

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>INTERNAL REVENUE SERVICE DISCLOSURE SCANNING OPERATION MAIL STOP 93A P.O. BOX 621506 ATLANTA, GA 30362-3006</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED 040414 ATSC IRS #7039</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; border: 1px solid black; padding: 5px;">7013 1710 0000 8297 2950</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

BARBARA JORDAN MAIN PO
 HOUSTON, Texas
 772019998
 4841490010-0094
 03/31/2014 (800)275-8777 05:56:24 PM


Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price
ATLANTA GA 30362 Zone-5		\$0.49
First-Class Mail Letter		
0.60 oz.		
Expected Delivery: Fri 04/04/14		
Return Rcpt (Green Card)		\$2.70
@@ Certified		\$3.30
USPS Certified Mail #: 70131710000082972950		
Issue PVI:		\$6.49

Total: **\$6.49**

Paid by:
 AMEX \$6.49
 Account #: XXXXXXXXXXXX9003
 Approval #: 599339
 Transaction #: 276
 239031400021424745651

@@ For tracking or inquiries go to
 USPS.com or call 1-800-222-1811.

7013 1710 0000 8297 2950

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com ®		
ATLANTA GA 30362		
Postage	\$ 0.49	0010  Postmark Here
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.49	
Sent To <i>IRS - Disclosure Scanning Operation</i> Street, Apt. No., or PO Box No. <i>Mail Stop 93A, P.O. Box 621506</i> City, State, ZIP+4 <i>Atlanta, GA 30362-3006</i>		
PS Form 3800, August 2006		See Reverse for Instructions

March 31, 2014

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7013 1710 0000 8297 2950**

Robert Allen McNeil, **SSN: 460-82-7522, DOB 01/23/1949**
1302 Waugh Dr. #498
Houston, Dr. 77019-3908

Internal Revenue Service
Disclosure Scanning Operation
Mail Stop 93A
Post Office Box 621506
Atlanta, Georgia 30362-3006

This is a request for information pursuant to the Freedom of Information Act and Privacy Act, 5 U.S.C. §§ 552 and 552a and the regulations thereunder. This is my firm promise to pay costs and fees for the search, reproduction, and certification of documents responsive to this request upon your billing. I am not waiving personal inspection of the documents at this time. I certify that the requested information is for my personal, educational, noncommercial use. I further certify that I have a material interest in the requested information.

{I previously made a request for my Individual Master File (IMF) more than 6 months ago. Based on my analysis of your response, I need to request the specific documents below to ensure that my IMF is accurate.}

1. Please return a complete, clean copy of this request showing your stamp and the date this request was received.
2. Please send me a copy of any and all documents associated with the following Transaction Codes that were recorded to my IMF for the years 2002, 2003, 2004, 2005, 2006 and 2008, or admit that the/those document(s) does/do not exist:

PERIOD	TC	TC DATE	DLN
200212	300	3/6/2006	17251-065-13600-7
200212	290	3/26/2007	49254-467-05789-7
200212	290	4/30/2007	17254-500-18030-7
200312	300	4/5/2010	49247-476-00001-0
200412	300	5/17/2010	49247-517-00000-0
200512	300	5/17/2010	49247-517-00001-0
200612	300	5/17/2010	49247-517-00002-0
200812	300	12/26/2011	29247-739-00112-1

JURAT per the IRS Guide to the Freedom of Information Act¹ and 28 U.S.C. § 1746–
I declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct and the information requested pertains to me.

Executed on March 31, 2014.



Robert Allen McNeil – All rights reserved

¹ “Presenting a sworn statement as to your identity, under penalty of perjury (You may include in your FOIA request “I declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct. Executed on [date]. I am [your name] and I am requesting...”)” Internal Revenue Service – Guide to the Freedom of Information Act, January 12, 2004, pg. 20 of 23.