

Via Certified Mail To:  
MA Treasurer Deborah B. Goldberg  
MDOR Commissioner Geoffrey E. Snyder  
MDOR Audit Division

David P. Fontaine

Attachments: 1. Exhibit 236 – MDOR fraudulent NOTICE OF INTENT TO ASSESS  
2. Exhibit 212 – My latest Letter dated Nov 15, 2021 to 5 IRS Offices

Reference: Exhibit 001 – My Chronology of Exhibits and Correspondence since Apr 1999  
(pdf @ [www.Restore-America.com](http://www.Restore-America.com). See Allegation 11 under Petition)

## **NOTICE: FRAUDULENT ENFORCEMENT OF “INCOME TAX”**

Jul 05, 2022

Your fraudulent “NOTICE OF INTENT TO ASSESS” (Attachment 1, hereinafter referenced YOUR DOCUMENT) contains misconstructions of Fundamental Law (detailed in Attachment 2).

Your Form 1 Instruction Booklets reference Federal Internal Revenue Codes (26 USC); thereby requiring strict adherence to 26 USC’s multiple redefinitions of common terms; thereby YOUR DOCUMENT misrepresents any authority to possess my Private Information; and thereby YOU have violated 31 CFR 1.35 Privacy Act.

As you have been notified (via certified mail) multiple times over the last 22 years, I have revoked my signatures on all MDOR Forms filed with you; as I have been misled by YOUR instructions containing Omissive Fraud and coerced into submission by YOUR Extortion.

I revoke my signatures on the 2018 MDOR forms which I was coerced to file under threat of Property confiscation (EXTORTION), rendering YOUR DOCUMENT null and void; thereby nullifying YOUR purported authority to possess my 2018 income information and any portion of my income; and thereby requiring your immediate return of my Property.

On the legal citations detailed in Exhibit 212, I challenge the validity of YOUR DOCUMENT; thereby requiring you to exactly cite all applicable LAWS (NOT REGULATIONS) you are purporting to enforce.

I expect IMMEDIATE WRITTEN RECTIFICATION of YOUR Breach of Constitutionally assigned Duty and publicly Sworn Obligation (Breach of Contract), Negligence, and Depraved Indifference or Willful Blindness.



David P. Fontaine

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**OFFICIAL USE**

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$3.00
<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00
<input type="checkbox"/> Adult Signature Required	\$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00

Postage \$1.56

Total Postage and Fees \$8.36

Sent To  
 MDOR Audit Division  
 MDOR Audit Division  
 P.O. Box 7087  
 Boston, MA 02204-7087

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Postage \$1.56

Total Postage and Fees \$8.36

Sent To  
 MDOR Commissioner Geoffrey E. Snyder  
 Office of MDOR Commissioner  
 100 Cambridge St., Ste 500  
 Boston, MA 02114

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Postage \$1.56

Total Postage and Fees \$8.36

Sent To  
 MA Treasurer Deborah B. Goldberg  
 Office of the Treasurer  
 1 Ashburton Place, 12th Floor  
 Boston, MA 02108

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MDOR Commissioner Geoffrey E. Snyder Office of MDOR Commissioner 100 Cambridge St. Ste 500 Boston, MA 02114</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 0160 0000 9363 5422</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><b>DEPT OF REVENUE</b></p> <p><b>JUL 12 2022</b></p> <p><b>DEPARTMENT OF REVENUE</b></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b> <i>David Goldberg</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MA Treasurer Deborah B. Goldberg Office of the Treasurer 1 Ashburton Place, 12th Floor Boston, MA 02108</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 0160 0000 9363 5408</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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<p>1. Article Addressed to:</p> <p>MDOR Audit Division MDOR Audit Division P.O. Box 7087 Boston, MA 02204-7087</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 0160 0000 9363 5415</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><b>DEPT OF REVENUE</b></p> <p><b>JUL 11 2022</b></p> <p><b>PROCESSING BUREAU</b></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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