

From: Elias Agredo-Narvaez  
1080-B East Veterans highway  
Jackson, New Jersey [08527]

September 01, 2016.

To: Internal Revenue Service  
Kansas City, MO 64999-0002

Note: THIS LETTER IS TIME SENSITIVE AND REQUIRES IMMEDIATE ATTENTION

Dear IRS:

Please find enclosed with this letter the filing of my amended 1040 for 2015 or 1040X for 2015 **in its original form**. This letter became of necessity given the fact that every return filed by me since 2013 has conveniently disappeared, even when such returns were sent certified mail, and your agency claims that only copies are in your possession and you returned such copies' copies to me for signature (copies I sent your agency after your denial of having receiving them in their original forms) but for which you/your agency is trying to **extort** the increasing amount of almost \$40,000.00(combined) in supposed frivolous penalties under sec 6702(a), however, every time you sent me one of your notices of penalty I have always requested an explanation (always certified mail) as to how any of my educated returns qualifies as frivolous under such section and an explanation as to how any/all of my returns purports to be a return of a tax imposed by "**this title**"? (subchapter F. procedure and administration) be reminded that the **alleged** income taxes are under subtitle A, not F.

An explanation as to how my returns do not contain information on which the substantial correctness of the self assessment may be judged, or

Contains information that on its/their face/s indicate/s that the self assessment/s is/are substantially incorrect etc, etc. and in every one of those requests, your agency has failed to respond or rebut my returns with an equal standard, this in reference to all returns 2013, 2014 and 2015.

Any way, ***this is the final request and demand for information and clarification specifically relating to all of your frivolous penalties.***

In order for me to have a clear understanding of what you allege in your form letters, please provide me with specific answers to each of the following questions along with references to any and all statutes, regulations and/or court decisions that you use to support your answers.

- 1) What specific part(s) of the information/s I sent you are you considering "frivolous" or causing you to consider the return "frivolous"?
- 2) What is your definition of "frivolous"? I was unable to find one in the IRC or the CFR.
- 3) What specific information did I provide that caused you to allege that I have a "position"?
- 4) What is your definition of "position"? I was unable to find one in the IRC or the CFR.
- 5) What, specifically, are the alleged "arguments advanced" in the information/s sent to you?

**Regarding section 6702(a)(1)(A):**

6) What specific information, on which the substantial correctness of the self-assessment/s may be judged, is allegedly not contained in the returns?

**Regarding section 6702(a)(1)(B):**

7) What specific information contained in the returns on their face indicates that the self-assessments is/are substantially incorrect?

**Regarding section 6702(a)(2)(A):**

8) What position, that you allege I have made, is "frivolous"?

**Regarding section 6702(a)(2)(B):**

9) What appears on the returns (2013, 2014 and 2015) that you allege is intended to delay or impede the administration of Federal income tax law?

10) Where are the corresponding regulations to section 6702 found?

11) What "claim" that you allege I made have the courts "repeatedly rejected as without merit"?

12) Which court cases support rejecting the alleged "claim"?

13) What information is allegedly missing that the law requires on the Form/s 1040?

14) What cite(s) in the regulations apply to the alleged missing information and to the requirements for entering information on the Form/s 1040?

15) Which of the "certain Internal Revenue code Requirements" for the Forms 1040 are allegedly not in compliance?

16) Did you receive Form/s 4852 attached to the Forms 1040 you claim are frivolous?

All of the above questions relate to all my returns for 2013, 2014 and this one for 2015, all now amended.

Please take notice that in **this 2015, 1040 amended return**, I am enclosing properly documented 1 form 4852 regarding one W-2 form from Crossroads Realty Group Limited L, 1 form 4852 regarding one form W-2 from Goldstone management Inc., 2 corrected W-2 forms from Crossroads Realty Group, and Goldstone management respectively, 1 correcting form 1099-MISC from 3600 horizon holdings, 1 correcting form 1099-MISC from LPC properties LLC, and 1 correcting form 1099-MISC from Pleasant Gardens holdings.

All of these correcting forms are necessary due to the fact that the "PAYERS" provided the forms that erroneously alleged payments of internal revenue code sections 3121 and 3401 "wages" that are hereby disputed.

They have listed payments as "wages" as defined in the IRC sections 3401(a) and /or 3121(a).



I am hereby **"rebutting"** their claims, stating that I am a "private sector" Citizen; (non-federal employee) as defined in sec 3401 (c), employed by a private sector company (non-federal entity) which uses the names of the "PAYERS" all together under different account numbers.

I am not now, nor have I ever been employed in a "trade or business" as defined by the code, nor am I an "officer of a corporation".

