Form **3531**
(Rev. February 2013)

Department of the Treasury–Internal Revenue Service

Request for Missing Information or Papers to Complete Return

☐ **14.** The information about the qualifying student on Form 8863 is incomplete. Please enter the information requested below:

- ☐ a. Student's complete name.
- ☐ b. Student's Social Security Number.

☐ **15.** We can't determine **which taxpayer** is filing Form or Schedule _____. Please enter the name and Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) of the taxpayer who is required to pay this tax. If both husband and wife are required to pay this tax, each must file a separate form or schedule.

☐ **16.** Your **Form 2441 or Schedule 2** is incomplete.

- ☐ a. You must complete all of Part I.
- ☐ b. The dependent information on line 2, Part II is incomplete. Please enter the information listed below.
  - 1) First and last name of the qualifying person(s).
  - 2) Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Adoption Taxpayer Identification Number (ATIN) of the qualifying person (s). Also, please review all other SSNs, ITINs, or ATINs listed to be sure they are correct.
  - 3) Qualified expenses for the qualifying person(s) listed in column (a).
- ☐ c. We can't determine the entry for line 5, part II. Line 5 must be entered when married filing a joint return. If your spouse was a student or disabled during the tax year, the number of months your spouse was a student or disabled is required to calculate the entry.

☐ **17.** Attach a copy of the birth certificate for the dependent who was born and died during the tax year.

☐ **18.** Write the **date of death** for the deceased taxpayer across the top of Form 1040, 1040A, or 1040EZ.

☐ **19.** You may file a **joint return** (Filing Status 2) and claim your spouse's exemption if your spouse died during the tax year and you didn't remarry during the tax year. Please provide your spouse's name and Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN). If you have a dependent child or children, you may claim qualifying widow(er) status (Filing Status 5) for the two tax years following your spouse's death.

☐ **20.** A return for a **deceased taxpayer must be signed** by the taxpayer's spouse or a representative of the estate—an executor, administrator, or anyone who is in charge of the decedent's property. Please have the appropriate person sign on the "Sign Here" signature line on the tax return. **Original signature(s) are required. Photocopied signatures are not considered valid.**

☐ **21.** We can't determine who is **claiming the refund** for the deceased taxpayer(s). Please print the name clearly in the signature area.

☐ **22.** We need **additional support** for the deceased taxpayer's return. Please see the item(s) checked below.

- ☐ A. If you are a **court appointed representative,** please attach a copy of the court certificate showing your appointment. A will or power of attorney is not a valid court certificate.
- ☐ B. If you are **not** a court appointed representative, please:
  - ☐ (1) Submit Form 1310 or change your previously submitted Form 1310, as indicated below:
    - ☐ (a) Complete Part I, Form 1310.
    - ☐ (b) Answer questions 2a, 2b and 3 on Form 1310. **If line 2a or 2b is answered "Yes",** the court appointed representative must file and sign the return and attach the court certificate showing his or her appointment.

      OR

      If line 3 is answered "No", we can't issue a refund until you attach a court certificate showing your appointment as personal representatives or other evidence that you are entitled under state law to receive the refund.
    - ☐ (c) **Sign** Form 1310 in the signature space provided.

☐ **23.** It appears you may be filing individual tax forms to reflect a business entity's filing requirement. Please see appropriate business and/or individual forms/schedules and instructions at www.irs.gov or contact us at 1-800-829-1040 (for individuals) or 1-800-829-4933 (for businesses).

☐ **24.** We have delayed processing your return because we have questions about the withholding you reported or the credit you claimed. We must request that you provide official supporting documents such as Form SSA-1099, RRB-1099 or other Form 1099 to support the withholding or credit. If we do not receive proper official documents, we may deny your claim.

☐ **25.** Attachments to your return or credits or deductions you are claiming indicate you must complete Form 1040 instead of Form 1040A or Form 1040EZ.

