

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

December, 08, 2015

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

RE: 2014 Tax Return
Sent Certified mail: 7015 1730 0002 3740 3157

To Whom It May Concern:

Please find enclosed the filing of my 2014 1040 Tax Return. Please note that I have enclosed 1 Form 4852, 1 correcting W-2 and 2 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, 8, 2015

Elias Agredo-Narvaez

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial Elias Last name Agredo-Narvaez Your social security number [REDACTED]
If a 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. 1080-B East Veterans highway Apt. no. 1080-B
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

▲ Make sure the SSN(s) above and on line 6c are correct.

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

Filing Status

- 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. Lisbed Agredo
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

Check only one box.

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
No. of children on 6c who:
• lived with you 2
• did not live with you due to divorce or separation (see instructions) 2
Dependents on 6c not entered above
Add numbers on lines above 4

Income

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

Adjusted Gross Income

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

Tax and Credits**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, \$6,200

Married filing jointly or Qualifying widow(er), \$12,400

Head of household, \$9,100

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

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

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	-0-	00
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6200	00
41	Subtract line 40 from line 38	41	-6200	00
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	15800	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	Excess advance premium tax credit repayment. Attach Form 8962	46		
47	Add lines 44, 45, and 46	47	-0-	00
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	-0-	00
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56		
57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61		
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	-0-	00
64	Federal income tax withheld from Forms W-2 and 1099	64	4232	19
65	2014 estimated tax payments and amount applied from 2013 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election 66b			
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4232	19
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4232	19
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4232	19
b	Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="checkbox"/> 0314			
77	Amount of line 75 you want applied to your 2015 estimated tax	77		
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78		
79	Estimated tax penalty (see instructions)	79		

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)

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

Date

Your occupation

Daytime phone number

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.)

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.

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 <i>Elías Agredo - Narvaez</i>		2 Your social security number [REDACTED]	
3 Address <i>1080-B East veterans highway, Jackson, New Jersey [08527]</i>			
4 Enter year in space provided and check one box. For the tax year ending December 31, <i>2014</i> . 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 <i>Goldstone management inc 525 E. county line Rd, suite 2 Lakewood NJ 08701</i>		6 Employer's or payer's identification number (if known) <i>75-3024492</i>	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation	<i>-0-</i>	g State income tax withheld	<i>479.70</i>
b Social security wages	<i>-0-</i>	h Local income tax withheld	
c Medicare wages and tips	<i>-0-</i>	i Social security tax withheld	<i>2085.52</i>
d Advance EIC payment	<i>-0-</i>	j Medicare tax withheld	<i>487.74</i>
e Social security tips	<i>-0-</i>		
f Federal income tax withheld	<i>894.76</i>		
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	<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>NO TAXABLE "wages" were received by the "Recipient" "PAYER" erroneously reported payments information that is bad payers data, 6401(c) the amounts withheld are overpayments. PAYER'S data not according with 3401(c) notified my employer and demanded the errors to be corrected but refused because of fears of retaliation from the IRS. Also, threatened with firing me.</i>			
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 the errors to be corrected but refused because of fears of retaliation from the IRS. Also, threatened with firing me.</i>			
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 ▶ <i>12,08,2015</i>	

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,

"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 therein as the "PAYER"

The correcting W-2 is submitted to "rebut" a document known to have been submitted by the Party identified therein as "PAYER" which erroneously alleged a Payment or Payments to the Party identified therein as the "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 the code.

THIS CORRECTING FORM ENDS ANY SUCH PRESUMPTION.

NOTE however that the amounts deducted are correct.

1 Wages, tips, other comp		2 Fed. income tax withheld	
-0-		894.16	
3 Social security wages		4 Soc. sec. tax withheld	
-0-		2085.52	
5 Medicare wages and tips		6 Medicare tax withheld	
-0-		487.74	
Employer's name, address, and ZIP code			
Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee		12c	
Retirement plan		12d	
Third-party sick pay			
14		Employee's SSN	
NJ UI/HC/WD 133.86		[REDACTED]	
NJ DI 119.70		Employer ID number (EIN)	
NJ FLI 31.51		75-3024492	
		Control number: 005436000029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # Jackson NJ 08527			
Employee's name, address, and ZIP code			
15 State wages, tips, etc.		16 State income tax	
NJ 753-024-492/000		-0- 479.70	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
Form W-2 Wage and Tax Statement Copy B-- To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the IRS. 4 1/2			
38-2099803 2014 OMB No. 1545-0008 Department of the Treasury -- Internal Revenue Service NTF 2578805			

ESTATEMENT

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. deduction amounts however, are correct.

Under Penalty of Perjury, I declare that this statements are true and complete.

[REDACTED]
Elias Agredo-Narvaez

DATED: Dec. 08, 2015

PAYER'S name, address, ZIP/postal code, country & phone 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 XXX-XX-XXXX
RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ 1080 B EAST VETERANS HIGHWAY JACKSON NJ 08527	
Account number 426684081088	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
12	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 -0-
1099-MISC Miscellaneous Income 2014 Copy 2 - To be filed with Recipient's State Tax Return Dept. of Treasury - IRS OMB No. 1545-0115 <input checked="" type="checkbox"/> CORRECTED (if checked)	

STATEMENT

This statement includes the representation of a FORM 1099-MISC.

The Form is not intended to represent a corrected FORM 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 "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 is true, correct, and complete.

[Redacted Signature]
Elias Agredo-Narvaez

Dated: December, 08, 2015

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 in it as the "PAYER"

The corrected FORM 1099-MISC herein presented, is submitted to "REBOT" 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 "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 day December, 08, 2015

Elias Agredo Narvaez

PAYER'S name, address, ZIP/postal code, country & phone 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 [REDACTED]
RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ 1080B EAST VETERANS HIGHWAY APT 1080B JACKSON NJ 08527	
Account number 106874082004	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
12	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 -0-
1099-MISC Miscellaneous Income 2014 Copy 2 - To be filed with Recipient's State Tax Return Dept. of Treasury - IRS <input checked="" type="checkbox"/> CORRECTED (if checked) OMB No. 1545-0115	

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 76

2. Article Number (Transfer from service label)

7015 1730 0002 3740 3157

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |