

Form 211 (Rev. 7-2003) Department of the Treasury Internal Revenue Service	Application for Reward for Original Information	OMB Clearance No. 1545-0409
		Claim No. 2950436

This application is voluntary and the information requested enables us to determine and pay rewards. We use the information to record a claimant's reward as taxable income and to identify any tax outstanding (including taxes on a joint return filed with a spouse) against which the reward would first be applied. We need taxpayer identification numbers, i.e., social security number (SSN) or employer identification number (EIN), as applicable, in order to process it. Failure to provide the information requested may result in suspension of processing this application. Our authority for asking for the information on this form is 26 USC 6001, 6011, 6109, 7802, 7823, 7802, and 5 USC 301.

Name of claimant. If an individual, provide date of birth MICHAEL J. BARRETT	Date of Birth Month: [] Day: [] Year: []			Claimant's Tax Identification Number, SSN or EIN: [REDACTED]
	Name of spouse (if applicable)	Date of Birth Month: [] Day: [] Year: []		

Address of claimant, including zip code, and telephone number (telephone number is optional)

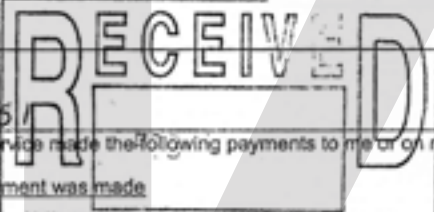
I am applying for a reward, in accordance with the law and regulations, for original information furnished, which led to the detection of a violation of the internal revenue laws of the United States and the collection of taxes, penalties, and fines. I was not an employee of the Department of the Treasury at the time I came into possession of the information nor at the time I divulged it.

Name of IRS employee to whom violation was reported Mike Hauer / MARK JENSEN	Title of IRS employee Special Agent	Date violation reported (Month/day/year) 2/7/05 / 2/22/05
--	---	---

Method of reporting the information check applicable box Telephone Mail In person **met with Mark Jensen on 2/22/05**

Name of taxpayer who committed the violation and, if known, the taxpayer's SSN or EIN

JOSEPH FRANCIS
 Address of taxpayer, including zip code if known
 [REDACTED] 45



Relative to information I furnished on the above taxpayer, the Internal Revenue Service made the following payments to me or on my behalf

Date of Payment	Amount	Name of Person/Entity to Whom Payment was made
		RECEIVED DO 11 Ogden Service Center
		INTERNAL REVENUE SERVICE SS/SE PSP Support

Under penalties of perjury, I declare that I have examined this application and my accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete, and the amount of any reward will represent what the Area Director/Compliance Services Field Director considers appropriate in this particular case. I agree to repay the reward, or an appropriate percentage thereof, if the collection of taxes, penalties, and fines is subsequently reduced.

MJ Barrett (Signature) **Ogden, Utah** (Address) **2/24/05** (Date)
 Signature of Claimant Date

The following is to be completed by the Internal Revenue Service

Authorization of Reward		
Area Director/Compliance Services Field Director	Sum Recovered \$	Amount of Reward \$

In consideration of the original information that was furnished by the claimant named above, which concerns a violation of the internal revenue laws and which led to the collection of taxes, penalties, and fines in the sum shown above, I approve payment of a reward in the amount stated.

Signature of the Compliance Services Field Director Date