

August, 02, 2016

Elias Agredo-Narvaez  
c/o 1080-B East Veterans highway  
Jackson, New Jersey  
[08527]

Department of the Treasury  
Internal Revenue Service  
Kansas City, MO 64999-0002

RE: Amended 2013 Tax Return-IRS form 1040

To the Internal Revenue Service:

I am hereby filing an amended IRS form 1040 Tax Return for 2013. Enclosed are the following documents in support of this amended filing:

1. IRS Form 1040X for 2013 (2 pages) with an explanation as to why I am making the changings. Please see part III of the form for more details.
2. One Form 4852 substitute for form W-2 correcting an erroneously filed W-2 from Goldstone Management Inc. (1 page)
3. One Correcting representation of form W-2 from Goldstone Management Inc. with supporting sworn statement. (1page)
4. One correcting representation of form 1099-MISC from SIYATA ASSOCIATES LLC. With corresponding sworn statements. (1 page)
5. One correcting representation of form 1099-MISC from LPC PROPERTIES LLC. With corresponding sworn statements. (1 page)
6. One correcting representation of form 1099-MISC from PLEASANT GARDENS HOLDINGS, with corresponding sworn statements. (1 page)
7. Courtesy copy of previously filed IRS form 1040 Tax Return for 2013 (9 pages)

Please note that GOLDSTONE MANAGEMENT INC.; SIYATA ASSOCIATES LLC.; LPC PROPERTIES LLC.; AND PLEASANT GARDENS HOLDINGS, the "PAYERS" on the enclosed Tax Reporting Statements W-2 and 1099-MISC were not required to report private sector payments to me, the "RECIPIENT", as noted thereon on the instructions for the forms but did so despite the fact that no law required this action, and in so doing reported to the IRS that my private sector receipts of funds from these private sector entities are taxable, which they clearly are not.

The financial activity which resulted in payments made to me as the "RECIPIENT" by the "PAYERS" did not result from the exercise of a "trade or business", defined as the performance

August, 02, 2016


of the functions of a "public office", in accordance with 26 U.S.C. 7701(a)(26) and as such cannot, therefore be characterized as "...salaries, wages, premiums, annuities, compensation, remunerations, emoluments, or other fixed or determinable gains, profits, and income..." (26 U.S.C. 6041(a)). Or (IRC sections 3401(a) and 3121(a)) There was no federal-privilege-connected activity involved in these transactions.

IRC sections 6041(a) and 6041A(a) only apply to a "person" or "Service recipient" engaged in a "Trade or business". The reporting requirement applies to those individuals or entities when the payments described within these two sections are made to "another person" or "any person", respectively, in the course of a "trade or business" as defined in the same code.

Therefore; I expect a prompt and full refund as indicated in 26 U.S.C. Sec.6402(A) and 26 CFR Sec. 301.6402-3(a)(1)(5)

Under penalties of perjury, I declare that I examined the facts stated in this letter, including any accompanying documents, and, to the best of my knowledge and belief, they are correct and complete.

Sincerely,

 Date: 08/02/2016  
Elias Agredo-Narvaez



**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

► Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).**This return is for calendar year** ☐ 2014 ☒ 2013 ☐ 2012 ☐ 2011**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

**Elias****Agredo-Narvaez**

If a joint return, spouse's first name and initial

Last name

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

**1080-B East veterans Highway****1080-B****973-390-7100**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

**Jackson, New Jersey [08527]**

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution.** In general, you cannot change your filing status from joint to separate returns after the due date.☐ Single☒ Married filing separately☐ Qualifying widow(er)☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly**Full-year coverage.**If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."  
(See instructions.)☐ Yes☐ No

Use Part III on the back to explain any changes

**Income and Deductions**

	A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
<b>1</b> Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . .	<b>1</b> 0		0
<b>2</b> Itemized deductions or standard deduction . . . . .	<b>2</b> -6100		-6100
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b> 0		0
<b>4</b> Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29 . . . . .	<b>4</b> 15600		15600
<b>5</b> Taxable income. Subtract line 4 from line 3 . . . . .	<b>5</b> 0		0

