

10 04 06:09p

p. 1

**MASSACHUSETTS DEPT OF REVENUE**  
 PO BOX 7067  
 BOSTON MA 02204 7067  
 Customer Service Bureau  
 Telephone (617) 887-6367  
 www.mass.gov/dor

Notice Date: November 17 2004  
 Taxpayer ID Number: [REDACTED]  
 Document Number: [REDACTED]  
 Proposed Assessment: \$5,722.97  
 Response Due Date: December 17, 2004  
 Tax Type: Individual Income

**FAILURE TO FILE NOTICE**  
 This is an official notice from the Massachusetts Dept of Revenue

[REDACTED] 050  
 [REDACTED]  
 WILBRAHAM, MA [REDACTED]



[REDACTED] 1

11 00338-11/13/04 234

**You are receiving this notice because...**

The Massachusetts Department of Revenue has determined that you have failed to file and that you owe taxes to the Commonwealth of Massachusetts for the period from 01/01/01 to 12/31/01 (See page 3 - "Proposed Assessment Detail")

**If you agree with this notice...**

You are instructed to file the required return within 30 days of the date of this notice showing the correct tax due and to pay that amount. If our records indicate that the return you filed is incorrect or that the tax you report is insufficient, an assessment pursuant to the provisions of General Laws, chapter 82C, section 28 can be made.

Complete a tax return for the period listed and mail it with the Response Form at the bottom of Page 2. Blank returns are available from several sources (see Page 2 - "What Type of Assistance is Available"). If you are adjusting any of the income tax items please attach a statement explaining the change.


**If you disagree with this notice...**

If you believe that you have filed this return or that you were not required to file a return for this year, please contact the Customer Service Bureau at (617) 887-6367. If you prefer to respond in writing include the reasons you were not required to file or any pertinent documentation that would prove that you filed. If a payment was made with your return include a copy of your canceled check (front and back). Mail this and all documentation with the Response Form at the bottom of Page 2.

If you are unable to show that this return is not required to be filed and, if you thereafter refuse to file this return, the Commissioner will make an assessment pursuant to the provisions of General Laws, chapter 82C section 28. These provisions allow the Commissioner to determine the tax due and assess the same at not more than double the amount so determined.

**If you fail to file these returns as requested...**

You will be assessed the amounts shown in the proposed assessment on page three. You may prevent the accrual of additional interest and penalty by simply paying in full, the amount of the proposed assessment. Mail your check or money order along with the Payment Coupon below.

 If you do not respond by December 17, 2004, you will receive a bill that reflects the tax that you owe, plus interest and any applicable penalties. Interest and penalties will continue to accrue until you pay the full amount due (see "Understanding the Failure to File Notice" for more information).

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CUT HERE AND RETURN THE COUPON BELOW IN THE ENVELOPE PROVIDED

Please check the appropriate boxes

**Submit payment.**

I am paying the following amount:

Write your Taxpayer ID # on your check or money order  
 \$ [REDACTED]

Make check or money order payable to  
 Commonwealth of Massachusetts



RONALD R MORACE

Taxpayer ID Number: [REDACTED]  
 Document Number: [REDACTED]  
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11 00338-11/13/04 234

**Payment Coupon**

**Address or phone number change.**  
 See reverse side

MAIL  
 Massachusetts Department of Revenue  
 P O Box 7072  
 Boston, MA 02204

(1)  
 234

EXHIBIT A of 2

DOWNLOADED FROM:

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

<http://sedm.org>