☐ **26.** By law, the following Statement must appear directly above your original signature in the "Sign Here" area of your tax return. "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 the taxpayer) is based on all information of which preparer has any knowledge." Please RE-PRINT your computer generated return or obtain a new Form 1040/A/EZ that has this paragraph printed above the "Sign Here" area of the return and sign in the space provided.

☐ **27.** _____

_____

_____

_____

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_____

☐ **28.** _____

_____

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_____

If you have any questions regarding this Form, please call 1-800-829-1040.

R ☐ N ☐

Form **3531** (Rev. February 2013)

Department of the Treasury–Internal Revenue Service

Request for Missing Information or Papers to Complete Return

To obtain the forms, schedules or publications to respond to this letter, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

We are returning your tax return because we need more information to process it. Please complete and send us all items asked for next to the boxes **checked** on both sides of this form. When you reply, be sure to include your **return** and this **form.** To avoid further delay, please send all requested information within **20 days,** unless otherwise instructed below. In case we need more information, please give us your telephone number and the best hours to contact you.

Telephone _____

Hours _____

☐ **1.** Your tax return does not show a **valid original signature. Photocopied signatures are not considered valid signatures. Do not sign this letter.** Please sign your name on the "**Sign Here**" signature line(s) **on your Form 1040/A/EZ.** The following additional requirements may apply:

- ☐ a. If this is a joint return, both husband and wife must sign the return.
- ☐ b. If you can't write your name, please sign your mark in the presence of two witnesses. The signatures of the witnesses also are required.
- ☐ c. If you are signing as a parent of a minor child, you must sign the child's name and your name, writing "parent of a minor child," in the signature area.
- ☐ d. We require a power of attorney or court certificate in all other instances when someone other than the taxpayer is signing the return.
- ☐ e. You have signed in the wrong place on your return. Please sign your name in the "**SIGN HERE**" area of your return.

☐ **2.** The dependent information, line 6c on the front of your return, is incomplete. Please enter the information listed below:

- a. Dependent's first and last name.
- b. Dependent's Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN), or Adoption Taxpayer Identification Number (ATIN). Also, please review all other SSNs, ITINs, or ATINs listed to be sure they are correct.
- c. Dependent's relationship to you.
- d. If your dependent is a qualifying child for the child tax credit, check the box in column (4).

☐ **3.** Your taxpayer identification number (Social Security Number or IRS Individual Taxpayer Identification Number) is missing or does not show nine digits. If this is a joint return or married filing separately return, both husband and wife must have a number. If you don't have a number, call the Social Security Administration at **1-800-772-1213. If you cannot get a Social Security Number because you do not qualify,** please get Form W-7, Application for IRS Individual Taxpayer Identification Number (ITIN), from your local IRS office, via the Internet at www.irs.gov, or call **1-800-829-3676.** Re-submit your tax return to the IRS after you have been issued an SSN or ITIN. Please write the correct SSN or ITIN in the space provided on your return. Please also review all other SSNs, ITINs or ATINs listed on your return to be sure they are correct.

☐ **4.** Your return includes income or tax for **more than one tax year.** You must file a separate tax return for each tax year.

☐ **5.** Your return includes income or tax for **someone other than you** or your spouse. Each person (except married couples) must file a separate tax return.

☐ **6.** Your Form 1040, Form 1040A or Form 1040EZ is blank, illegible, incomplete, or missing. Please send a completed, signed Page 1 and/or Page 2 of your return with all applicable schedules, forms and attachments. **Your original signature(s) are required.**

☐ **7.** Please complete Form 8332, Form 2120 or attach a copy of the divorce decree which allows you to claim an exemption for a child who did not live with you due to divorce or separation.

☐ **8.** Complete **Form or Schedule** _____ to support your entry on line _____ of **Form or Schedule** _____.

☐ **9.** Complete the indicated form(s) or schedule(s) to support your entry on the line(s) of your Form 1040 or Form 1040A as listed below:

- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ You may be liable for self-employment tax on income reported on Schedule C, Schedule F, Schedule F, or line 21 of Form 1040.