**Tax Liability**

<b>6</b> Tax. Enter method(s) used to figure tax (see instructions):	<b>6</b> 0		0
<b>7</b> Credits. If general business credit carryback is included, check here . . . . .	<b>7</b>		
<b>8</b> Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	<b>8</b> 0		0
<b>9</b> Health care: individual responsibility (see instructions) . . . . .	<b>9</b>		
<b>10</b> Other taxes . . . . .	<b>10</b>		
<b>11</b> Total tax. Add lines 8, 9, and 10 . . . . .	<b>11</b> 0		0

**Payments**

<b>12</b> Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions) . . . . .	<b>12</b> 4408.29	(773.27)	3635.02
<b>13</b> Estimated tax payments, including amount applied from prior year's return . . . . .	<b>13</b>		
<b>14</b> Earned income credit (EIC) . . . . .	<b>14</b>		
<b>15</b> Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	<b>15</b>		
<b>16</b> Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	<b>16</b>		
<b>17</b> Total payments. Add lines 12 through 16 . . . . .	<b>17</b>		3635.02

**Refund or Amount You Owe (Note. Allow up to 16 weeks for Form 1040X to be processed.)**

<b>18</b> Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	<b>18</b>		
<b>19</b> Subtract line 18 from line 17 (If less than zero, see instructions) . . . . .	<b>19</b>		
<b>20</b> Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . . .	<b>20</b>		
<b>21</b> If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return . . . . .	<b>21</b>		3635.02
<b>22</b> Amount of line 21 you want refunded to you . . . . .	<b>22</b>		3635.02
<b>23</b> Amount of line 21 you want applied to your (enter year): estimated tax . . . . .	<b>23</b>		

Complete and sign this form on Page 2.



**Part I Exemptions**

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b> Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself. . . . .	<b>24</b>		
<b>25</b> Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b> Your dependent children who did not live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b> Other dependents . . . . .	<b>27</b>		
<b>28</b> Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b>		
<b>29</b> Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b>		
<b>30</b> List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

Amount in line 12 column A was corrected by subtracting the amount of \$ 773.27 representing the state income tax and other state related withholdings which was erroneously included in the federal income tax; therefore reducing the amount of requested refund from \$4408.29 down to \$ 3635.02

**Sign Here**

**Remember to keep a copy of this form for your records.**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

▶ 08/02/2016 ▶  
 You Date Spouse's signature. If a joint return, **both** must sign. Date

**Paid Preparer Use Only**

Preparer's signature Date Firm's name (or yours if self-employed)

