



dc Tax, LLC
9301 Ocoee St, #64
Chattanooga, TN 37363

IRS representation for individuals & small business

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
P: (423) 482-9737
F: (423) 558-3274

Taxpayer Name: Pedro & Nelmarie Gonzalez
Taxpayer SSN: 582-75-9716 & 111-62-1363
Periods Covered: 01/01/2021 to 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 \$3,000 on 12/04/2023 assessed to taxpayer's ↓ Tax Year ↓ Form 1040. I am seeking all documents related to decision to find my client liable; including, but not limited to, the following documents:

- All documents received by the IRS in response to a 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 documents received by the IRS in response to a Form 4564, whether provided by the taxpayer or taxpayer's representative.
- All Notice(s) of Deficiency

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 to the requested information.

As proof of identity, I am including [pick one]

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. 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
Enrolled Agent


encl:

Copy of driver's license (front & back)
Form 2848

DUP USA TN

Tennessee
THE VOLUNTEER STATE

DRIVER LICENSE




NOT FOR REAL ID ACT PURPOSES

DL NO. **102359534** DOB **03/30/1963**
 EXP **01/29/2026** ISS **06/08/2021**

CLASS **D** ENG **F**
 REST **01**

SEX **M** HGT **5'-08"** EYES **GRN**
 DO **5022106080834153**




COLLINS
DAVID WAYNE
7298 FLAGRIDGE DR
COLTEWAH, TN 37363



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03/30/1963
 Rev 12/02/2011

ENDORSEMENTS:
 F - For Hire

CLASS: D Vehicles <26,000 (Operator)

RESTRICTIONS: 01 Glasses, Contacts

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:

Donor Signature _____ Date _____

Specific Organ(s)/Tissue _____

Any Organ/Tissue
 Entire Body
 Blood Type _____
 RH Factor _____

FOR NON-PHOTO SIGN HERE: