

Form **211**
(March 2014)

Department of the Treasury - Internal Revenue Service

Application for Award for Original Information

OMB Number 1545-0409

Date Claim received

Claim number (completed by IRS)

1. Name of taxpayer (include aliases) and any related taxpayers who committed the violation
Oregon Cascades West Senior Services Foundation, all cohorts, all directors and chairman
aka Oregon Cascades West Council of Governments, <http://www.ocwcog.org/> + employees, cities

2. Last 4 digits of Taxpayer Identification Number(s) (e.g., SSN, ITIN, or EIN)
3218

3. Taxpayer's address, including ZIP code
1400 Queen Avenue SE, Albany, OR 97322-6796

4. Taxpayer's date of birth or approximate age
4/1997

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
 Yes No

8. If yes in number 7, list the Agency Name and date submitted

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)

- Income Tax
- Employment Tax
- Estate & Gift Tax
- Tax Exempt Bonds
- Employee Plans
- Governmental Entities
- Exempt Organizations
- Excise
- Other (identify) This company is posing as government to create criminal bill, sell land to aliens, cover up \$ trillions syphomed to Asia ille

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

There are billions of facts and tons of evidence. The fact they exist and hire 300+ commissioned company police that pose as law-enforcement is a start. You need to contact me 408 300-5900. I am not going to put info here that will cause chaos and anger, death and destruction of these people.

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

I am a principle software engineer in the area. I reported two other violations in the area 2/27/2016. Did not know until recently they were connected.

13. What date did you acquire this information Within the month of October 2016

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

- Current Employee
- Former Employee
- Attorney
- CPA
- Relative/Family Member
- Other (describe) I was the care giver for a few people the killed.

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)

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)

Trillions - every missing dollar in the USA currency when all criminals are linked.

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

TY _____ \$ _____ TY _____ \$ _____ TY _____ \$ _____ TY _____ \$ _____

21. Name of individual claimant
Kim Anthony Harsock

22. Claimant's date of birth (MMDDYYYY)
Feb 08 1954

23. Last 4 digits of Claimant's SSN or ITIN
7985

24. Address of claimant, including ZIP code
144 Railroad Ave. #213, Edmond, WA 98020

25. Telephone number (including area code)
408 300-5900

26. Email address hartsock@herzog.world

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

Oct 25, 2016

Date