

Elias Agredo-Narvaez
C/O
1080-B East veterans highway,
Jackson, New Jersey
[08527]

*Elias Agredo
12.06.2015*

December, 06, 2015

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

RE: 2013 Tax Return
Sent Certified mail: 7015 1730 0002 3740 3140

To Whom It May Concern:

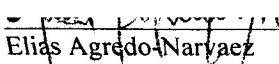
Please find enclosed the filing of my 2013 1040 Tax Return. Please note that I have enclosed 1 Form 4852, 1 correcting W-2 and 3 corrected 1099-MISC Forms properly documented, due to the fact that the "PAYER'S" provided the 1099's which erroneously alleged payments of Internal Revenue Code (IRC) sections 3121 & 3401 wages that are hereby disputed.

They have listed payments as "wages" as defined in the IRC sections 3401(a) and 3121(a). I am hereby rebutting their claim, stating that I am private-sector citizen (non-federal employee) employed by a private-sector company (non-federal entity) as defined in 3401 (c) (d). I am not employed in a "trade or business" nor am I an "officer of a corporation".

Additionally, the "PAYERS" were not required to report my private sector payments on form 1099-MISC but did anyway, and in so doing reported to the IRS that my private-sector payments are taxable, which they ARE NOT. My 2013 private-sector payments are not reportable under Internal Revenue Code (IRC) § 6041(a) regarding information at source. Neither are said payments reportable under IRC § 6041A as the "PAYER'S" are private-sector companies. As such, they are not described within the definition of "trade or business" in § 7701(a)(26) and the payments made to me cannot, therefore, be characterized as "salaries,....wages,....compensations, remunerations,.... or other fixed or determinable gains, profits, and income..." (IRC) 6041(a)). Sections 6041(a) and 6041A(a) only apply to a "person" or "service-recipient" engaged in a trade or business". The reporting requirements applies only 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".

Therefore, I expect a full and complete refund within 30 days of the filing of my 2013 return as dictated in the IRC sec. 6402(A) and Sec. 6401(b)(c)

Respectfully,

 Dated: December, 6, 2015
Elias Agredo-Narvaez

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 See separate instructions.

Your first name and initial Elias Last name Agarwal-Narvaez Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1080-B
1080-B East veterans highway Make sure the SSN(s) above and on line 6c are correct.

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 Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
 2 ☐ Married filing jointly (even if only one had income)
 3 ☒ Married filing separately. Enter spouse's SSN above and full name here.
 5 ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
 b ☒ Spouse
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here ☐
 d Total number of exemptions claimed
 Boxes checked on 6a and 6b: 2
 No. of children on 6c who: 2
 • lived with you
 • did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above
 Add numbers on lines above **4**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 00
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **0 00**

Adjusted Gross Income 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income **0 00**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	-0-	00
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,100 Married filing jointly or Qualifying widow(er), \$12,200 Head of household, \$8,950	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6100	00
	41	Subtract line 40 from line 38	41	-6100	00
	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	15600	00
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	-0-	00
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44		
	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
	46	Add lines 44 and 45	46	-0-	00
	47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48			
49	Education credits from Form 8863, line 19	49			
50	Retirement savings contributions credit. Attach Form 8880	50			
51	Child tax credit. Attach Schedule 8812, if required	51			
52	Residential energy credits. Attach Form 5695	52			
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53			
54	Add lines 47 through 53. These are your total credits	54			
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	-0-	00	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56		
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57		
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58		
	59a	Household employment taxes from Schedule H	59a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b		
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60			
61	Add lines 55 through 60. This is your total tax	61	-0-	00	
Payments If you have a qualifying child, attach Schedule EIC.	62	Federal income tax withheld from Forms W-2 and 1099	62	4408	29
	63	2013 estimated tax payments and amount applied from 2012 return	63		
	64a	Earned income credit (EIC)	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Schedule 8812	65		
	66	American opportunity credit from Form 8863, line 8	66		
	67	Reserved	67		
	68	Amount paid with request for extension to file	68		
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71			
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	4408	29	
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	4408	29
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	4408	29
Direct deposit? See instructions.	b	Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number			
75	Amount of line 73 you want applied to your 2014 estimated tax ▶	75			
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76		
	77	Estimated tax penalty (see instructions)	77		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature <i>A J ...</i>		Date <i>12/06/15</i>	Your occupation <i>Private-sector</i>	
	Spouse's signature <i>[Signature]</i>		Date <i>12/06/15</i>	Spouse's occupation	
	If a joint return, both must sign.		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ▶		Firm's EIN ▶		Check <input type="checkbox"/> if self-employed
	Firm's address ▶		Phone no.		PTIN

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.

OMB No. 1545-0074

1 Name(s) shown on return Elias Agredo - Narvaez		2 Your social security number _____	
3 Address 1080-B East veterans highway, Jackson, New Jersey 08527			
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 have notified 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 Goldstone management inc. 525 East county line Road Suite 2 Lakewood, NJ		6 Employer's or payer's identification number (if known) 08701 75-3024492	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation <u>0</u> b Social security wages <u>0</u> c Medicare wages and tips <u>0</u> d Advance EIC payment <u>0</u> e Social security tips <u>0</u> f Federal income tax withheld <u>1039.56</u>	g State income tax withheld <u>499.81</u> (Name of state) _____ h Local income tax withheld _____ (Name of locality) _____ i Social security tax withheld <u>2103.51</u> j Medicare tax withheld <u>491.95</u>		
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution _____ b Taxable amount _____ c Taxable amount not determined <input type="checkbox"/> d Total distribution <input type="checkbox"/> e Capital gain (included in line 8b) _____	f Federal income tax withheld _____ g State income tax withheld _____ h Local income tax withheld _____ i Employee contributions _____ j Distribution codes _____		
9 How did you determine the amounts on lines 7 and 8 above? no taxable "wages" were received by the "recipient". Payer erroneously reported payment info that is bad paye data. 6401(c) the amounts withheld are overpayments. Payers data not consistent with			
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. I notified my employer and demanded to correct the errors but refused because of fear of retaliation from the part of the IRS. Also threats of firing.			
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.			
Sign Here Signature ► _____		Date ► Dec. 06, 2015	

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. 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. 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.

Copy B--To Be Filed With Employee's FEDERAL Tax Return.		38-2099803 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. -0-	2 Fed. income tax withheld 1039.56
b Employer ID number (EIN) 75-3024492	3 Social security wages -0-	4 Soc. sec. tax withheld 2103.51
	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 See inst. for box 12
13 Statutory employee	14 Other	12b Code
Retirement plan	NJ UI/HC/WD 131.31 NJ DI 111.24 NJ FLI 30.91	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

This information is being furnished to the Internal Revenue Service.

3 BW24UP

NIF 25/7909

"NOTICE"

- This statement includes this representation of a FORM W-2. The representation is not intended to represent a corrected W-2. Filed By the Party identified as the "PAYER".

- The correcting W-2 is submitted to "Rebt" a document known to have been submitted by the PARTY identified therein as "PAYER" which erroneously alleges a payment or payments to the Party therein identified as "RECIPIENT" 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 code. THIS CORRECTING FORM

ENDS ANY SUCH PRESUMPTION.

STATEMENT

"No Payments were received by the Party identified in the form above as the "recipient" from the Party identified therein as "the PAYER" 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 are under penalty of perjury, I declare that this is true. correct

Dated this 6th day of December, 2015

Elias Agredo-Narvaez

STATEMENT

This statement includes the representation of a FORM 1099-MISC, the form is not intended to represent a corrected 1099-MISC filed by the PARTY identified therein 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 therein as "PAYER" which erroneously alleges a payment or payments to the Party identified therein as the "RECIPIENT" of "gains profit or income" within 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.