☐ **10.** Complete the following line(s):

- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.

☐ **11. Explain your entry** of $ _____ on line _____ of Form or Schedule _____ and attach the supporting form(s) or schedule(s), as required.

☐ **12.** Explain the source of earned income or wages you used to compute your earned income credit and attach documents (such as Forms W-2 or Forms 1099-MISC) to support your entry.

☐ **13.** The information about your qualifying child or children on Schedule EIC is incomplete. Please enter the information requested below:

- ☐ a. Child's complete name.
- ☐ b. Child's Social Security Number (SSN). Also please review all other SSNs listed to be sure they are correct.
- ☐ c. Child's relationship to you.
- ☐ d. Number of months the child lived in your home during the tax year.

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Form **3531** (Rev. February 2013)

Department of the Treasury–Internal Revenue Service

Request for Missing Information or Papers to Complete Return

☐ **14.** The information about the qualifying student on Form 8863 is incomplete. Please enter the information requested below:

- ☐ a. Student's complete name.
- ☐ b. Student's Social Security Number.

☐ **15.** We can't determine **which taxpayer** is filing Form or Schedule _____. Please enter the name and Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) of the taxpayer who is required to pay this tax. If both husband and wife are required to pay this tax, each must file a separate form or schedule.

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- ☐ a. You must complete all of Part I.
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☐ **17.** Attach a copy of the birth certificate for the dependent who was born and died during the tax year.

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☐ **27.** _____

☐ **28.** _____

If you have any questions regarding this Form, please call 1-800-829-1040.

R ☐ N ☐

Form 3531 (Rev. February 2013)

Department of the Treasury–Internal Revenue Service

Request for Missing Information or Papers to Complete Return

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Telephone _____

Hours _____

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- ☐ b. If you can't write your name, please sign your mark in the presence of two witnesses. The signatures of the witnesses also are required.
- ☐ c. If you are signing as a parent of a minor child, you must sign the child's name and your name, writing "parent of a minor child," in the signature area.
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- ☐ e. You have signed in the wrong place on your return. Please sign your name in the "**SIGN HERE**" area of your return.

☐ **2.** The dependent information, line 6c on the front of your return, is incomplete. Please enter the information listed below:

- a. Dependent's first and last name.
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- c. Dependent's relationship to you.
- d. If your dependent is a qualifying child for the child tax credit, check the box in column (4).

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☐ **5.** Your return includes income or tax for **someone other than you** or your spouse. Each person (except married couples) must file a separate tax return.

☐ **6.** Your Form 1040, Form 1040A or Form 1040EZ is blank, **illegible,** incomplete, or missing. Please send a completed, signed Page 1 and/or Page 2 of your return with all applicable schedules, forms and attachments. **Your original signature(s) are required.**

☐ **7.** Please complete Form 8332, Form 2120 or attach a copy of the divorce decree which allows you to claim an exemption for a child who did not live with you due to divorce or separation.

☐ **8.** Complete **Form or Schedule** _____ to support your entry on line _____ of **Form or Schedule** _____.

☐ **9.** Complete the indicated form(s) or schedule(s) to support your entry on the line(s) of your Form 1040 or Form 1040A as listed below:

- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ Form or Schedule _____ to support line _____.
- ☐ You may be liable for self-employment tax on income reported on Schedule C, Schedule E, Schedule F, or line 21 of Form 1040.

☐ **10.** Complete the following line(s):

- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.
- ☐ Line Number _____ on Form or Schedule _____.

☐ **11. Explain your entry** of $ _____ on line _____ of Form or Schedule _____ and attach the supporting form(s) or schedule(s), as required.

☐ **12.** Explain the source of earned income or wages you used to compute your earned income credit and attach documents (such as Forms W-2 or Forms 1099-MISC) to support your entry.