Additionally, none of these "private sector employers" has a valid W-4 withholding allowance certificate giving them authority to withhold from my private earnings, the "PAYERS" were not required to report my "private sector payments" on the forms but did anyway, and in so doing reported to the IRS that my private sector payments are "TAXABLE", which they are not. My private sector payments are not reportable under the IRC sec 6041(a) regarding information at source, neither are said payments reportable under IRC sec 6041(A) as the "PAYERS" 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 can not, therefore, be characterized as "salaries,...wages,...compensations, remunerations,...or other fixed or determinable gains, profits, and income,..."(IRC) 6041(a)).

Sections 6041(a) and 6041 A(a) only apply to a "person or persons, or service-recipient" engaged in a "trade or business".

The reporting requirements applies only to those individuals or entities when the payments described within those sections are made to another person or any person, in the course of a "trade or business" as defined by the code.

*Please note the following changes to the original 1040 form for 2015 filed with your agency: On the lines 74, 75, and 76a the amount changed to reflect a minus amount of (1181.09) IN LINE 12B, of this amended return; of state and local taxes **erroneously included by me** in the space for federal withholdings on the original form 1040, this corrects the original amount of **requested refund** from \$6856.50 down to \$5675.41 as shown in lines 12C, and 22 of this **amended return**.*

*Also, in lines 4 of the two forms **4852** a change reflects from "I have notified the IRS of this fact" To "I hereby notify the IRS of this fact".*

Therefore, I expect a full and complete refund within 30 days after filing this amended return as per IRC sec 6402(a) and 6401(b)(c).

I should not have to remind you that my claims for refund of overpaid taxes is/are within the provisions of the Code and the statutes behind them.

Since you have not actually challenged or disputed my claims, seem disinclined to make the attempt, and appear to have no lawful authority under which to do so in any event, no meaningful occasion for supporting it has arisen. Nonetheless, I will observe in that regard—and for your edification, as well—that the laws reflected at 26 USC 6401(b)(1) and (c) state:

**(b) Excessive credits**

**(3) In general**

If the amount allowable as credits under subpart C of part IV of subchapter A of chapter 1 (relating to refundable credits) exceeds the tax imposed by subtitle A (reduced by the credits allowable under subparts A, B, D, and G of such part IV), the amount of such excess shall be considered an overpayment.

And:

**I Rule where no tax liability**

**An amount paid as tax shall not be considered not to constitute an overpayment solely by reason of the fact that there was no tax liability in respect of which such amount was paid.;**

that the "Subpart C of part IV of subchapter A of chapter 1", to which 6401(b)(1) refers, is:

Sec. 31 –Tax withheld on wages

**(a) Wage withholding for income tax purposes**

**(1) In general**

The amount withheld as tax under chapter 24 shall be allowed to the recipient of the income as a credit against the tax imposed by this subtitle.;

and that the language of 26 USC 6402(a) relevantly states rather unambiguously that:

**(3) General rule**

In the case of any overpayment, the Secretary, within the applicable period of limitations, may credit the amount of such overpayment, **including any interest allowed thereon**, against any liability in respect of an internal revenue tax on the part of the person who made the overpayment and shall, subject to subsections I, (d) and (e), refund any balance to such person.

I will further observe, solely for your edification, that 26 USC 7214(a) states that:

**(3) Unlawful acts of revenue officers or agents**

Any officer or employee of the United States acting in connection with any revenue law of the United States—

(1) who is guilty of any extortion or willful oppression under color of law; or

(2) who knowingly demands other or greater sums than are authorized by law, or receives any fee, compensation, or reward, except as by law prescribed, for the performance of any duty; or



(3) who with intent to defeat the application of any provision of this title fails to perform any of the duties of his office or employment;

...

shall be dismissed from office or discharged from employment and, upon conviction thereof, shall be fined not more than \$10,000, or imprisoned not more than 5 years, or both. The court may in its discretion award out of the fine so imposed an amount, not in excess of one-half thereof, for the use of the informer, if any, who shall be ascertained by the judgment of the court. The court also shall render judgment against the said officer or employee for the amount of damages sustained in favor of the party injured, to be collected by execution.

IRS "Publication 1" (Catalog Number 64731W) states:

**THE IRS MISSION**

Provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all.

Since your position is one of non-response to my questions, such position lacks "integrity and fairness" and does not help me understand the fact or facts in this matter that you allege to be "frivolous". Your course of action does not afford me my right to equal protection under the law, nor does it afford me the right to due process under fundamental, common, equity or other, law. Your generic forms/Letters of **frivolous penalties and 8278** are over zealous, excessively aggressive, and meant to be intimidating. With these desperate tactics, by which is undertaken an effort to mislead and intimidate a lawful claimant, you are perilously close to outright fraud.

IRM 13.1.15.2 (10-31-2004) states, in part:

The Taxpayer Bill of Rights II defines three elements of misconduct:

An employee violated a law, regulation, or rule of conduct...

An IRS system failed to function properly or within proper time frames...

An IRS employee treated a taxpayer inappropriately in the course of official business. For example, rudeness, over zealousness, excessive aggressiveness, discriminatory treatment, and intimidation. (These cases will be worked/handled by management within the employee's function.)

IRM 13.1.15.3 (10-31-2004) states, in part:

**RRA98 §1203–Employee Responsibilities**

Employee's should have a basic understanding of the conduct provisions of §1203 as outlined in Document 11043 (05/99), RRA98 §1203 Procedural Handbook. You are also

responsible for reporting allegations involving potential § 1203 violations to your manager for forwarding to the appropriate officials. Depending on the nature of the allegations, these officials may be management or TIGTA.

The employee's manager is required to complete **Form 12217, §1203 Allegation Referral** Form, Exhibit 13.1.15.-1, and determine if the case should be referred to TIGTA or management. Except for EEO and tax related issues, allegations relating to all Executives, Senior Level Managers (paybanded and supervisory GS-15s) and Criminal Investigation Employees must be directly and immediately referred to TIGTA...

The following types of employee misconduct cases require referral to your manager for §1203 consideration:

- **False statements under oath**
- **Falsification of documents**
- Assault or battery
- Misuse of IRC §6103 (Disclosure)
- Threat of Audit
- Seizure violations
- **Infringement of taxpayer's constitutional rights**
- **Harassment/Retaliation**
- **Discrimination**
- Failure to file
- Understatement of liability.

Any and all violations of statute and/or lawful procedure on your part and/or those of your superiors and associates in this matter will be made known to the "IRS Commissioner's Complaint Processing and Analysis Group" and all other recourse under the law will be used to its fullest extent.

**Further, each and every "frivolous", or other, penalty that is imposed without any basis in law and fact, will be considered an "extortion or willful oppression under color of law" – a violation of 26 USC 7214(a)(1).**

**IRS Publication 1 (Catalog Number 64731W) states, in part:**

**The law generally provides for interest on [my] refund/s if it is/they are not paid within 45 days of the date [I] filed [my]...claims for refund.**



**CERTIFIED MAIL # 7013 2250 0000 1304 9058**

All delay in filing and processing my lawful claim for overpayment of taxes, after said 45 days, is now, and will be, considered intent on your part to defeat the application of the heretofore stated provisions of law, as well as all other provisions of Title 26 and the statutes behind them pertinent to this matter, thus causing a failure in the performance of the duties of your office or employment – a violation of 26 USC 7214(a)(3).

You have 10 business days from the receipt of this letter, and **refund request** – as determined by the date stamped or written on the return receipt (PS Form 3811, April 2015) – to file and process my claim for refund **with all applicable interest** that has accrued since the 46<sup>th</sup> day of the filing of the claim dated March 15, 2014, **certified mail # 7012 2920 0002 2479 3910** (in the case of my original 2013 refund request, followed by the filings of my 2014) and now this one for 2015, If you choose not to do so, I will take action under authority of every applicable provision of law afforded me.

Respectfully,

Elias Agredo-Narvaez Dated: 09/01/2016

**Enclosures- all in original form.**

This letter	7 pages
Form 1040X 2015	2 pages
Form 4852 for crossroads realty group	1 page
Correcting W-2 from crossroads realty group	1 page
Form 4852 for goldstone management inc.	1 page
Correcting W-2 from Goldstone management inc.	1 page
Correcting form 1099-MIC from 3600 horizon holdings	1 page
Correcting form 1099-MISC from LPC properties	1 page
Correcting form 1099-MISC from Pleasant gardens holdings	1 page
Certificate of mailing	1 page

**Total pages included 17**

## Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2016)

Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).This return is for calendar year ☒ 2015 ☐ 2014 ☐ 2013 ☐ 2012

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

Elias

Agredo-Narvaez

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

Last name

Spouse's social security number

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

Apt. no.

Your phone number

1080-B East veterans Highway

1080-B

973-390-7100

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

Jackson, New Jersey 08527

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you cannot change your filing status from joint to separate returns after the due date.