Print/type preparer's name Firm's address and ZIP code

PTIN ☐ Check if self-employed Phone number EIN



**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

<b>1 Name(s) shown on return</b> Elias Agredo-Narvaez		<b>2 Your social security number</b> [REDACTED]												
<b>3 Address</b> 1080- B East veterans highway, Jackson New jersey														
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2013</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. <b>I hereby notify</b> the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.														
<b>5 Employer's or payer's name, address, and ZIP code</b> Goldstone management inc. 525 East county line Rd, suite 2. Lakewood, NJ 08701		<b>6 Employer's or payer's identification number (if known)</b> 75-3024492												
<b>7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.</b> <table border="0" style="width:100%"><tr><td style="width:50%"><b>a</b> Wages, tips, and other compensation <u>-0-</u></td><td style="width:50%"><b>g</b> State income tax withheld <u>499.81</u></td></tr><tr><td><b>b</b> Social security wages <u>-0-</u></td><td>(Name of state) <u>New Jersey</u></td></tr><tr><td><b>c</b> Medicare wages and tips <u>-0-</u></td><td><b>h</b> Local income tax withheld <u></u></td></tr><tr><td><b>d</b> Advance EIC payment <u>-0-</u></td><td>(Name of locality) <u></u></td></tr><tr><td><b>e</b> Social security tips <u>-0-</u></td><td><b>i</b> Social security tax withheld <u>2103.51</u></td></tr><tr><td><b>f</b> Federal income tax withheld <u>1039.56</u></td><td><b>j</b> Medicare tax withheld <u>491.95</u></td></tr></table>			<b>a</b> Wages, tips, and other compensation <u>-0-</u>	<b>g</b> State income tax withheld <u>499.81</u>	<b>b</b> Social security wages <u>-0-</u>	(Name of state) <u>New Jersey</u>	<b>c</b> Medicare wages and tips <u>-0-</u>	<b>h</b> Local income tax withheld <u></u>	<b>d</b> Advance EIC payment <u>-0-</u>	(Name of locality) <u></u>	<b>e</b> Social security tips <u>-0-</u>	<b>i</b> Social security tax withheld <u>2103.51</u>	<b>f</b> Federal income tax withheld <u>1039.56</u>	<b>j</b> Medicare tax withheld <u>491.95</u>
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<b>f</b> Federal income tax withheld <u>1039.56</u>	<b>j</b> Medicare tax withheld <u>491.95</u>													
<b>8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.</b> <table border="0" style="width:100%"><tr><td style="width:50%"><b>a</b> Gross distribution <u></u></td><td style="width:50%"><b>f</b> Federal income tax withheld <u></u></td></tr><tr><td><b>b</b> Taxable amount <u></u></td><td><b>g</b> State income tax withheld <u></u></td></tr><tr><td><b>c</b> Taxable amount not determined <input type="checkbox"/></td><td><b>h</b> Local income tax withheld <u></u></td></tr><tr><td><b>d</b> Total distribution <input type="checkbox"/></td><td><b>i</b> Employee contributions <u></u></td></tr><tr><td><b>e</b> Capital gain (included in line 8b) <u></u></td><td><b>j</b> Distribution codes <u></u></td></tr></table>			<b>a</b> Gross distribution <u></u>	<b>f</b> Federal income tax withheld <u></u>	<b>b</b> Taxable amount <u></u>	<b>g</b> State income tax withheld <u></u>	<b>c</b> Taxable amount not determined <input type="checkbox"/>	<b>h</b> Local income tax withheld <u></u>	<b>d</b> Total distribution <input type="checkbox"/>	<b>i</b> Employee contributions <u></u>	<b>e</b> Capital gain (included in line 8b) <u></u>	<b>j</b> Distribution codes <u></u>		
<b>a</b> Gross distribution <u></u>	<b>f</b> Federal income tax withheld <u></u>													
<b>b</b> Taxable amount <u></u>	<b>g</b> State income tax withheld <u></u>													
<b>c</b> Taxable amount not determined <input type="checkbox"/>	<b>h</b> Local income tax withheld <u></u>													
<b>d</b> Total distribution <input type="checkbox"/>	<b>i</b> Employee contributions <u></u>													
<b>e</b> Capital gain (included in line 8b) <u></u>	<b>j</b> Distribution codes <u></u>													
<b>9 How did you determine the amounts on lines 7 and 8 above?</b> I did not receive any "wages" as defined in sec 3401(a) and section 3121(a). These earnings are not based on federally privileged activity for which the taxes are devised (by not itemizing) I hereby, Respectfully request a refund of what is owed to me.														
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> Notified my private employer and demanded for the erroneous information to be corrected, but they refused because of fear of retaliation from the IRS, they also threatened me with firing me and leaving me without my occupation, all of these since the year 2013.														

**Sign Here**

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ [REDACTED]

Date ▶ 08/02/2016

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on IRS.gov for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's

name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,



<b>Copy B--To Be Filed With Employee's FEDERAL Tax Return.</b>		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
	0	1039.56
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld
75-3024492	0	2103.51
	5 Medicare wages and tips	6 Medicare tax withheld
	0	491.95
c Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701		
d Control number 005436000029001		
e Employee's name, address, and ZIP code Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080- Jackson NJ 08527		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan	NJ UI/HC/WD 131.31	12c Code
Third-party sick pay	NJ DI 111.24	12d Code
	NJ FLI 30.91	
NJ 753-024-492/000	0	499.81
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax Statement <b>2013</b> Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service. <b>3 BW24UP</b> NTF 257908		

## NOTICE

This statement includes a (correcting) representation of a form W-2. The representation it is NOT INTENDED to represent a corrected W-2 form filed by the party identified in it as the "PAYER" or "employer". The correcting W-2 form is submitted to REBUT a document known to have been submitted by the party identified in it as the "PAYER or "EMPLOYER" which erroneously alleged a payment or payments made to the party identified in it as the "recipient or employee" of gains, profit or income made in the course of a "trade or business". Neither the PAYER nor the RECIPIENT engaged in any transactions with each other that were made in the course of a "trade or business" as those terms are defined by the code.

This correcting form/ representation ends any such presumption. Note however that the amounts deducted are correct and needed no correction.

## STATEMENT

No payments were received by the party identified in the form as the "RECIPIENT or the EMPLOYEE" from the party identified in it as the "PAYER or the EMPLOYER" which were connected with the performance of the functions of a "PUBLIC OFFICE" or otherwise constituted gains, profit, or income within the meaning of relevant law. Deductions amounts are however correct.