☐ **13.** The information about your qualifying child or children on Schedule EIC is incomplete. Please enter the information requested below:

- ☐ a. Child's complete name.
- ☐ b. Child's Social Security Number (SSN). Also please review all other SSNs listed to be sure they are correct.
- ☐ c. Child's relationship to you
- ☐ d. Number of months the child lived in your home during the tax year.

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1023485088

EP 1 & 20xx

CERTIFIED COPY
BY Elias Agredo
12, 06, 2015

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

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,

[redacted] Dated: December, 6, 2015
Elias Agredo-Narvaez

AUG 26 2016

915 903

CERTIFIED COPY BY

1040 U.S. Individual Income Tax Return 13

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning

See separate instructions.

Your first name and initial | Last name | Your social security number

[redacted]

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

[redacted]

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no.

APT 1050-B

▲ 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). | Presidential Election Campaign

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

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶
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. ▶
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)
[redacted]				

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b
No. of children on 6c who:
• 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

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
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 ▶		22

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 31a and 32 through 35		36
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2013)

RETURNED FOR SIGNATURE
MAR 24 2016
149

RECEIVED
MAY 17 2016
FRP 306

RECEIVED
0580
AUG 29 2016
INTERNAL REVENUE SERVICE
KANSAS CITY, MO

CONSIDERED IN FRP
FRP PENALTY ASSESSED

AUG 26 2016
1024275279

OBJECTS "AUDIT"

CERTIFIED COPY BY

Form 1040 U.S. Individual Income Tax Return 13

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

See separate instructions.

Your first name and initial | Last name | Your social security number

[redacted]

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

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no.

▲ 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.

Presidential Election Campaign

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

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status

Check only one box.

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶

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. ▶

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)
[redacted]			☑
			☑
			☐
			☐

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: • lived with you: 2 • 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

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

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** ▶		22	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** ▶		37	0 00

Tax and Credits

38 Amount from line 37 (adjusted gross income) — 38

39a Check: ☐ You were born before January 2, 1950 ☐ Blind. ☐ Spouse was born before January 2, 1950 ☐ 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

41 Subtract line 40 from line 38 — 41

42 Exemptions. If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see instructions — 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- — 43

44 Tax (see instructions). Check if any from a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ — 44

45 Alternative minimum tax (see instructions). Attach Form 6251 — 45

46 Add lines 44 and 45 — 46

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 ☐ 3800 b ☐ 8801 c ☐ — 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

Other Taxes

56 Self-employment tax. Attach Schedule SE — 56

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 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 ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s) — 60

61 Add lines 55 through 60. This is your total tax — 61

Payments

62 Federal income tax withheld from Forms W-2 and 1099 — 62

63 2013 estimated tax payments and amount applied from 2012 return — 63

If you have a qualifying child, attach Schedule EIC.

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 ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ — 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments — 72

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid — 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ — 74a

Direct deposit? See instructions.

▶ b Routing number ▶ c Type: ☐ Checking ☐ 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)? ☐ Yes. Complete below. ☐ 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.

[redacted] 03/29/16

Your signature — Date — Your occupation — Daytime phone number

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, both must sign. — Date — Spouse's occupation — 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 — Check ☐ if self-employed — PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

Intra-SC Reject or Routing Slip | Name-Unit | Date 8/30/16

X	Route to		Reason
	Accounting	☐ IMF	Missing or illegible data: ☐ EIN ☐ SSN ☐ Name ☐ Address ☐ Other (specify) ☐ Signature ☐ Tax period ☐ Filing requirements ☐ Form
	Adjustments	☐ BMF	
	Batching and Numbering	☐ NMF	
	Clearing and Deposit	☐ EPMF	
	Collection	☐ IRAF	
	Criminal Investigation ☐ QRDT ☐ ITPP	☐ IRP	Review for necessary action
	Data Control (Balancing)	☐ CAWR	Renumber to ☐ Tax class ☐ Doc.code ☐ Other:
	Document Services	☐ Other file:	
	Entity Control		Unpostable code: Cycle:
	Error Resolution		Action Code:
	Examination (Audit)		Reinput
	Files		Questionable items ☐ Form W-2 ☐ Contributions ☐ Other data:
	Reject Correction		
	Returns Analysis		Other (explain)
	Statute Control		NC SG
	Other activity (explain) 3/307		