☐ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☒ Married filing separately ☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☐ Yes☐ No

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . .	1	0	0
2	Itemized deductions or standard deduction . . . . .	2	6300	6300
3	Subtract line 2 from line 1 . . . . .	3	0	0
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29 . . . . .	4	16000	16000
5	Taxable income. Subtract line 4 from line 3 . . . . .	5	0	0

**Tax Liability**

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

**Payments**

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing, see instructions.) . . . . .	12	6856.50	(1181.09)	5675.41
13	Estimated tax payments, including amount applied from prior year's return . . . . .	13			
14	Earned income credit (EIC) . . . . .	14			
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 <input type="checkbox"/> Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8801 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	16			
17	Total payments. Add lines 12 through 16 . . . . .	17			5675.41

**Refund or Amount You Owe**

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	18		
19	Subtract line 18 from line 17 (If less than zero, see instructions.) . . . . .	19		
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . . .	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return . . . . .	21		5675.41
22	Amount of line 21 you want refunded to you . . . . .	22		5675.41
23	Amount of line 21 you want applied to your (enter year): estimated tax . . . . .	23		

Complete and sign this form on Page 2.



**Part I Exemptions**

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

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

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

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

**Part II Presidential Election Campaign Fund**

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

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

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

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

The amount in line 12 column A; has been changed/reduced by \$1181.09 from \$6856.50; down to \$5675.41(column C) for the following reasons:

The amount of \$1181.09 comes from state and local taxes erroneously included by me in the amount of federal taxes, of such amount, \$560.37 corresponds to crossroad Realty group limited L, including \$375.83 in New Jersey state taxes (please see enclosed correcting W-2), and \$620.72 corresponds to Goldstone management Inc., including \$399.87 in New Jersey state taxes (please see enclosed correcting W-2).

Thus, correct lines 74, 75, and 76a of my original 1040 return should have the amount of \$5675.41 which is hereby corrected.

**Sign Here**

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

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

Your signature [Signature] Date 09/01/2016
 Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

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

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

PTIN \_\_\_\_\_ ☐ Check if self-employed \_\_\_\_\_ Phone number \_\_\_\_\_ EIN \_\_\_\_\_



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](http://www.irs.gov/form4852).

OMB No. 1545-0074

<b>1</b> Name(s) shown on return <b>Elias Agredo-Narvaez</b>		<b>2</b> Your social security number	
<b>3</b> Address <b>1080-B East veterans Highway, apartment 1080-B. Jackson, New Jersey. 08527</b>			
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, <u>2015</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. I <u>hereby notify</u> the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
<b>5</b> Employer's or payer's name, address, and ZIP code <b>Crossroads Realty Group Limited L. 525 E County line road Suite 2. Lakewood NJ 08701</b>			<b>6</b> Employer's or payer's identification number (if known) <b>47-3976170</b>
<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
<b>a</b> Wages, tips, and other compensation <u>0</u> <b>b</b> Social security wages <u>0</u> <b>c</b> Medicare wages and tips <u>0</u> <b>d</b> Advance EIC payment <u>0</u> <b>e</b> Social security tips <u>0</u> <b>f</b> Federal income tax withheld <u>1050.44</u>		<b>g</b> State income tax withheld <u>375.83</u> (Name of state) <u>New Jersey</u> <b>h</b> Local income tax withheld <u>0</u> (Name of locality) <u>0</u> <b>i</b> Social security tax withheld <u>1495.44</u> <b>j</b> Medicare tax withheld <u>349.74</u>	
<b>8</b> Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
<b>a</b> Gross distribution <u>0</u> <b>b</b> Taxable amount <u>0</u> <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <u>0</u> <b>e</b> Capital gain (included in line 8b) <u>0</u>		<b>f</b> Federal income tax withheld <u>0</u> <b>g</b> State income tax withheld <u>0</u> <b>h</b> Local income tax withheld <u>0</u> <b>i</b> Employee contributions <u>0</u> <b>j</b> Distribution codes <u>0</u>	
<b>9</b> How did you determine the amounts on lines 7 and 8 above? <small>After an in depth review of 26 USC, IRC, Federal register and case law et al, the erroneously alleged "wages" by the "payer" are clearly not consistent with relevant law as in sec 3121 of part 31 of the same, nor am (was) their "employee" under sec 3401(c) of the same. These earnings are not based on activities of federal privilege for which the taxes are devised ( as consistently upheld by the Supreme Court)</small>			
<b>10</b> Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.			
<small>Notified my private employer since January 2013 that the amounts they (were) and are currently withholding from my private compensation are not within the category of "wages" described by 26 USC, IRC or any relevant law.</small>			

**NOTE THAT GOLDSTONE MANAGEMENT AND CROSSROADS REALTY GROUP ARE THE SAME EMPLOYERS WITH DIFFERENT ACCOUNTS.****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 ▶

Date ▶ 04/01/2016**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

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

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

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

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,



0		1050.44	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0		1495.44	
3 Social security wages		4 Soc. sec. tax withheld	
0		349.74	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Crossroads Realty Group Limited L 525 E 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 NJ UI/HC/WD 102.53		Employee's SSN	
NJ DI 60.30		Employer ID number (EIN)	
NJ FLI 21.71		47-3976170	
		Control number 001788000007001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employee's name, address, and ZIP code			
15 St. Employer's state ID number NJ 473-976-170/000		16 State wages, tips, etc. 0	
		17 State income tax 375.83	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> <b>Copy B</b> This information is being furnished to the IRS. <b>To Be Filed With Employee's</b> <b>FEDERAL Tax Return.</b> OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service			
5 W2PU		NTF 2579649	

# NOTICE

This statement includes a representation of a form W-2. The representation is not intended to represent a corrected formW-2 filed by the party identified therein as the "PAYER".

