

## FAX

TO: Name: **Audrey Delemos**  
Sr. U.S. Claims Officer, VIBIR  
Fax #: **340-774-1214**  
Date:  
Phone #: 340-715-1040

FROM: Name:  
Contact #:  
Tax Payer Contact Phone #:

PAGES (including cover):

SUBJECT: Request for Tax Transcripts

MESSAGE: Please fax transcripts directly to ResMac at **1-561-423-8544**.

If you have questions or need assistance, please contact  
Production Support at 877-855-7493.

Confidentiality Notice: The information contained in this facsimile may be confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its direct delivery to the intended recipient – is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.