

6/22

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>1. Article Addressed to: <i>Internal Revenue Service (IRS) c/o Layne Carver 1973 North Rulon White Blvd Mail Stop 4388 Ogden, Utah</i></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="border: 2px solid red; padding: 5px; text-align: center; color: red;"> RECEIVED JUN 08 2016 OGDEN UT E1-2555 </div>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7012 2920 0001 6210 9194</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		

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<p>1. Article Addressed to: <i>United States Department of the Treasury 40 Jacob Lew 1500 Pennsylvania Avenue NW Washington, District of Columbia</i></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="border: 2px solid red; padding: 5px; text-align: center; color: red;"> RECEIVED JUN 20 2016 FRP 607 3 FRP 607 </div>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7012 2920 0001 6210 9200</p>		
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		