The correcting form W-2 is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of gains, profits 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 deducted amounts are/were correct.

## 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, profits or income" withing the meaning of relevant law.

Note however that the deducted amounts are/were correct.

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

09/01/2016  
Elias Agredo-Narvaez

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

September 1, 2016

## CERTIFICATE OF MAILING

I, Elias Agredo-Narvaez, of sound mind, and over 21 years of age, hereby certify, that on \_\_\_\_\_  
I caused to be delivered to the IRS office of Kansas City MO, by depositing with the postal service, a **Tax**  
**return 1040X, 2015** in it's original form which constituted of 17 pages together as follows:

**Enclosures- all in original form.**

2015 1040X letter of refund request	7 pages
Form 1040X 2015	2 pages
Form 4852 for crossroads realty group	1 page
Correcting W-2 from crossroads realty group	1 page
Form 4852 for goldstone management inc.	1 page
Correcting W-2 from Goldstone management inc.	1 page
Correcting form 1099-MIC from 3600 horizon holdings	1 page
Correcting form 1099-MISC from LPC properties	1 page
Correcting form 1099-MISC from Pleasant gardens holdings	1 page
Certificate of mailing	1 page

**Total pages included                      17**

The documents were sent CERTIFIED MAIL # 7013 2250 0000 1304 9058

\_\_\_\_\_  
Elias Agredo-Narvaez                      Date: \_\_\_\_\_



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

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

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

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> <u>Elias Agredo-Narvaez</u>	<b>2 Your social security number</b>
---	--------------------------------------

**3 Address**1080-B East veterans Highway, apartment 1080-B, Jackson, New Jersey. 08527**4 Enter year in space provided and check one box.** For the tax year ending December 31, 2015,I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.

I hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

<b>5 Employer's or payer's name, address, and ZIP code</b> <u>Goldstone management Inc. 525 E county line road suite 2, Lakewood, NJ 08701</u>	<b>6 Employer's or payer's identification number (if known)</b> <u>75-3024492</u>
---	--

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

<b>a</b> Wages, tips, and other compensation <u>0</u>	<b>g</b> State income tax withheld <u>399.87</u>
<b>b</b> Social security wages <u>0</u>	(Name of state) <u>New Jersey</u>
<b>c</b> Medicare wages and tips <u>0</u>	<b>h</b> Local income tax withheld <u>          </u>
<b>d</b> Advance EIC payment <u>0</u>	(Name of locality) <u>          </u>
<b>e</b> Social security tips <u>0</u>	<b>i</b> Social security tax withheld <u>1790.00</u>
<b>f</b> Federal income tax withheld <u>571.16</u>	<b>j</b> Medicare tax withheld <u>418.63</u>

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

<b>a</b> Gross distribution <u>          </u>	<b>f</b> Federal income tax withheld <u>          </u>
<b>b</b> Taxable amount <u>          </u>	<b>g</b> State income tax withheld <u>          </u>
<b>c</b> Taxable amount not determined <input type="checkbox"/>	<b>h</b> Local income tax withheld <u>          </u>
<b>d</b> Total distribution <u>          </u>	<b>i</b> Employee contributions <u>          </u>
<b>e</b> Capital gain (included in line 8b) <u>          </u>	<b>j</b> Distribution codes <u>          </u>

**9 How did you determine the amounts on lines 7 and 8 above?**

After an in depth review of 26 USC, IRC, Federal register and case law et al, the erroneously alleged "wages" by the "payer" are clearly not consistent with relevant law as in sec 3121 of part 31 of the same, nor am (was) their "employee" under sec 3401(c) of the same. These earnings are not based on activities of federal privilege for which the taxes are devised (as consistently upheld by the Supreme Court)

**10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.**

Notified my private employer since January 2013 that the amounts they (were) and are currently withholding from my private compensation are not within the category of "wages" described by 26 USC, IRC or any relevant law.

**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 ▶ 09/01/2016**General Instructions**

Section references are to the Internal Revenue Code.