Under penalty of perjury, I declare that these statements are true and complete

DATE: 08/02/2016

Elias Agredo-Narvaez

PAYER'S name, address, and telephone no. <b>SIYATA ASSOCIATES LLC</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b> (732)886-7400	
PAYER'S federal ID number <b>20-5653748</b>	RECIPIENT'S ID number [REDACTED]
RECIPIENT'S name, address, and ZIP code <b>ELIAS AGREDO-NARVAEZ</b> <b>1080B EAST VETERANS HIGHWAY</b> <b>APT. 1080B</b> <b>JACKSON NJ 08527</b>	
Account number <b>853438246063</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer resident in the state <input type="checkbox"/>
10 Crop insurance proceeds	11 Foreign tax paid
12 Foreign country or U.S. possession	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no.	18 State income
<b>1099-MISC Miscellaneous Income 2013</b> Copy 2 - To be filed with Recipient's State Tax Return Dept. of Treasury - IRS OMB No. 1545-0116 <input checked="" type="checkbox"/> CORRECTED (if checked)	

## STATEMENT

This statement includes the representation of a FORM 1099-MISC. The form/representation it is NOT intended to represent a corrected 1099-MISC filed by the party identified in it as the "PAYER".

The corrected form 1099-MISC herein presented is submitted to rebut a document known to have been submitted by the party identified in it as the "PAYER" which erroneously alleges a payment or payments to the party identified in it as the "RECIPIENT" of "gains profits or income".

No payments were received by the party identified in it as the "RECIPIENT" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income withing the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief, it is true, correct and complete.

[REDACTED]

DATE: 08/02/2016



PAYER'S name, address, and telephone no. <b>LPC PROPERTIES LLC</b> <b>525 EAST COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b> (732)886-7400	
PAYER'S federal ID number <b>81-0574157</b>	RECIPIENT'S ID number [REDACTED]
RECIPIENT'S name, address, and ZIP code <b>ELIAS AGREDO-NARVAEZ</b> <b>10808 EAST VETERANS HIGHWAY</b> <b>APT 10808</b> <b>JACKSON NJ 08527</b>	
Account number <b>898736514616</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11 Foreign tax paid
12 Foreign country or U.S. possession	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no.	18 State income
<b>1099-MISC Miscellaneous Income 2013</b> Copy 2 - To be filed with Recipient's State Tax Return Dept. of Treasury - IRS OMB No. 1545-0118 <input checked="" type="checkbox"/> CORRECTED (if checked)	

## STATEMENT

This statement includes the representation of a correcting form 1099-MISC.

The form/representation it is not intended to represent a corrected form 1099-MISC filed by the party identified herein as the "PAYER".

The correcting/corrected form 1099-MISC herein presented is submitted to REBUT a document know to have been submitted by the party identified herein as the "PAYER" which erroneously alleges a payment or payments to the party identified herein as the "RECIPIENT" of "gains, profit, or income".

No payments were received by the party identified herein as the "RECIPIENT" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit, or income with the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief, it is true, correct and complete.

DATE: 08/02/2016



PAYER'S name, address, and telephone no. <b>PLEASANT GARDENS HOLDINGS</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b> (732)886-7400	
PAYER'S federal ID number <b>20-4914309</b>	RECIPIENT'S ID number [REDACTED]
RECIPIENT'S name, address, and ZIP code <b>ELIAS AGREDO-NARVAEZ</b> <b>1080 B EAST VETERANS HIGHWAY</b> <b>APT 1080 B</b> <b>JACKSON NJ 08527</b>	
Account number <b>951870132237</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11 Foreign tax paid
12 Foreign country or U.S. possession	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no.	18 State income
<b>1099-MISC Miscellaneous Income 2013</b> Copy 2 - To be filed with Recipient's State Tax Return <input checked="" type="checkbox"/> CORRECTED (if checked) Dept. of Treasury - IRS OMB No. 1545-0115	

## STATEMENT

This statement includes the representation of a correcting form 1099-MISC. The correcting form it is not intended to represent a corrected form 1099-MISC filed by the party identified herein as the "PAYER".

The correcting form 1099-MISC presented herein is submitted to Rebut a document known to have been submitted by the party identified herein as the "PAYER" which erroneously alleges a payment or payments to the party identified herein as the "RECIPIENT" of "gains, profits, or income within the meaning of relevant law.

