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)

| Original Information | | | | | | | | | | | ,, | , | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------|-----------------|----------|------------|---------------------------------------------------------------------------------|------------|-----------------------------------------|---------------------------------------------|------------------------------------------------|--------------|--------------|--|--|
| I. Name of taxpayer (include aliases) and any related taxpayers who committed the violation | | | | | | | | | 2. Last 4 digits of Taxpayer Identification | | | | | |
| Signs Of Victory Ministries Incorporated | | | | | | | | Number(s) (e.g., SSN, ITIN, or EIN) | | | | | | |
| | | | | | | | | 5600 | | | | | | |
| 3. Taxpayer's address, including ZIP code | | | | | | | | | | 4. Taxpayer's date of birth or approximate age | | | | |
| PO Box 186 Albany Oregon 97321-0054 | | | | | | | | | | May 1985 | | | | |
| . 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 X Yes No | | | | | | | | |
| If yes in number 7, list the Agency Name and date submitted | | | | | | | | | | | | | | |
| Oregon Senior & Disabi | lities - Adult F | rotective Services | , Federal Bure | au of I | nvestiga | tion (| Albany, C | R Polic | e Dept | Municip | ality) | | | |
| . Is this X New submission or Supplemental submission | | | | | | | | | | | | | | |
| a supplemental submission, list previously assigned claim number(s) | | | | | | | | | | | | | | |
| 0. Alleged Violation of Tax Law (check all that apply) | | | | | | | | | | | | | | |
| x Income Tax | <u>x</u> | Employment Tax Estate & Gift Tax Tax Exempt Bonds | | | | | | | | | | | | |
| Employee Plans | | | | | | | | | <u> </u> | | | | | |
| Other (identify) | . Exolor Exolor | | | | | | | | | | | | | |
| 1. 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 Operating rent & dump housing/shelter w/ cash pay from SSA Pro Payee Rep / Linn Co MH enrolled, eviction wo UD, forced manual labor w/o pay. | | | | | | | | | | | | | | |
| operating rem to damp | iousing silence | · ··· cassi pay iron | | Стер | · Dilli C | | · emonea | , • • • • • • • • • • • • • • • • • • • | | 2,10100 | | · ····· pay. | | |
| 2. Describe how you learned about and/or obtained the information that supports this claim. (Attach sheet if needed) | | | | | | | | | | | | | | |
| Volunteer Warming Center Manager for SOV, Donor, Caregiver for MI & Phy Dis | | | | | | | | | | | | | | |
| 3. What date did you acquire this information December 18 2014 | | | | | | | | | | | | | | |
| 14. What is your relationship (current and former) to the alleged noncompliant taxpayer(s)? Check all that apply. (Attach sheet if needed) | | | | | | | | | | | | | | |
| Current Employee | | | | | | | | | | | | | | |
| Relative/Family Mer | mber X | Other (describe | Donor - S | ecuriti | es, Forn | ner Vo | olunteer | | | | | | | |
| 15. Do you still maintain a relationship with the taxpayer Yes X No | | | | | | | | | | | | | | |
| 16. If yes to number 15, describe your relationship with the taxpayer | | | | | | | | | | | | | | |
| 17. Are you involved with | any governme | ental or legal proce | eding involving | the tax | payer | × | Yes | | No | | | | | |
| 18. If yes to number 17, E | Explain in deta | il. (Attach sheet if r | needed) | | | | | | | | | | | |
| Spl. Ag. Jeff Shultz, FB | Eugene Or 54 | 41 343-5222 ext 6 | 271 - victim of | retallia | ation 18 | USC | Statute 15 | 13 & m | ass pul | olic corrupt | ion | | | |
| 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) | | | | | | | | | | | | | | |
| \$1,819,080.00 guestima | te based on tin | ne averages, Actua | rial PPR accou | nting (| converte | ed to o | cash) Payl | E Inc. El | N70 | 50 | | | | |
| 20. Fill in Tax Year (TY) | and Dollar Amo | ount (\$), if known | | | | | | | | | | | | |
| ry \$ | TY | _ \$ | _ TY | \$ | | _ T\ | | \$ | | _ TY | \$ | | | |
| 21. Name of individual cla | aimant | | 22. Claimant's | s date | of birth (| MMD | DYYYY) | 23. La | st 4 dig | gits of Claim | nant's SSN o | or ITIN | | |
| Kim Anthony Hartsock Feb 8 1954 | | | | | | | | | 7985 | | | | | |
| 24. Address of claimant, including ZIP code | | | | | | | | | 25. Telephone number (including area code) | | | | | |
| 144 Railroad Ave. #213, edmonds, WA 98020 | | | | | | | | | 408 300-5900 | | | | | |
| | | | | | | | | | 26. Email addr tony@corpcrimefighters.org | | | | | |
| 7. 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 வச்சும்ம், correct, and complete | | | | | | | | | | | | | | |
| | | | | | | | | | 2/27/2016 | | | | | |
| Signature of Calimant | | | | | | | | Date | | | | | | |
| | | | | | | | | | | | | | | |