



ONWEST23
PO Box 1022
Wixom MI 48393-1022



West Asset Management
800-628-1194

March 11, 2009

41-1017-100-23 139253064



James [redacted]
Buffalo NY [redacted]

Total Balance Due: \$4276.27

Taxpayer ID#: [redacted]
Taxpayer Case #: [redacted]

Dear James [redacted]

The New York State Department of Taxation and Finance has placed your account with West Asset Management, Inc. for collection.

Demand is hereby made upon you for payment of the balance due.

Please remit full payment to the New York State Department of Taxation and Finance using the enclosed payment document. If you are unable to pay in full, please contact this office at our toll free number, 800-628-1194 to set up specific payment arrangements on the above referenced account.

Unless you notify this office within 30 days of receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

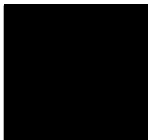
This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose. For quality assurance purposes, inbound and outbound calls may be monitored or recorded.

Office hours are: Monday – 9AM to 9PM, Tuesday – 9AM to 8PM, Wed-Thur – 9AM to 6PM, Friday – 8AM to 5PM, and Saturday 8AM to 12PM.

The balance owed on your account includes the following assessments. These assessment balances include current tax, penalties, and interest charges as of Mar 11 2009. The addition of interest and/or applicable penalty(s) will continue to accrue until the balance is paid in full.

<u>Tax Period</u>	<u>Assessment #</u>	<u>Balance Due</u>
12/31/01	[redacted]	4276.27
<u>Total Balance Due:</u>		\$4276.27

Payment Document



ONWEST23
PO Box 1022
Wixom MI 48393-1022

If name and address shown is incorrect or has changed, enter correct information and return this entire payment document.

James [redacted]
77 Military Rd
Buffalo NY [redacted]

Taxpayer ID#: [redacted]
Taxpayer Case #: [redacted]

- Instructions -
- Use the coupon below to pay your outstanding liability(ies).
 - Check the appropriate box(es) and enter the amount to be applied.
 - If you entered a name and address change above, return this **entire** payment document **Otherwise**, detach the coupon below and return it with your payment in the envelope provided.

This collection agency is licensed by the New York City Department of Consumer Affairs, license number 1187934.

97ONWEST23-00

-
- Payment for **Case ID:** [redacted]
 - Payment for other outstanding liabilities **Taxpayer ID:** [redacted]

Amount to be applied
\$ _____
\$ _____

Make your check or money order* payable to the *Commissioner of Taxation and Finance*. Include your complete Case ID or Taxpayer ID number on your payment.

*If you prefer to pay by credit card or electronic funds withdrawal, please visit *New York State's Website* at www.nystax.gov and click on *Electronic Services*.

Make sure this address shows through envelope window.



For office use only	
Form track number	<input type="checkbox"/>
Amount received	<input type="checkbox"/>
Payment effect/rec'd dates	<input type="checkbox"/>

||||||| [redacted] |||
NYS ASSESSMENT RECEIVABLES
PO Box 4127
Binghamton NY 13902-4127

DOWNLOADED FROM:

***Sovereignty Education and Defense Ministry
(SEDM) Website***

<http://sedm.org>

