

FD-340 (Rev. 4-11-03)

File Number 31E-MM-108062-1A14 ⁴⁵⁻

Field Office Acquiring Evidence MM

Serial # of Originating Document _____

Date Received 01/23/2007

From _____
(Name of Contributor/Interviewee)

VIA _____
(Address)

By SA _____
(City and State)

To Be Returned Yes No

Receipt Given Yes No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure
 Yes No

Federal Taxpayer Information (FTI)
 *Yes No

Title: _____
PROTECTIVE ORDER INFORMATION

Reference: _____
(Communication Enclosing Material)

Description: Original notes re interview of

MM16-31E-MM-108062-GJ-1A SEC 003 SER 1A9-1A16-000325

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SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

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U.S. Department of Justice

United States Attorney
Southern District of Florida

500 South Australian Ave., Suite 400
West Palm Beach, FL 33401
(561) 820-8711
Facsimile: (561) 820-8777

January 24, 2007

TS

DELIVERY BY HAND



Re: Federal Grand Jury Subpoena

Dear [REDACTED]

A new grand jury has been empaneled and I have enclosed a new subpoena for [REDACTED]. As I mentioned earlier, [REDACTED] is not a target of this investigation and the United States seeks her testimony solely as a witness. During our last conversation regarding [REDACTED] you indicated that she was unwilling to speak with us pursuant to a *Kastigar* letter. Please confer with her to confirm whether this remains her position. If [REDACTED] is not amenable to an informal meeting, she must still appear pursuant to the subpoena so that I may ask her questions that would not require the invocation of the Fifth Amendment. If she still invokes, I intend to move to compel her answers. If you or your client is unavailable on February 6, 2007, please let me know of another Tuesday when you are available.

I also am concerned about a potential conflict of interest in your representation of [REDACTED]. In case of future litigation regarding this issue, please provide me with information regarding who is paying (directly or indirectly) for your services on behalf of [REDACTED], the scope of your representation, and whether you are taking direction on this matter from anyone other than [REDACTED]. If any formal or informal joint defense agreements exist, whether in writing or otherwise, please provide a copy of such agreements. If the agreement is purely oral, please provide a written summary of its terms.

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[REDACTED] Esq.
JANUARY 24, 2007
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I look forward to your response.

Sincerely,
R. Alexander Acosta
United States Attorney

By:

[REDACTED]
Assistant United States Attorney

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Control number		Void <input type="checkbox"/>		0017	
b. Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld	
			7890.65	714.35	
c. Employer's name, address, and ZIP code JEFFREY E. EPSTEIN 358 EL BRILLO WAY PALM BEACH, FL 33480			3 Social security wages	4 Social security tax withheld	
			7890.65	489.22	
			5 Medicare wages and tips	6 Medicare tax withheld	
			7890.65	114.41	
d. Employee's social security number			7 Social security tips	8 Allocated tips	
e. Employee's first name and initial Last name			9 Advance EIC payment	10 Dependent care benefits	
f. Employee's address and ZIP code			11 Nonqualified plans	12a See instructions for box 12	
				C 6.00	
			13a	13b	
			13b	13c	
			14 Other	14d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
FL					

W-2 Wages and Tax Statement
For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

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a. Control number		Void <input type="checkbox"/>		0017	
b. Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld		
c. Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld		
JEFFREY E. EPSTEIN		5 Medicare wages and tips	6 Medicare tax withheld		
358 EL BRILLO WAY		7 Social security tips	8 Allocated tips		
PALM BEACH, FL 33480		9 Advance EIC payment	10 Dependent care benefits		
d. Employee's social security number		11 Nonqualified plans		12a See instructions for box 12	
e. Employee's first name and initial		13 Disability amount		12b	
[REDACTED]		14 Other		12c	
f. Employee's address and ZIP code				12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
FL					20 Locality name

Form **W-2** Wage and Tax Statement **2005** Department of the Treasury—Internal Revenue Service
 Copy B—For Employer. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

a. Control number		Void <input type="checkbox"/>		OMB No. 1545-0048	
b. Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld		
c. Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips		
d. Employee's social security number		9 Advance EIC payment	10 Dependent care benefits		
e. Employee's first name and initial		11 Nonqualified plans		12a See instructions for box 12	
Last name		13 Disability amount		12b	
		14 Other		12c	
f. Employee's address and ZIP code				12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

W-2 Wage and Tax Statement **2005** Department of the Treasury—Internal Revenue Service
 For Employer. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

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