No payments were received by the party identified herein as the "RECIPIENT" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profits or income withing the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and firm belief it is true, correct and complete.

DATE: 08/02/2016


August 28, 2016

Elias Agredo-Narvaez  
c/o 1080-B East Veterans highway  
Jackson, New Jersey  
[08527]

**CERTIFICATE OF MAILING**

One, Elias Agredo- Narvaez, hereby certify, that on 08/29/2016 I caused to be delivered to the IRS Kansas City, by depositing with the U.S. Postal Service Certified mail, an envelope containing an amended IRS form 1040 for 2013 which included 19 pages in total as follows: 2 pages sworn statement of explanation for the changes, Form 1040X 2 pages, Form 4852 1 page, correcting W-2 form 1 page; 3 1099-MIS correcting forms 3pages, courtesy copy of originally filed 1040 Form 2013, and a copy of this certificate 1 page.

Under penalty of perjury,

 ate: 08/29/2016

Elias Agredo-Narvaez




August 28, 2016

Elias Agredo-Narvaez  
c/o 1080-B East Veterans highway  
Jackson, New Jersey  
[08527]

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Under penalty of perjury,

 Date: 08/29/2016  
Elias Agredo-Narvaez

STATE OF NEW JERSEY  
INCOME TAX-RESIDENT RETURN

5R

For Tax Year Jan.-Dec. 31, 2013, Or Other Tax Year Beginning \_\_\_\_\_, 2013, Month Ending   , 20  

**↓ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ↓** Fill in ☐ if application for Federal extension is enclosed or enter confirmation #.

Your Social Security Number <div style="background-color: black; width: 150px; height: 20px;"></div>		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) Agredo-narvaez Elias	
Spouse's/CU Partner's Social Security Number <div style="background-color: black; width: 150px; height: 20px;"></div>		Home Address (Number and Street, incl. apt. # or rural route) Change of Address <input type="checkbox"/> 1080-B East veteran highway	
County/Municipality Code (See Table p. 50) <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">5</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">2</div></div>		City, Town, Post Office State Zip Code Jackson New Jersey [08527]	

**NJ RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency:

From \_\_\_\_\_ To \_\_\_\_\_

FILING STATUS	EXEMPTIONS	ENTER NUMBERS HERE
(Fill in only one) 1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input checked="" type="radio"/> Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's Social Security Number in the boxes above 4. <input type="radio"/> Head of household 5. <input type="radio"/> Qualifying widow(er)/Surviving CU Partner	6. Regular <input checked="" type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner <input type="radio"/> Domestic Partner 7. Age 65 or Over <input type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner 8. Blind or Disabled <input type="radio"/> Yourself <input type="radio"/> Spouse/CU Partner 9. Number of your qualified dependent children ..... 10. Number of other dependents ..... 11. Dependents attending colleges (See instr. page 16) ..... 12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) .....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px; font-size: 2em;">2</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; font-size: 2em;">2</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">10</div> <div style="border: 1px solid black; padding: 2px 5px; font-size: 2em;">2</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">11</div> <div style="border: 1px solid black; padding: 2px 5px; width: 20px; height: 20px;"></div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">12a</div> <div style="border: 1px solid black; padding: 2px 5px; font-size: 2em;">2</div> <div style="margin-left: 20px;">12b</div> <div style="border: 1px solid black; padding: 2px 5px; font-size: 2em;">2</div> </div>

DEPENDENTS	Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Fill in oval if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (see instructions)
e f g h i j k l m n o p q r s t u v w x y z		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span>[ ][ ]-[ ][ ]-[ ][ ][ ][ ]</span> <span>[ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ]</span> </div>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.

**GUBERNATORIAL ELECTIONS FUND** → Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☒ No

If joint return, does your spouse/CU partner wish to designate \$1? ☐ Yes ☒ No

Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature: Date: 8/02/2016

Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_

If enclosing copy of death certificate for deceased taxpayer, fill in (See instruction page 12) ..... ☐

Check Amount (see Line 56)   ,     ,       .

If you do not need forms mailed to you next year, fill in (See instruction page 14) ..... <input checked="" type="checkbox"/>		Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: <b>STATE OF NEW JERSEY - TGI</b>
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ..... <input type="checkbox"/>	Federal Identification Number <div style="border: 1px solid black; padding: 2px 5px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	Mail your return in the envelope provided and affix the appropriate mailing label.  If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111. If not, use the label for PO Box 555.  You may also pay by e-check or credit card. See instruction page 11.
Paid Preparer's Signature	Federal Employer Identification Number <div style="border: 1px solid black; padding: 2px 5px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>	
Firm's Name		

Division

1

2

3

4

5

4

1



Name(s) as shown on Form NJ-1040






Name(s) as shown on Form NJ-1040  
Agredo-Narvaez Elias

**CONTINUE TO PAGE 3**



Name(s) as shown on Form NJ-1040

Agredo- Narvaez Elias

40. TAX (From Line 39, page 2) .....	40								
41. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	41								
42. Balance of Tax (Subtract Line 41 from Line 40) .....	42								
43. Sheltered Workshop Tax Credit .....	43								
44. Balance of Tax after Credit (Subtract Line 43 from Line 42) .....	44								
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 36). If no Use Tax, enter ZERO (0.00). .....	45								
46. Penalty for Underpayment of Estimated Tax. .... Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.	46								
47. Total Tax and Penalty (Add Lines 44, 45, and 46) .....	47								
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) .....	48							499	
49. Property Tax Credit (See instruction page 33) .....	49								
50. New Jersey Estimated Tax Payments/Credit from 2012 tax return .....	50								
51. New Jersey Earned Income Tax Credit (See instruction page 38) .....	51								
Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one      Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit									
52. EXCESS New Jersey UIWF/SWF Withheld (See instr. page 39) (Enclose Form NJ-2450) .....	52								
53. EXCESS New Jersey Disability Insurance Withheld (See instr. page 39) .....	53								
54. EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 39) (Enclose Form NJ-2450) .....	54								
55. Total Payments/Credits (Add Lines 48 through 54) .....	55								
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE .....	56								
Fill in <input type="checkbox"/> if paying by e-check or credit card. (Remember to enter check amount on Page 1) If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.									
57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT .....	57								
Deductions from Overpayment on Line 57 which you elect to credit to:									
58. Your 2014 tax .....	58								
59.  N.J. Endangered Wildlife Fund .....	59								
60.  N.J. Children's Trust Fund To Prevent Child Abuse .....	60								
61.  N.J. Vietnam Veterans' Memorial Fund .....	61								
62.  N.J. Breast Cancer Research Fund .....	62								
63.  U.S.S. New Jersey Educational Museum Fund ...	63								
64. Other Designated Contribution .....	64								
(See instruction page 40)									
65. Total Deductions from Overpayment (Add Lines 58 through 64) .....	65								
66. REFUND (Amount to be sent to you. Subtract Line 65 from Line 57) .....	66							499	

SIGN YOUR RETURN ON PAGE 1



<b>Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return</b>		38-2099803 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. 0	2 Fed. income tax withheld 1039.56	
	3 Social security wages 0	4 Sec. sec. tax withheld 2103.51	
b Employer ID number (EIN) 75-3024492	5 Medicare wages and tips 0	6 Medicare tax withheld 491.95	
c Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
d Control number 005436000029001			
e Employee's name, address, and ZIP code Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080- Jackson NJ 08527			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other NJ UI/HC/WD 131.31 NJ DI 111.24 NJ FLI 30.91	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
NJ 753-024-492/000	0	499.81	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2013** Dept. of the Treasury -- IRS  
Copyright 2013 Greatland/Neico

## NOTICE

This statement includes a (correcting) representation of a form W-2. The representation it is not intended to represent a corrected W-2 filed by the party identified in it as the "PAYER" or "EMPLOYER". The correcting W-2 is submitted to "REBUT" a document known to have been submitted by the party identified in it as the "PAYER or EMPLOYER" which erroneously alleged a payment or payments to the party identified in it as "Recipient or employee" of gains, "profit" or "income" made in the course of a "trade or business". Neither the "PAYER" nor the "RECIPIENT" engaged in any transactions with each other that were made in the course of a "trade or business" as those terms are defined by the code.

This correcting form/ representation ends any such presumption. Note however that the amounts deducted are correct and needed no correction.

## STATEMENT

No payments were received by the party identified in the form as the "RECIPIENT or the EMPLOYEE" from the party identified in it as the "PAYER or the EMPLOYER" which were connected with the performance of the functions of a "PUBLIC OFFICE" or otherwise constituted gains, profit or income within the meaning of relevant law. Deductions amounts are however correct.