Dated this 6th day of December, 2015

Elias Agredo Narvaez

SIYATA ASSOCIATES LLC
525 E COUNTY LINE RD
SUITE 2
LAKEWOOD NJ 08701 (732)886-7400

20-5653748

RECIPIENT'S name (addressee)
ELIAS AGREDO-NARVAEZ
1080B EAST VETERANS HIGHWAY
APT. 1080B
JACKSON NJ 08527

Account number 853438246063	
1. Revenues	2. Other income
3. Federal income tax withheld	4. Federal income tax credits
5. Medicare and Social Security	6. Total tax withheld -0-
7. Substitute payments (net of dividends, interest, etc.)	8. Tax on the distribution of property, a power, or a trust
9. Other insurance proceeds	10. Foreign tax paid
11. Foreign death or disability proceeds	12. Excess golden parachute payment
13. Gross proceeds paid to attorney	14. Section 409A deferrals
15. Section 409A amounts	16. State tax withheld
17. State Payer's state	18. State tax credit

1099-MISC Miscellaneous Income 2013
Copy B - For Recipient
☒ CORRECTED

STATEMENT

This statement includes the representation of a Form 1099-MISC. The form is not intended to represent a corrected 1099-MISC Filed by the PARTY identified on 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 therein as PAYER which erroneously alleges a payment or payments to the Party identified also therein as the "RECIPIENT" of gains, profit or income, within 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, its true, correct and complete.

Dated this 6th day of December, 2015

Elias Agredo-Narvaez

PAYER'S name, address and telephone no. LPC PROPERTIES LLC 525 EAST COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 (732)886-7400	
PAYER'S federal ID number 81-0574157	RECIPIENT'S ID number AAA-000-000
RECIPIENT'S name, address and ZIP code ELIAS AGREDO-NARVAEZ 1080B EAST VETERANS HIGHWAY APT 1080B JACKSON NJ 08527	
Account number 898736514616	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. -0-
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
1099-MISC Miscellaneous Income 2013	
Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked) Dept. of Treasury - IRS OMB No. 1545-0115	

STATEMENT

This statement includes the representation of a Form 1099-MISC, the Form is not intended to represent a corrected 1099-MISC filed by the Party identified as the PAYER.

The corrected Form 1099-MISC herein presented is submitted to rebut a document known to have been submitted by Party identified therein as "PAYER" which erroneously alleges a payment or payments to the Party identified also therein as "RECIPIENT" of "gains, profit or income" within 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.

Dated this 6th day of December, 2015

Elias Agredo-Narvaez

PAYER'S name, address, and telephone no. PLEASANT GARDENS HOLDINGS 525 E COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 (732)886-7400	
PAYER'S federal ID number 20-4914309	RECIPIENT'S ID number
RECIPIENT'S name, address, and ZIP code ELIAS AGREDO-NARVAEZ 1080 B EAST VETERANS HIGHWAY APT 1080 B JACKSON NJ 08527	
Account number 951870132237	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care paym'ts	7 Nonemployee comp. -0-
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
1099-MISC Miscellaneous Income 2013 Copy B - For Recipient <input checked="" type="checkbox"/> CORRECTED (if checked) Dept. of Treasury - IRS OMB No. 1545-0046	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Department of the Treasury
Internal Revenue Service
Kansas City, MO
64 999-0002



9590 9403 0694 5196 6891 69

2. Article Number (Transfer from service label)

7015 1730 0002 3740 3140

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

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

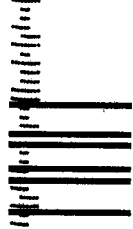
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

7015 1730 0002 3740 3140

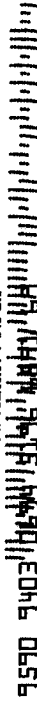
• Sender: Please print your name, address, and ZIP+4® in this box•

Elias Agredo-Narvaez
c/o 1080-B East veterans highway
Jackson, New Jersey
[08527-9998]

USPS TRACKING#



9590 9403 1644 1515 1440 1304 0656



U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee	\$ 11.42
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 1.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 11.42
Total Postage and Fees	\$ 22.84

Sent To
Department of the Treasury IRS

Street and Apt. No., or PO Box No.

City, State, ZIP+4[®]
Kansas City, MO 64999

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*, attach PS Form 3811 to your mailpiece.

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.