Form **4227** (Rev. 12-01) Cat. No. 26915I Department of the Treasury **Internal Revenue Service**

4/30/14 - 3/30/16 folder

SSN#: [redacted]

ASED _____ **Scanned**

Promoter: _____

Preparer: _____ POA

Argument Code: 44 Name SM

Open TXMOD Control

91852 91854 SCANNED

91753I 91753B 91858

Err Filing Err Refund

SC Code ___ Date of Ref _____

Refund $ _____

Offset $ _____

Intercept $ _____

Credit Interest $ _____

Possible IDT **Not ID Theft**

Z Freeze Agent #: _____

TC _____ DLN _____

IRS Rec'd Date: 2-22-16

FRP Rec'd Date: 5-17-16

Prim. TP Issue # 1197102

Prim. TP Penalty # 12023165

Sec. TP Issue # _____

Sec. TP Penalty # _____

Effective 07/2006 Revised 01/02/2014

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BY _____

Form **4852** (Rev. August 2013)

Department of the Treasury
Internal Revenue Service

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 Alejandro Narvaez

2 Your social security number
[redacted]

3 Address
108C-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, 2013

I have been unable to obtain (or have received an incorrect) X Form W-2 **OR** ☐ 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
Celestone management inc
525 East cuyty line Road Suite 2 Lakewood, NJ

6 Employer's or payer's identification number (if known)
75-3034492

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld

a	Wages, tips, and other compensation	-0-	g	State income tax withheld (Name of state:)	449.81
b	Social security wages	-0-	h	Local income tax withheld (Name of locality:)	
c	Medicare wages and tips	-0-	i	Social security tax withheld	2103.51
d	Advance EIC payment	-0-	j	Medicare tax withheld	491.95
e	Social security tips	-0-			
f	Federal income tax withheld	1039.56			

8 Form 1099-R. Enter distributions from pensions, annuities, retirement profit-sharing plans, IRAs, insurance contracts, etc.

a	Gross distribution		f	Federal income tax withheld	
b	Taxable amount		g	State income tax withheld	
c	Taxable amount not determined	☐	h	Local income tax withheld	
d	Total distribution	☐	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? the taxable wages were reported by the "recipient" payer incorrectly reported payment info that the payer data. Each of the amounts withheld was overpayment, there was not consistent with

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement
notified my employer and demanded to correct the error but he refused because of fear of retaliation from the IRS. also threats of firing me,

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 ▶ Feb. 11, 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,

CERTIFIED COPY

BY_____

"NOTICE"

Copy B--To Be Filed With Employee's FEDERAL Tax Return.

a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Fed. income tax withheld
[redacted]	-0-	1238.56
b Employer ID number (EIN)	3 Social security wages	4 Soc. sec. tax withheld
75-3024492	-0-	2103.53
	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 B 1080
Jackson NJ 08527

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See instructions for box 12
13 Statutory employee	14 Other NJ UI/HC/WD 131.33 NJ DI 111.24 NJ FLI 30.34	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—Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

3 BW24UP

- 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 "Rebut" a document known to have been submited by the PARTY identified therein as "PAYER" which erroneously alleges a Payment or Payments to the Party therein identified as "RECIPIENT" of "gain, 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 these 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 correct under Penalty of Perjury, I Declare thu this is true.

Dated this 6th day of December, 2015

[redacted]

Elias Agredo-Narvaez

CERTIFIED COPY
BY _____

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

[redacted]

Elias Agredo Narvaez

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

20-5653748 [redacted]

ELIAS AGREDO-NARVAEZ
1080B EAST VETERANS HIGHWAY
APT. 1080B
JACKSON NJ 08527

853438246063

-0-

1099-MISC Miscellaneous Income 2013
Copy B - For Recipient

X

CERTIFIED COPY
BY _____

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, it is true, correct and complete.

