 12/02/2011 ENDORSEMENTS: F - For Hire



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CLASS: U Vehicles <26,000 (Operator)

RESTRICTIONS: 01 Glasses, Coreact

ORGAN | I hereby certify that I am to a poler, of sound mind, and | Any Organ/Tissue DONOR | upon my death, wish to make an anatomical gift noted here: | Entire Body Blood Type | Blood Type | RH Factor | RH Factor |

FOR NON-PHOTO SIGN HERE: