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5 Trial Attorney, Tax Division
U.S. Department of Justice
6 P.O. Box 683
Ben Franklin Station
7 Washington, D.C. 20044-0683
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10
11 IN THE UNITED STATES DISTRICT COURT FOR THE
12 DISTRICT OF ARIZONA

13
14 UNITED STATES OF AMERICA,)

15 Plaintiff,)

16 v.)

17 THOMASITA E. TAYLOR,)

18 Defendant.)
19)
20)
21)

Civil No. 2:09-cv-00341-ROS

**)DECLARATION OF ANDY R.
)CAMACHO IN SUPPORT OF THE
)UNITED STATES' MOTION FOR
)ENTRY OF DEFAULT JUDGMENT**

22
23 I, Andy R. Camacho, pursuant to 28 U.S.C. § 1746, hereby declare as follows:

24 1. I am a trial attorney with the Tax Division of the United States Department of Justice
25 and have been assigned the duty of prosecuting this case on behalf of the United States. I have
26 reviewed those files in my possession in making the representations below.
27
28

EXHIBIT 1



Tax Division

Facsimile No. (202) 307-0054
Trial Attorney: Andy R. Camacho
Attorney's Direct Line: (202) 307-1481

Please reply to: Civil Trial Section, Western Region
P.O. Box 683
Ben Franklin Station
Washington, D.C. 20044

JAD:RRW:ARCamacho
5-8-12542
CMN 2008102379

May 22, 2009

VIA CERTIFIED MAIL

Thomasita E. Taylor
2516 W. Washington St.
Phoenix, Arizona 85009

1836 W. Mohave St.
Phoenix, Arizona 85007

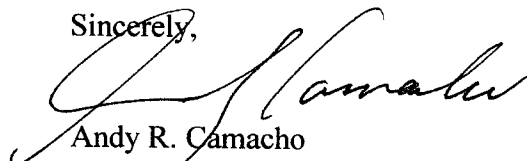
Re: *United States v. Thomasita Taylor*
Case No. 2:09-cv-00341-ROS (U.S.D.C. D. Ariz.)

Dear Ms. Taylor:

Please be advised that the United States has filed with the Court on this date a Request for Entry of Default against you because you have failed to plead or otherwise defend against the complaint served on April 12, 2009. I enclose a copy of the United States' Request for Entry of Default Against Defendant Thomasita E. Taylor and Declaration of Andy R. Camacho in the above-referenced matter.

Should have any questions regarding this matter, please contact me at (202) 307-1481 to discuss. If you are represented by an attorney, please forward this letter to your attorney and have him or her contact me as soon as possible.

Sincerely,


Andy R. Camacho
Trial Attorney
Civil Trial Section, Western Region

Enclosures -- as stated

cc: Chris Sheldon, Esq. (via e-mail)
IRS, Phoenix Arizona

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Case 2:09-cv-003

Postmark
Here

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Thomasita Taylor
1836 W. Mohave St.
Phoenix AZ 85007

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Thomasita E. Taylor
1836 W. Mohave St.
Phoenix, Arizona 85007

2. Article Number

(Transfer from service label)

7099 3400 0014 4239 5617

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Thomasita Taylor Agent Address

B. Received by (Printed Name)

C. Date of Delivery

JUN - 8 2009

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchand
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2795 6E2h 4700 00HE 6602

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postmark
Here

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Thomasita Taylor
2516 W. Wash. St.
Phoenix AZ 85009

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomasita E. Taylor
2516 W. Washington St.
Phoenix, Arizona 85009

2. Article Number

(Transfer from service label)

7099 3400 0014 4239 5624

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Thomasita Taylor Agent Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

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4. Restricted Delivery? (Extra Fee)

Yes

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