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

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

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

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

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

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

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



0		571.16	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0		1790.00	
3 Social security wages		4 Soc. sec. tax withheld	
0		418.63	
5 Medicare wages and tips		6 Medicare tax withheld	
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 Retirement plan Third-party not pay		12c	
		12d	
14 NJ UI/MC/MD 122.70 NJ DI 72.18 NJ FLI 25.97		Employee's SSN	
		Employer ID number (EIN) 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 Employer's state ID number NJ 753-024-492/000		16 State wages, tips, etc. 0	
		17 State income tax 399.87	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> 32-2008003 Form <b>Copy B</b> This information is being furnished to the IRS. <b>W-2</b> <b>To Be Filed With Employee's</b> <b>FEDERAL Tax Return.</b> <b>2015</b> <small>OMB No. 1545-0047 Department of the Treasury - Internal Revenue Service</small>			
5 W2PU NTF 2579549			

# NOTICE

This statement includes a representation of a form W-2.

The form/representation is not intended to represent a corrected form W-2 filed by the party identified therein as the "PAYER".

The correcting form W-2 presented herein is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments made to the party identified therein as the "RECIPIENT" of gains, profits or incomes 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 W-2 ENDS ANY SUCH PRESUMPTION.

Note however that the amounts deducted are/were correct.

## 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, profits or incomes" within the meaning of relevant law.

Note however that the deducted amounts are correct.

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

09/01/2016  
Elias Agredo-Narvaez



PAYER'S name, address, ZIP/postal code, country & phone no. <b>3600 HORIZON HOLDINGS LLC</b> <b>525 EAST COUNTY LINE ROAD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b> (732)886-7400 509	
PAYER'S federal ID number <b>47-2433545</b>	RECIPIENT'S ID number -----
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080B EAST VETERANS HWY</b> <b>JACKSON NJ 08527</b>	
Account number <b>537703940367</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
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. <b>PA/</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b> <b>Copy B - For Recipient</b> CORRECTED <input checked="" type="checkbox"/> FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

### STATEMENT

This statement includes a 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 the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT. If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

In accordance with 26 U.S.C. sec 6201(d) I am asserting a reasonable dispute with respect to items of income reported on information returns filed with the secretary under subpart (d) of 26 U.S.C. sec 6041.

I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable request by IRS and its agents in that regard.

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

1100 11 10 29/01/2016

Elias Agredo Narvaez

PAYER'S name, address, ZIP/postal code, country & phone no. <b>LPC PROPERTIES LLC</b> <b>525 EAST COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b> (732)886-7400	
PAYER'S federal ID number <b>81-0574157</b>	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080B EAST VETERANS HIGHWAY</b> <b>APT 1080B</b> <b>JACKSON NJ 08527</b>	
Account number <b>664930940713</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
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. <b>NJ/223-836-034/000</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked)	FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115

#### STATEMENT

This statement includes a 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 the "PAYER" which, or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT.

If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions.

In accordance with 26 U.S.C. sec 6201(d) I am asserting a reasonable dispute with respect to items of income reported on information returns filed with the secretary under subpart (d) of 26 U.S.C. sec 6041.

I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable requests by the IRS and its agents.

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

09/01/2016

Elias Agredo-Narvaez



PAYER'S name, address, ZIP/postal code, country & phone no. <b>PLEASANT GARDENS HOLDINGS</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWQOD NJ 08701 (732)886-7400</b>	
PAYER'S federal ID number <b>20-4914309</b>	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080 B EAST VETERANS HIGHWAY</b> <b>JACKSON NJ 08527</b>	
Account number <b>574914045899</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
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. <b>NJ/204-914-309/000</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy 2 - To be filed with Recipient's State Tax Return	
<input checked="" type="checkbox"/> CORRECTED (if checked)	FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115

# STATEMENT

This statement includes a 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 the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they are not.

If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions.

In accordance with 26 U.S.C. sec 6201(d) I am asserting a reasonable dispute with respect to items of income reported on information returns filed with the secretary under subpart (d) of 26 U.S.C. sec 6041.

I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable requests by the IRS and its agents.

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

09/01/2016

Elias Agredo-Narvaez



NJ-1040

STATE OF NEW JERSEY  
INCOME TAX-RESIDENT RETURN

5R 2015

For Tax Year Jan.-Dec. 31, 2015, Or Other Tax Year Beginning \_\_\_\_\_, 2015, Month Ending 01, 2016↓ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ↓ Fill in ☐ if application for Federal extension is enclosed or enter confirmation # \_\_\_\_\_

Your Social Security Number <div></div>		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) <b>Agredo-Narvaez Elias</b>	
Spouse's/CU Partner's Social Security Number <div></div>		Home Address (Number and Street, incl. apt. # or rural route) Change of Address <input type="checkbox"/> <b>1080-B East Veterans highway</b>	
County/Municipality Code (See Table p. 50) <b>1 5 1 2</b>	City, Town, Post Office <b>Jackson</b>	State <b>New Jersey</b>	Zip Code <b>08527</b>

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.

