

December 17, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No. 7016 2070 0000 2480 6957

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a copy of documents pertaining to Elias Agredo-Narvaez for the year 2013.

Authority: 5 U.S.C. Sec 552/552a

Dear Disclosure Officer:

This request is being made under the authority of the Freedom of Information Act/ Privacy Act at 5 U.S.C. sec 552/552a. I am entitled to a copy of these records, as they pertain to me.

Please provide true and correct copies of the following **business records**:

1. Forms 12775 and 8278 related to Elias Agredo-Narvaez for the year 2013.

This is my firm commitment to pay up to \$15.00 for search and copying of these records.

The purpose of these request is to stablsh whether proper procedures have been followed regarding the application of certain civil penalties.

Thank you for your prompt attention to this matter.

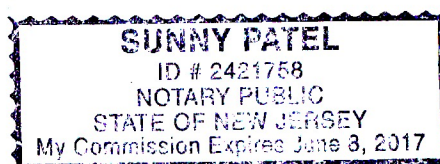
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2013



December 17, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No.

7016 2070 0000 2480 6957

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a **copy of Sec 6020(b) returns and transcripts**

Authority: 5 U.S.C. Sec 552/552a

Dear Disclosure Officer:

This request is being made under the authority of the Freedom of Information Act/ Privacy Act at 5 U.S.C. sec 552/552a. I am entitled to a copy of these records, as they pertain to me.

Please provide certified copies of the following documents:

1. Any internal use transcript(s) indicating that an IRC sec 6020(b) Return was prepared by I.R.S. for **MTT>30** and/or **MTT>55** for Elias Agredo-Narvaez for the year 2013.
2. Any IRC sec 6020(b) Return prepared for Elias Agredo-Narvaez for the year 2013, including certifications

This is my firm commitment to pay up to \$20.00 for search and copying of these records.

The purpose of these request is to stablish whether certain administrative procedures have been followed by the Internal Revenue Service.

Thank you for your prompt attention to this matter.

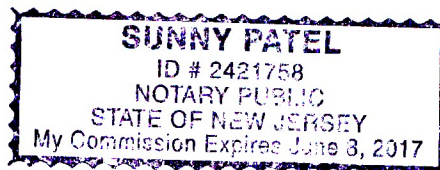
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2013-3



December 17, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No 7016 2070 0000 2480 6957

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a copy of IRS internal transcripts "**TXMODA**"

Authority: 5 U.S.C. Sec 552/552a

Dear Disclosure Officer:

This request is being made under the authority of the Freedom of Information Act/ Privacy Act at 5 U.S.C. sec 552/552a. I am entitled to a copy of these records, as they pertain to me.

Please provide true and correct copies of the following IRS **business documents**:

1. **TXMODA**, and any other internal use transcript(s) showing "Control Base and History Information" for **MFT>55** for Elias Agredo-Narvaez for the year 2013

This is my firm commitment to pay up to \$15.00 for search and copying of these records.

The purpose of these request is to stablish whether certain administrative procedures have been followed by the Internal Revenue Service.

Thank you for your prompt attention to this matter.

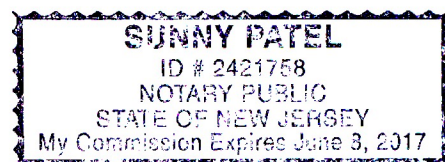
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2013-2



December 19, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No.

7016 2070 0000 2480 7008

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a copy of IRS internal transcripts "**TXMODA**"

Authority: 5 U.S.C. Sec 552/552a

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1. **TXMODA**, and any other internal use transcript(s) showing "Control Base and History Information" for **MFT>55** for Elias Agredo-Narvaez for the year 2015

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The purpose of these request is to stablish whether certain administrative procedures have been followed by the Internal Revenue Service.

Thank you for your prompt attention to this matter.

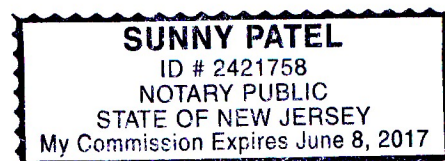
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2015-2



December 19, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No.

7016 2070 0000 2480 7008

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a **copy of Sec 6020(b) returns and transcripts**

Authority: 5 U.S.C. Sec 552/552a

Dear Disclosure Officer:

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2. Any IRC sec 6020(b) Return prepared for Elias Agredo-Narvaez for the year 2015, including certifications

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Thank you for your prompt attention to this matter.

Sincerely,

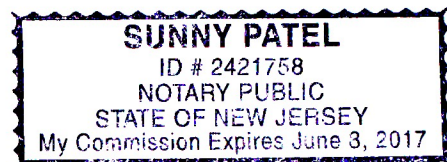
[REDACTED]

Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2015-3



December 19, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No. 7016 2070 0000 2480 7008

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a copy of documents pertaining to Elias Agredo-Narvaez for the year 2015.

