

Request for a Collection Due Process or Equivalent Hearing

6. Basis for Hearing Request (Both boxes can be checked if you have received both a lien and levy notice)

- Filed Notice of Federal Tax Lien Proposed Levy or Actual Levy

7. Equivalent Hearing (See the instructions for more information on Equivalent Hearings)

- I would like an Equivalent Hearing - I would like a hearing equivalent to a CDP Hearing if my request for a CDP hearing does not meet the requirements for a timely CDP Hearing.

8. Check the most appropriate box for the reason you disagree with the filing of the lien or the levy. **See page 4 of this form for examples.** You can add more pages if you don't have enough space. If, during your CDP Hearing, you think you would like to discuss a Collection Alternative to the action proposed by the Collection function it is recommended you submit a completed Form 433A (Individual) and/or Form 433B (Business), as appropriate, with this form. See www.irs.gov for copies of the forms. Generally, the Office of Appeals will ask the Collection Function to review, verify and provide their opinion on any new information you submit. We will share their comments with you and give you the opportunity to respond.

Collection Alternative Installment Agreement Offer in Compromise I Cannot Pay Balance

Lien Subordination Discharge Withdrawal

Please explain: Documents received through FOIA PA requests show no valid procedurally properly filed record of assessment has been produced for the alleged penalties.

My Spouse Is Responsible Innocent Spouse Relief (Please attach Form 8857, *Request for Innocent Spouse Relief*, to your request.)

Other (For examples, see page 4)

Reason (You must provide a reason for the dispute or your request for a CDP hearing will not be honored. Use as much space as you need to explain the reason for your request. Attach extra pages if necessary.):

I am not "liable" for the FRP because I have never been or filed ANY FRIVOLOUS RETURN required by statute to be filed by me. I have never been the employee described by the tax code or have been employed by an employer as defined by the tax code. The alleged penalty/taxes owed are applicable only to employers and not "private employees in the private sector."

9. Signatures

I understand the CDP hearing and any subsequent judicial review will suspend the statutory period of limitations for collection action. I also understand my representative or I must sign and date this request before the IRS Office of Appeals can accept it. If you are signing as an officer of a company add your title (*president, secretary, etc.*) behind your signature.

SIGN HERE

Signature 	Date 05-02-2017
Taxpayer 2's Signature (if a joint request, both must sign)	Date

I request my CDP hearing be held with my authorized representative (attach a copy of Form 2848)

Authorized Representative's Signature	Authorized Representative's Name	Telephone Number
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IRS Use Only		
IRS Employee (Print)	Employee Telephone Number	IRS Received Date

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

ANDOVER, MA 01810

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee amount)	\$2.25
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.19

Total Postage and Fees \$7.29

0366
06

Postmark
Here

05/04/2017

Sent to
 Department of the Treasury - IRS
 Andover MA 01810-9041
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 9534-02-000-9047 See Reverse for Instructions

7016 2070 0000 2480 7077

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Department of the Treasury
 Internal Revenue Service
 Andover, MA 01810-9041



9590 9402 2191 6193 9200 81

2. Article Number (Transfer from service label)

7016 2070 0000 2480 7077

PS Form 3811, July 2015 PSN 7530-02-000-8053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

B. Received by (Printed Name) ANDOVER, MA 01810

C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

MAY - 8 2017
 INTERNAL REVENUE SERVICE

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return