## NJ RESIDENCY STATUS

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

From

01/01/2015

To

01/01/2016

FILING STATUS

(Fill in only one)

1. ☐ Single
2. ☐ Married/CU Couple, filing joint return
3. ☒ Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's Social Security Number in the boxes above
4. ☐ Head of household
5. ☐ Qualifying widow(er)/Surviving CU Partner

EXEMPTIONS

6. Regular ☒ Yourself ☐ Spouse/CU Partner ☐ Domestic Partner
7. Age 65 or Over ☐ Yourself ☐ Spouse/CU Partner
8. Blind or Disabled ☐ Yourself ☐ Spouse/CU Partner
9. Number of your qualified dependent children .....
10. Number of other dependents .....
11. Dependents attending colleges (See instr. page 15) .....
12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)  
(For Line 12b - Add Lines 9 and 10) .....

ENTER NUMBERS HERE

6	2
7	
8	
9	2
10	2
11	
12a	2
12b	2

DEPENDENTS

13. Dependent's Last Name, First Name, Middle Initial

Dependent's Social Security Number

Birth Year

Fill in oval if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (see instructions)

a - \_\_\_\_\_

b - \_\_\_\_\_

c - \_\_\_\_\_

d - \_\_\_\_\_


☒

☒

☐

☐

## GUBERNATORIAL ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund?

☐ Yes☒ No

Note: if you fill in the Yes oval(s), it will not increase your tax or reduce your refund.

If joint return, does your spouse/CU partner wish to designate \$1?

☐ Yes☐ No

If enclosing copy of death certificate for deceased taxpayer, fill in

(See instruction page 11) ☐

If you do not need forms mailed to you next year, fill in

(See instruction page 13) ☒

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

Your Signature [Signature] Date 09/01/2016

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

Check Amount (See Line 56) 0, 0, 0, 0

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111. If not, use the label for PO Box 555.

You may also pay by e-check or credit card. See instruction page 10.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ☐Paid Preparer's Signature (Fill in ☐ if NJ-1040-O is enclosed)

Federal Identification Number

--	--	--	--	--	--	--	--	--	--

Firm's Name

Federal Employer Identification Number

--	--	--	--	--	--	--	--	--	--

Division Use






1	2				3					4	5	6				7			
---	---	--	--	--	---	--	--	--	--	---	---	---	--	--	--	---	--	--	--







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

40. TAX (From Tax Table, page 52) .....	<b>40</b>								
41. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instructions).....	<b>41</b>								
42. Balance of Tax (Subtract Line 41 from Line 40) .....	<b>42</b>								
43. Sheltered Workshop Tax Credit .....	<b>43</b>								
44. Balance of Tax after Credit (Subtract Line 43 from Line 42) .....	<b>44</b>								
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 35). If no Use Tax, enter ZERO (0.00). .....	<b>45</b>								
46. Penalty for Underpayment of Estimated Tax. .... Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.	<b>46</b>								
47. <b>Total Tax and Penalty</b> (Add Lines 44, 45, and 46) .....	<b>47</b>								
48. <b>Total New Jersey Income Tax Withheld</b> (From enclosed Forms W-2 and 1099) .....	<b>48</b>					7	7	5	7 0
49. Property Tax Credit (See instruction page 32) .....	<b>49</b>								
50. New Jersey Estimated Tax Payments/Credit from 2014 tax return .....	<b>50</b>								
51. New Jersey Earned Income Tax Credit (See instruction page 38) .....	<b>51</b>								
Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one      Fill in oval if you are a CU couple claiming the NJ Earned Income Tax Credit									
52. EXCESS New Jersey UI/WF/SWF Withheld (See instr. page 38) (Enclose Form NJ-2450) .....	<b>52</b>								
53. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) .....	<b>53</b>								
54. EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450) .....	<b>54</b>								
55. <b>Total Payments/Credits</b> (Add Lines 48 through 54) .....	<b>55</b>					7	7	5	7 0
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE..... Fill in <input type="checkbox"/> if paying by e-check or credit card. (If paying by check, remember to enter check amount on Page 1) If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.	<b>56</b>								
57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT .....	<b>57</b>					7	7	5	7 0
Deductions from Overpayment on Line 57 which you elect to credit to:	<b>58</b>								
59.  N.J. Endangered Wildlife Fund ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<b>59</b>								
60.  N.J. Children's Trust Fund To Prevent Child Abuse ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<b>60</b>								
61.  N.J. Vietnam Veterans' Memorial Fund ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<b>61</b>								
62.  N.J. Breast Cancer Research Fund ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<b>62</b>								
63.  U.S.S. New Jersey Educational Museum Fund ... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<b>63</b>								
64. Other Designated Contribution ..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other (See instruction page 39)	<b>64</b>								
65. Total Deductions from Overpayment (Add Lines 58 through 64) .....	<b>65</b>								
66. REFUND (Amount to be sent to you. Subtract Line 65 from Line 57) .....	<b>66</b>					7	7	5	7 0

