

ATTY: [REDACTED]

TEL: [REDACTED]

Jan 12,05 20:39 No.001 P.02



MASSACHUSETTS DEPT. OF REVENUE
PO BOX 7016
BOSTON, MA 02204

Customer Service Bureau
Telephone: (617) 887-6367
www.mass.gov/dor

NOTICE OF ASSESSMENT

This is an official notice from the Massachusetts Dept. of Revenue.

[REDACTED] 400
[REDACTED]
WILBRAHAM, MA [REDACTED]

Notice Date:	January 04, 2005
Taxpayer ID Number:	[REDACTED]
Bill Number:	[REDACTED]
Total Amount Due:	\$5,782.47
Payment Due Date:	February 03, 2005
Tax Type:	Individual Income



1-1 00007-V-01/04/05 218

You are receiving this Notice of Assessment because ...

The records of the Massachusetts Department of Revenue indicate that you have an outstanding liability of \$5,782.47 that you owe to the Commonwealth of Massachusetts. This amount includes tax, interest and penalties. Interest and penalties will continue to accrue until the balance is paid in full (see page 4 for more information). To avoid additional interest and penalty charges, you must pay the total amount due by February 03, 2005.

Actions you should take...

Submit Payment - Make your payment electronically via our website: www.mass.gov/dor; make a phone payment with an agent at the number listed above, or mail your payment along with the coupon shown below for the total amount assessed. Include your ID # on your check or money order. If you decide to dispute the assessed amount, you are not required to pay but may want to in order to avoid additional interest and penalty charges. If your appeal is successful, any money paid will be refunded with applicable interest.

Enter into a payment agreement - You may be eligible to pay the total amount due through monthly installments. Visit our website to arrange for monthly payments or to see if you can pay this amount by credit card or call our automated telephone system at (617)887-MDOR (6367) or toll-free in Massachusetts at 1-800-392-6089. For amounts over \$5000 call 617-887-6400.

Dispute the assessment - You have the right to appeal. If you believe that the information on this notice is incorrect and wish to dispute this assessment, you may file an Application for Abatement/Amended Return (see page 2 - "What Type of Assistance is available" for details.)

Interest and penalties will continue to accrue until you pay the full amount.

Page 1 of 4

CUT HERE AND RETURN THE COUPON BELOW IN THE ENVELOPE PROVIDED



Your payment must be postmarked by February 03, 2005

Taxpayer ID Number:	[REDACTED]
Bill Number:	[REDACTED]
Payment Due Date:	February 03, 2005
Total Amount Due:	\$5,782.47

Enter Amount Enclosed \$ [REDACTED]

With your Taxpayer ID # on your check or money order and make it payable to Commonwealth of Massachusetts

Please complete only if your address or phone has changed.

Street _____ Apt No. _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

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Massachusetts Department of Revenue
P. O. Box 7065
Boston, MA 02204-7065

1-1 00007-V-01/04/05 218 (1) 218

EXHIBIT A 1 of 1

DOWNLOADED FROM:

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

<http://sedm.org>

