

121
Rx 8/1/05

2 OLIVER STREET
BOSTON MA 02109-4901



TAXFRD TAXMAT TAXBAC
Office Hours: Mon. thru Fri. 9:00 - 5:00
1-800-597-0801
Se habla español
1-800-597-0801

WALKER ASSOCIATES, INC. July 27, 2005

DELINQUENT PAYMENT NOTIFICATION

205-079-11982
DAVID FONTAINE



Pursuant to Massachusetts General Law (M.G.L. Chapter 14, Section 3A), the Department of Revenue has authorized Walker Associates to proceed with collection activity for the tax matter referenced below.

EDP # 205-079-11982

Summary of Taxes Due

Tax Category	Name	FID/SS #	Taxes	Penalty	Interest	Total
INDIVIDUAL INCO	DAVID FONTAINE		189.30	100.59	74.86	364.75
Total due for this listing						364.75

Please send payment today or contact us at once to determine what action our office should take on this account. Full payment now will clear your above listed balance with this office.

You are hereby notified that payment in full is due upon receipt of this notice. Please notify us of your intentions immediately. Please remit your payment in full and include your SSN or federal identification number on your check as additional penalties and interest may apply. If you have already mailed your payment, thank you and please disregard this notice.

If you have an abatement pending with the Department of Revenue or an appeal filed with the Appellate Tax Board, you may not be required to pay the disputed amount until your case is resolved. Taxpayers with this type of appeal will be withdrawn from Walker Associates. Please contact the Department of Revenue at (617) 887-6400 for information regarding your appeal or abatement rights.

Delinquent Tax Unit 1-800-597-0801
WALKER ASSOCIATES, INC.

See reverse side for important information.

Detach here

Insure proper credit by returning this portion with your payment or correspondence.

Detach here

Name: DAVID FONTAINE

EDP Number: 205-079-11982

Total due for this listing 364.75

FID#

Tax Due

Penalty

Interest

Total

189.30

100.59

74.86

364.75

Amount Paid:



☐ Please check if there is a change in billing address information and complete the reverse side.

Mail to:

WALKER ASSOCIATES, INC.
2 OLIVER STREET
BOSTON MA 02109-4901
|||||

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NOTICE OF IMPORTANT RIGHTS

YOU HAVE THE RIGHT TO MAKE A WRITTEN OR ORAL REQUEST THAT TELEPHONE CALLS REGARDING YOUR TAX NOT BE MADE TO YOU AT YOUR PLACE OF EMPLOYMENT. ANY SUCH ORAL REQUEST WILL BE VALID FOR ONLY TEN (10) DAYS UNLESS YOU PROVIDE WRITTEN CONFIRMATION OF THE REQUEST POSTMARKED OR DELIVERED WITHIN SEVEN (7) DAYS OF SUCH REQUEST. YOU MAY TERMINATE THIS REQUEST BY WRITING TO THE COLLECTION AGENCY.

**This is an attempt to collect a tax.
Any information obtained will be used for that purpose.**

**Payment is expected upon receipt of this statement.
Please complete this important questionnaire.**

Change of Address

Name _____
Address _____
Telephone Number _____

Power of Attorney Designation

Name _____
Address _____
Telephone Number _____
Fax Telephone Number _____
Power of Attorney form on file? Yes ☐ No ☐
Please mail/fax Power of Attorney form? Yes ☐ No ☐