Authority: 5 U.S.C. Sec 552/552a

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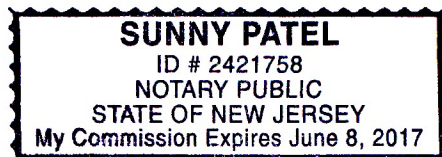
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2015



December 18, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No.

7016 2070 0000 2480 6964

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a copy of IRS internal transcripts "**TXMODA**"

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The purpose of these request is to stablish whether certain administrative procedures have been followed by the Internal Revenue Service.

Thank you for your prompt attention to this matter.

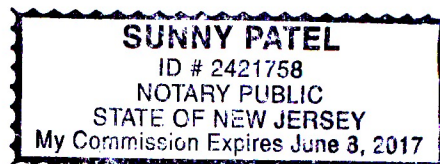
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2014-2



December 18, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No.

7016 2070 0000 2480 6964

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

Purpose: Secure a **copy of Sec 6020(b) returns and transcripts**

Authority: 5 U.S.C. Sec 552/552a

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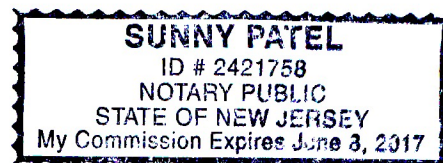
Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2014-3



December 18, 2016

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527]

VIA CERTIFIED MAIL No. 7016 2070 0000 2480 6964

Internal Revenue Service
Disclosure Scanning Operation- Stop 93 A
P.O. Box 621506
Atlanta, GA 30362-3006

Re: REQUEST UNDER FREEDOM OF INFORMATION ACT AND PRIVACY ACT

Identification: Social Security Number [REDACTED]

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Thank you for your prompt attention to this matter.

Sincerely,

[REDACTED]
Elias Agredo-Narvaez

Subscribed and sworn before me this 21st th day of December, 2016

Sunny Patel
Notary Public

Item# 122372-EAN-IRSFOIA-2014

SUNNY PATEL
ID # 2421758
NOTARY PUBLIC
STATE OF NEW JERSEY
My Commission Expires June 8, 2017

7016 2070 0000 2480 6957

U.S. Postal Service™
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OFFICIAL USE

ATLANTA GA 30362

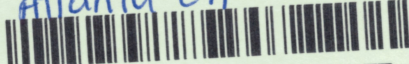
Certified Mail Fee	\$3.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.47
Total Postage and Fees	\$6.47

Postmark Here 0366 13

12/22/2016

Send to
Street and Apt. No. or P.O. Box No.
Stop 93A P.O. Box 621506
City, State, ZIP+4®
Atlanta GA 30362-3006

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee
1. Article Addressed to: Internal Revenue Service Disclosure Scanning Operation Stop 93A P.O. Box 621506 Atlanta GA 30362-3006	B. Received by (Printed Name) RECEIVED C. Date of Delivery 12/28/16
 9590 9403 0694 5196 6890 77	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No ATSC IRS #7039
2. Article Number (Transfer from service label) 7016 20700000 24806957	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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

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

ATLANTA, GA 30362

OFFICIAL USE

Certified Mail Fee \$3.30

Extra Services & Fees (check box, add fee as appropriate)

<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 \$0.47

Total Postage and Fees \$6.47

Postmark Here

12/22/2016

Sent To
Street and Apt. No. or PO Box No.
City, State, ZIP+4®

IRS Disclosure Scanning Operation
Stop 93A
P.O. Box 621506
Atlanta GA 30362-3006

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Internal Revenue Service
Disclosure Scanning Operation
Stop 93A
P.O. Box 621506
Atlanta, GA 30362-3006

2. Article Number (Transfer from service label)

7016 2070 0000 2480 7008

9590 9403 0694 5196 6890 84

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

RECEIVED
122816
ATSC IRS #7039

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7016 2070 0000 2480 6964

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
ATLANTA GA 30362	
OFFICIAL USE	
Certified Mail Fee \$3.30	
\$2.70	
Extra Services & Fees (check box, add fee as appropriate)	
<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 \$0.47	
Total Postage and Fees \$6.47	
Sent To	IRS Disclosure Scanning Step
Street and Apt. No., or P.O. Box No.	43 A P.O. Box 621506
City, State, ZIP+4®	Atlanta GA 30362-3006
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
2, and 3. address on the reverse the card to you. back of the mailpiece, permits.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
Service ing operation -3006 4	B. Received by (Printed Name) C. Date of Delivery 12 28 16 ATSC IRS #7039
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt