

1. Name of taxpayer (include aliases) and any related taxpayers who committed the violation Albany Helping Hands Incorporated	2. Last 4 digits of Taxpayer Identification Number(s) (e.g., SSN, ITIN, or EIN) 4271
3. Taxpayer's address, including ZIP code PO Box 2252, Albany Oregon 97321-0606	4. Taxpayer's date of birth or approximate age 04/13/1998

5. Name and title and contact information of IRS employee to whom violation was first reported, if known

6. Date violation reported (in number 5), if applicable	7. Did you submit this information to other Federal or State Agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. If yes in number 7, list the Agency Name and date submitted
 State of Oregon Seniors & Disabilities Adult Protective Services / FBI / Local Albany Police Department

9. Is this New submission or Supplemental submission
 If a supplemental submission, list previously assigned claim number(s)

10. Alleged Violation of Tax Law (check all that apply)

<input checked="" type="checkbox"/> Income Tax	<input checked="" type="checkbox"/> Employment Tax	<input type="checkbox"/> Estate & Gift Tax	<input type="checkbox"/> Tax Exempt Bonds
<input type="checkbox"/> Employee Plans	<input type="checkbox"/> Governmental Entities	<input checked="" type="checkbox"/> Exempt Organizations	<input type="checkbox"/> Excise
<input type="checkbox"/> Other (identify)			

11. Describe the Alleged Violation. State all pertinent facts to the alleged violation. (Attach a detailed explanation and include all supporting information in your possession and describe the availability and location of any additional supporting information not in your possession.) Explain why you believe the act described constitutes a violation of the tax laws

Receiving mass cash payments from Linn Co P&P for housing felons / forced manual labor of residents

12. Describe how you learned about and/or obtained the information that supports this claim. (Attach sheet if needed)

Donor - securities, jobs, other 6/2013 - 10/2015, Resident 6/2013 - 7/2014 / Volunteer / Cargiver to residents / founder whyhomeless.org

13. What date did you acquire this information

14. What is your relationship (current and former) to the alleged noncompliant taxpayer(s)? Check all that apply. (Attach sheet if needed)

<input type="checkbox"/> Current Employee	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Attorney	<input type="checkbox"/> CPA
<input type="checkbox"/> Relative/Family Member	<input checked="" type="checkbox"/> Other (describe) Resident, Donor, Volunteer		

15. Do you still maintain a relationship with the taxpayer Yes No

16. If yes to number 15, describe your relationship with the taxpayer

17. Are you involved with any governmental or legal proceeding involving the taxpayer Yes No

18. If yes to number 17, Explain in detail. (Attach sheet if needed)

Spl Ag Jeff Shults, FBI Eugene OR 541 343-5222 ext 6271 - 18 USC 1513 - reatliation victim, exploitation, theft of fed funds, donor fraud

19. Describe the amount of tax owed by the taxpayer(s). Provide a summary of the information you have that supports your claim as to the amount owed (i.e. books, ledgers, records, receipts, tax returns, etc). (Attach sheet if needed)

Unknown - Actuarial records Linn Co P&Pt

20. Fill in Tax Year (TY) and Dollar Amount (\$), if known

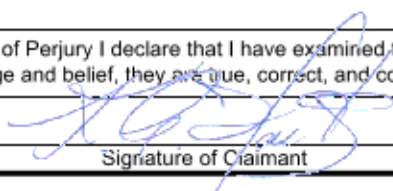
TY	\$	TY	\$	TY	\$	TY	\$
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21. Name of individual claimant Kim Anthony Hartsock	22. Claimant's date of birth (MMDDYYYY) Feb 8 1954	23. Last 4 digits of Claimant's SSN or ITIN 7985
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24. Address of claimant, including ZIP code 144 Railroad Ave. #213, Edmonds, WA 98020	25. Telephone number (including area code) 408 300-5900
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26. Email addr tony@corpcrimefighters.org

27. Declaration under Penalty of Perjury I declare that I have examined this application, all accompanying statement and supporting documentation, and, to the best of my knowledge and belief, they are true, correct, and complete



Signature of Claimant

2/27/2016
Date