

Nov 16, 2005

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Susanne G. Fontaine



REFERENCE

Notice of Failure to File Return, dated 15 November 2005

VIA CERTIFIED MAIL TO:

Joseph Wernik, Tax Examiner
Massachusetts Department of Revenue
436 Dwight St.
Springfield, MA 01103

Mr. Joseph Wernik

Your claim of failure to file tax returns for tax years 2002, 2003, and/or 2004 is false. On or about May, 2000, I was diagnosed with Breast Cancer. I lost my job after the initial surgery in 2000 (I filed a return for this year), and had 8 subsequent surgeries since then. You state in your 1999 Instruction Booklet, under Filing Your Mass. Return, "If your gross income was \$8,000.00 or less, you do not need to file a return". My gross income for each of these years was under \$8,000.00.

Per your own Instruction Book, I am not required to file a return. Since I am not required to file, I cannot have "Failed to File". Please correct your records, or explain any error I may have made. Thank you.

Susanne G. Fontaine


Signature


Date

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 <div style="display: flex; align-items: center;"> ✕ <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 10px;">Joseph Wernick M D O R 436 DWIGHT ST Spfld, MA 01103</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> <div style="text-align: center; margin-top: 10px;"> </div>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px; font-family: monospace; font-size: 1.1em;">7002 3150 0002 2103 3681</div>	
<div style="display: flex; justify-content: space-between; font-size: 0.9em;"> PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 </div>	