

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
TERRY T. GIANG **TERRY GIANG LLC AGENT: SHUFFLE**

2. Last 4 digits of Taxpayer Identification Number(s) (e.g., SSN, ITIN, or EIN)

3. Taxpayer's address, including ZIP code
1515 PINE ST #800
SAN FRANCISCO CA

4. Taxpayer's date of birth or approximate age
Late 20s-30s

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
☒ Yes ☐ No

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 checked="" type="checkbox"/> Income Tax	<input checked="" type="checkbox"/> Employment Tax	<input checked="" type="checkbox"/> Estate & Gift Tax	<input type="checkbox"/> Tax Exempt Bonds
<input type="checkbox"/> Employee Plans	<input type="checkbox"/> Governmental Entities	<input checked="" type="checkbox"/> Exempt Organizations	<input type="checkbox"/> Excise
<input checked="" type="checkbox"/> Other (identify) _____			

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
Worked with Terry in marketing online casino's and fell victim to his fraudulent misrepresentations. Social media posts of his own and other casinos even show he has withdrawn 3 million recently and not paying taxes on his illegal business

12. Describe how you learned about and/or obtained the information that supports this claim. (Attach sheet if needed)
Throughout working with him there were inconsistencies that raised alarm, including his refusal to willingly identify himself making me believe he was trying to hide his illegal cash flow for this reason he went through great lengths to conceal this.

13. What date did you acquire this information _____

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 checked="" type="checkbox"/> Other (describe) _____		

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

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

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)

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

21. Name of individual claimant Jesse Lucas	22. Claimant's date of birth (MMDDYYYY) 02171986	23. Last 4 digits of Claimant's SSN or ITIN 2255
24. Address of claimant, including ZIP code 4130 REDDING ST OAKLAND CA 94619		25. Telephone number (including area code) 831 - 236 - 3800
		26. Email address jlucas916@gmail.com

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 of Claimant

10/9/2024
 Date