

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: _____
 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. 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: _____
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. Liesbeth 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

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) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
			son	<input type="checkbox"/>
			daughter	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

 d Total number of exemptions claimed 4
 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
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 0
 8a Taxable interest. Attach Schedule B if required _____
 b Tax-exempt interest. Do not include on line 8a _____
 9a Ordinary dividends. Attach Schedule B if required _____
 b Qualified dividends _____
 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 _____ b Taxable amount _____
 16a Pensions and annuities _____ b Taxable amount _____
 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 _____ b Taxable amount _____
 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 0

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 0

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 -0- 00

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 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 Form(s) 8814 b Form 4972 c 44

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

46 Excess advance premium tax credit repayment. Attach Form 8902 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 3800 b 8801 c 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

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 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 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your **total tax** ▶ 63 -0- 00

Payments

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 2439 b Rented c Rented d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶ 74 4232 19

Refund

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 ▶ 76a 4232 19

b Routing number ▶

c Type: Checking Savings

d Account number 034

77 Amount of line 75 you want **applied to your 2015 estimated tax** ▶ 77

Amount You Owe

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

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.

Your signature: [Signature] Date: 12/08/15 Your occupation: Private-sector Daytime phone number: 10

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. ▶

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.

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return Elías Agredo-Narváez **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, 2014.
I have been unable to obtain (or have received an incorrect) 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 Goldstone management inc **6** Employer's or payer's identification number (if known) 75-3024492
525 E. county line rd, suite 2 Lakewood NJ 08701

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

a Wages, tips, and other compensation	<u>-0-</u>	g State income tax withheld	<u>479.70</u>
b Social security wages	<u>-0-</u>	(Name of state)	_____
c Medicare wages and tips	<u>-0-</u>	h Local income tax withheld	_____
d Advance EIC payment	<u>-0-</u>	(Name of locality)	_____
e Social security tips	<u>-0-</u>	i Social security tax withheld	<u>2085.52</u>
f Federal income tax withheld	<u>894.16</u>	j Medicare tax withheld	<u>487.74</u>

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? 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 34(c) (u)

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 the error to be corrected but refused because of fears of retaliation from the IRS, also, threatened with 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 [Signature] Date 12, 08, 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,

"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		12c	
		12d	
14		Employee's SSN	
NJ DI/RC/WD 133.86		-	
NJ DI 119.70		Employer ID number (EIN)	
NJ FLI 31.51		75-3024492	
		Center Number 005436000029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # Jackson NJ 08527			
Employee's name, address, and ZIP code			
15a	Employer's state ID number	16 State wages, tips, etc.	17 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--		38-209903 2014	
To Be Filed With Employee's		OMB No. 1545-0008	
FEDERAL Tax Return.		Department of the Treasury -	
This information is being furnished to the Internal Revenue Service		Internal Revenue Service	
4		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.

DATED: Dec. 08, 2015

Elias Agredo-Narvaez

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
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 paym'ts	7 Nonemployee comp. - C -
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 (reports 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.

Elias Agredo-Narvaez
Elias Agredo-Narvaez

Dated: December, 18, 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 "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 Profitor 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
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

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		894.16
2 Fed income tax withheld		
3 Social security wages		2085.50
4 Soc sec tax withheld		
5 Medicare wages and tips		487.74
6 Medicare tax withheld		
Employer's name, address and ZIP code Estate Management Inc. 241 East County Lane Road Suite 2 Lakewood NJ 08627		
7 Social security tips	8 Allocated tips	
9		10 Dependent care benefits
11 Nonqualified plans		12a
		12b
13 (a) Union-employee		12c
(b) Retirement plan		12d
(c) Third party sick pay		
14		Employee's SSN
		Employer ID number (EIN)
		75-3024492
		Control Number 1436000024903
Employer's name, address and ZIP code Estate Agreda-Narvaez 1000 E East Veterans Highway Apt # Lakewood NJ 08627		
15 (a) Employer's state ID number		16 State wages, tips, etc
NJ 75-3024492		-0-
		17 State income tax
		474.70
18 Total wages, tips, etc	19 Local income tax	20 Local withholding

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.

Elias Agreda-Narvaez

DATED: Dec. 08, 2015

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

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return <i>Elfas Agredo-Narvaez</i>		2 Your social security number	
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>Gold stone management, 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>	f State income tax withheld (Name of state)	<i>479.70</i>
b Social security wages	<i>-0-</i>	g Local income tax withheld (Name of locality)	
c Medicare wages and tips	<i>-0-</i>	h Social security tax withheld	<i>2085.52</i>
d Social security tips	<i>-0-</i>	i Medicare tax withheld	<i>487.74</i>
e Federal income tax withheld	<i>894.16</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? *No taxable "wages" were received by the recipient. PAYER erroneously reported payments information that is bad payer data, (401c) the amounts withheld are overpayments, PAYER's data not consistent with law*

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 that they correct the errors but refused because of fear of retaliation from THE IRS, also threatened with firing me.*

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, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

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IRS
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 City, State, ZIP+4® M/S 4450 / Ogden UT 84404
 PS Form 3811, April 2015 PSN 7530-02-000-8053

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<p>1. Article Addressed to: Department of the Treasury INTERNAL REVENUE SERVICE 1473 NORTH RULON WHITE BLVD M/S 4450 Ogden UT 84404 ATTN: CHRISTINE L DAVIS</p> <p>9590 9403 0730 5196 5789 69</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED MAY 9 2016 OGDEN, TN</p>														
<p>2. Article Number (Transfer from service label) 7013 2250 0000 1304 9065</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery (PSN 7530)</td> <td></td> </tr> </table>	<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 Restricted Delivery (PSN 7530)	
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Domestic Return Receipt