Under penalty of perjury, I declare that these statements are true and complete.

DATE: 08/02/2016

Elias Agredo-Narvaez



**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

1 Name(s) shown on return <div style="text-align: center;">Elias Agredo-Narvaez</div>		2 Your social security number <div style="text-align: center;">[REDACTED]</div>																									
3 Address <div style="text-align: center;">1080- B East veterans highway, Jackson New Jersey</div>																											
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2013</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.																											
5 Employer's or payer's name, address, and ZIP code <u>Goldstone Management Inc</u> 525 East county line Rd, suite 2, Lakewood, NJ 08701		6 Employer's or payer's identification number (if known) <div style="text-align: center;">75-3024492</div>																									
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.																											
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">a Wages, tips, and other compensation</td><td style="width: 10%; text-align: right;">-0-</td><td style="width: 40%;">g State income tax withheld</td><td style="width: 10%; text-align: right;">499.81</td></tr> <tr><td>b Social security wages</td><td style="text-align: right;">-0-</td><td>(Name of state) <u>New Jersey</u></td><td></td></tr> <tr><td>c Medicare wages and tips</td><td style="text-align: right;">-0-</td><td>h Local income tax withheld</td><td></td></tr> <tr><td>d Advance EIC payment</td><td style="text-align: right;">-0-</td><td>(Name of locality)</td><td></td></tr> <tr><td>e Social security tips</td><td style="text-align: right;">-0-</td><td>i Social security tax withheld</td><td style="text-align: right;">2103.51</td></tr> <tr><td>f Federal income tax withheld</td><td style="text-align: right;">1039.56</td><td>j Medicare tax withheld</td><td style="text-align: right;">491.95</td></tr> </table>	a Wages, tips, and other compensation	-0-	g State income tax withheld	499.81	b Social security wages	-0-	(Name of state) <u>New Jersey</u>		c Medicare wages and tips	-0-	h Local income tax withheld		d Advance EIC payment	-0-	(Name of locality)		e Social security tips	-0-	i Social security tax withheld	2103.51	f Federal income tax withheld	1039.56	j Medicare tax withheld	491.95			
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e Social security tips	-0-	i Social security tax withheld	2103.51																								
f Federal income tax withheld	1039.56	j Medicare tax withheld	491.95																								
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.																											
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40%;">a Gross distribution</td><td style="width: 10%;"></td><td style="width: 40%;">f Federal income tax withheld</td><td style="width: 10%;"></td></tr> <tr><td>b Taxable amount</td><td></td><td>g State income tax withheld</td><td></td></tr> <tr><td>c Taxable amount not determined</td><td style="text-align: center;"><input type="checkbox"/></td><td>h Local income tax withheld</td><td></td></tr> <tr><td>d Total distribution</td><td style="text-align: center;"><input type="checkbox"/></td><td>i Employee contributions</td><td></td></tr> <tr><td>e Capital gain (included in line 8b)</td><td></td><td>j Distribution codes</td><td></td></tr> </table>	a Gross distribution		f Federal income tax withheld		b Taxable amount		g State income tax withheld		c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld		d Total distribution	<input type="checkbox"/>	i Employee contributions		e Capital gain (included in line 8b)		j Distribution codes								
a Gross distribution		f Federal income tax withheld																									
b Taxable amount		g State income tax withheld																									
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld																									
d Total distribution	<input type="checkbox"/>	i Employee contributions																									
e Capital gain (included in line 8b)		j Distribution codes																									
9 How did you determine the amounts on lines 7 and 8 above? I did not receive any "wages" as defined in sec 3401(a) and section 3121(a). These earnings are not based on federally privileged activity for which the taxes are devised (by not itemizing) I hereby, respectfully request a refund of what is owed to me.																											
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. Notified my private employer and demanded for the erroneous information to be corrected, but they refused because of fear of retaliation from the IRS, they also threatened me with firing me and leaving me without my occupation, all of these since the year 2013.																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <b>Sign Here</b>   Signature ▶ <div style="border: 1px solid black; display: inline-block; width: 200px; height: 30px; vertical-align: middle;"></div> </div> <div style="width: 15%; text-align: right;"> Date ▶ <u>08/02/2016</u> </div> </div>																											

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's

name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,