Dated this 6th day of December, 2015

[redacted]

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	RECIPIENT'S ID number
81-0574157	[redacted]

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 ☐
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
Dept. of Treasury - IRS
☒ CORRECTED (if checked)
OMB No. 1545-0115

CERTIFIED COPY

BY_____

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 Prescribed 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

[redacted]

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	RECIPIENT'S ID number
20-4914309	[redacted]

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 payments	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 ☐
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

X CORRECTED (if checked)

Dept. of Treasury - IRS
OMB No. 1545-0115

ELIAS AGREDO-NARVAEZ
1080B E VETERANS HWY APT 1080-B
JACKSON NJ 08527

Date: 9/16/2016 Time: 8:16:25 AM

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
64999-0002

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

INTERNAL REVENUE SERVICE
KANSAS CITY, MO 64999-0002

DEC 15 2015

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

Form **8278**
(Rev. June 2015)

Department of the Treasury — Internal Revenue Service

Assessment and Abatement of Miscellaneous Civil Penalties

1. Name of Taxpayer
AGREDO-NARVAEZ, ELIAS

2. Address
1080B E VETERANS HWY
JACKSON NJ 08527-2934

5. Year *(mandatory) (yyyymm)*: 201312

6. Statute Date *(mandatory) (mmddyyyy)*: N/A

7. Identifying number (SSN (XXX-XX-XXXX) or EIN (XX-XXXXXXX)): [redacted]

3. MFT *(Check one)* [X] IMF 55 [ ] BMF 13

4. Check if no ASED ☐

8. Function *(Check one)* ☐ LMSB ☐ SB/SE ☒ W&I ☐ TE/GE ☐ Appeals

Reminders:
- ✔ Manager's signature is required in block 11a to meet the provisions of Internal Revenue Code (IRC) section 6751.
- ✔ Prepare a separate Form 8278 for each period penalties are warranted.
- ✔ If the Penalty Reference Number (PRN) is not listed, enter all information in the blank line provided at the bottom of each section.
- ✔ At the conclusion of the penalty investigation, provide the taxpayer a computation of the penalty with a copy of a detailed calculation worksheet.

9. I. Miscellaneous Penalties *(IRM 20.1.10)* **Note:** *Miscellaneous Penalties are continued on the next page.*

(a) Penalty Code Section	Penalty Description	(b) Penalty Reference Number	(c) Number of Violations	(d) Amount Assessed	(e) Amount Abated	(f) Pen. Rea: Co:
6652(j)	Failure to file certification with respect to certain residential rental projects required under section 142(d)(7)	587				
6652(k)	Failure to make reports required under sec. 1202	588				
6652(l)	Failure to file From 8806-IRC sec 6043(c)	649				
6653	Willful failure to pay, evade or defeat stamp tax	574				
6673 (a)	Sanctions and costs awarded by Tax Court	643				
6673 (b)	Sanctions and costs awarded by other courts	644				
6674	Fraudulent statement or willful failure to furnish statement to employee-IRC sec. 6051 or 6053(b)	575				
6682	False Information on Forms W-4 / W-9	616				
6697	Penalty with respect to tax liability of regulated investment company	582				
6702(a)	Frivolous tax return - Form 1040 Dated 02222016	666 X	1	$5,000.00	0	
6702(b)	Penalty for specified frivolous submissions	543				

Remarks:
ARG 44. straight to Penalty

Signature Date 12062015

10a. Originator signature	10b. Date submitted	10c. Phone	10d. Organization Code
JERRICA HOPE	7/22/2016	(801) 620-2133	
11a. Manager signature	11b. Date signed	12a. Terminal operator	12b. Date input
[signature]	7-26-16		