

Form 211 (March 2014)	Department of the Treasury - Internal Revenue Service Application for Award for Original Information	OMB Number 1545-0409 Date Claim received Claim number (completed by IRS)
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1. Name of taxpayer (include aliases) and any related taxpayers who committed the violation <div style="font-size: 1.5em; font-family: cursive;">SEE ENCLOSED</div>	2. Last 4 digits of Taxpayer Identification Number(s) (e.g., SSN, ITIN, or EIN) <div style="font-size: 1.5em; font-family: cursive;">SEE ENCLOSED</div>
3. Taxpayer's address, including ZIP code <div style="font-size: 1.5em; font-family: cursive;">SEE ENCLOSED</div>	4. Taxpayer's date of birth or approximate age <div style="font-size: 1.5em; font-family: cursive;">SEE ENCLOSED</div>

5. Name and title and contact information of IRS employee to whom violation was first reported, if known

6. Date violation reported (in number 5), if applicable	7. Did you submit this information to other Federal or State Agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. If yes in number 7, list the Agency Name and date submitted

9. Is this ☒ New submission or ☐ Supplemental submission
 If a supplemental submission, list previously assigned claim number(s)

10. Alleged Violation of Tax Law (check all that apply)

<input type="checkbox"/> Income Tax	<input type="checkbox"/> Employment Tax	<input type="checkbox"/> Estate & Gift Tax	<input type="checkbox"/> Tax Exempt Bonds
<input type="checkbox"/> Employee Plans	<input type="checkbox"/> Governmental Entities	<input type="checkbox"/> Exempt Organizations	<input type="checkbox"/> Excise
<input type="checkbox"/> Other (identify) <div style="font-size: 1.5em; font-family: cursive;">MONIES HELD ANONYMOUSLY IN SWISS BANK ACCOUNTS</div>			

11. Describe the Alleged Violation. State all pertinent facts to the alleged violation. (Attach a detailed explanation and include all supporting information in your possession and describe the availability and location of any additional supporting information not in your possession.) Explain why you believe the act described constitutes a violation of the tax laws

SEE ENCLOSED

12. Describe how you learned about and/or obtained the information that supports this claim. (Attach sheet if needed)

SEE ENCLOSED - ALSO ON ADVISE/LEGAL DISCUSSIONS

13. What date did you acquire this information

2009 - 2016

14. What is your relationship (current and former) to the alleged noncompliant taxpayer(s)? Check all that apply. (Attach sheet if needed)

<input type="checkbox"/> Current Employee	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Attorney	<input type="checkbox"/> CPA
<input type="checkbox"/> Relative/Family Member	<input type="checkbox"/> Other (describe) <div style="font-size: 1.5em; font-family: cursive;">BUSINESS ASSOCIATE</div>		

15. Do you still maintain a relationship with the taxpayer ☐ Yes ☒ No

16. If yes to number 15, describe your relationship with the taxpayer

17. Are you involved with any governmental or legal proceeding involving the taxpayer ☐ Yes ☐ No

UNSURE-SEE ENCLOSED

18. If yes to number 17, Explain in detail. (Attach sheet if needed)

SEE ENCLOSED

19. Describe the amount of tax owed by the taxpayer(s). Provide a summary of the information you have that supports your claim as to the amount owed (i.e. books, ledgers, records, receipts, tax returns, etc). (Attach sheet if needed)

TO BE DETERMINED BY IRS

20. Fill in Tax Year (TY) and Dollar Amount (\$), if known

TY	\$	TY	\$	TY	\$	TY	\$
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21. Name of individual claimant <div style="font-size: 1.5em; font-family: cursive;">HANS EIRIK OLAV</div>	22. Claimant's date of birth (MMDDYYYY) <div style="font-size: 1.5em; font-family: cursive;">06/30/1956</div>	23. Last 4 digits of Claimant's SSN or ITIN
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24. Address of claimant, including ZIP code <div style="font-size: 1.5em; font-family: cursive;">HAARON DEN GODES VEI 14, 0373 OSLO, NORWAY</div>	25. Telephone number (including area code) <div style="font-size: 1.5em; font-family: cursive;">+47 934 12 907</div>
26. Email address <div style="font-size: 1.5em; font-family: cursive;">heolav@gmail.com</div>	

27. Declaration under Penalty of Perjury I declare that I have examined this application, all accompanying statement and supporting documentation, and, to the best of my knowledge and belief, they are true, correct, and complete

[Signature]

Signature of Claimant

19 SEP 2016

Date