ENTER  
AMOUNT  
OF  
CONTRIBUTION



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

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

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

OMB No. 1545-0074

<b>1</b> Name(s) shown on return <b>Elias Agredo-Narvaez</b>		<b>2</b> Your social security number	
<b>3</b> Address <b>1080-B East veterans Highway, apartment 1080-B. Jackson, New Jersey. 08527</b>			
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, <u>2015</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. I <b>hereby notify</b> the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
<b>5</b> Employer's or payer's name, address, and ZIP code <b>Crossroads Realty Group Limited L. 525 E County line road Suite 2. Lakewood NJ 08701</b>			<b>6</b> Employer's or payer's identification number (if known) <b>47-3976170</b>
<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
<b>a</b> Wages, tips, and other compensation <u>0</u> <b>b</b> Social security wages <u>0</u> <b>c</b> Medicare wages and tips <u>0</u> <b>d</b> Advance EIC payment <u>0</u> <b>e</b> Social security tips <u>0</u> <b>f</b> Federal income tax withheld <u>1050.44</u>		<b>g</b> State income tax withheld <u>375.83</u> (Name of state) <u>New Jersey</u> <b>h</b> Local income tax withheld <u>          </u> (Name of locality) <u>          </u> <b>i</b> Social security tax withheld <u>1495.44</u> <b>j</b> Medicare tax withheld <u>349.74</u>	
<b>8</b> Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
<b>a</b> Gross distribution <u>          </u> <b>b</b> Taxable amount <u>          </u> <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <u>          </u> <b>e</b> Capital gain (included in line 8b) <u>          </u>		<b>f</b> Federal income tax withheld <u>          </u> <b>g</b> State income tax withheld <u>          </u> <b>h</b> Local income tax withheld <u>          </u> <b>i</b> Employee contributions <u>          </u> <b>j</b> Distribution codes <u>          </u>	
<b>9</b> How did you determine the amounts on lines 7 and 8 above? <small>After an in depth review of 26 USC, IRC, Federal register and case law et al, the erroneously alleged "wages" by the "payer" are clearly not consistent with relevant law as in sec 3121 of part 31 of the same, nor am (was) their "employee" under sec 3401(c) of the same. These earnings are not based on activities of federal privilege for which the taxes are devised ( as consistently upheld by the Supreme Court)</small>			
<b>10</b> Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. <small>Notified my private employer since January 2013 that the amounts they (were) and are currently withholding from my private compensation are not within the category of "wages" described by 26 USC, IRC or any relevant law.</small>			

**NOTE THAT GOLDSTONE MANAGEMENT AND CROSSROADS REALTY GROUP ARE THE SAME EMPLOYERS WITH DIFFERENT ACCOUNTS.****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 ▶

Date ▶ 09/01/2016**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

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

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

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

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,



0		1050.44	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0		1495.44	
3 Social security wages		4 Soc. sec. tax withheld	
0		349.74	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Crossroads Realty Group Limited L 525 E 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 Salaried employee Retirement plan Third-party sick pay		12c	
		12d	
14 NJ UI/HC/WD 102.53 NJ DI 60.30 NJ FLI 21.71		Employee's SSN	
		Employer ID number (EIN) 47-3976170	
		Control number 001788000007601	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employee's name, address, and ZIP code			
16 St. Employer's state ID number NJ 473-976-170/000		17 State income tax 375.83	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> 30-2099003 <b>Form</b> <b>Copy B</b> This information is being furnished to the IRS. <b>W-2</b> <b>To Be Filed With Employee's</b> <b>FEDERAL Tax Return.</b> <b>2015</b> <small>OMB No. 1545-0047 Department of the Treasury - Internal Revenue Service</small>			
5 W2PU NTF 2678649			

# NOTICE

This statement includes a representation of a form W-2. The representation is not intended to represent a corrected form W-2 filed by the party identified therein as the "PAYER".

The correcting form W-2 is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of gains, profits 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 deducted amounts are/were correct.

## 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, profits or income" within the meaning of relevant law.

Note however that the deducted amounts are/were correct.

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

09/01/2016  
Elias Agredo-Narvaez







0		571.16	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0		1790.00	
3 Social security wages		4 Soc. sec. tax withheld	
0		418.63	
5 Medicare wages and tips		6 Medicare tax withheld	
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 NJ UI/HC/HD 122.70		Employee's SSN	
NJ DI 72.18		Employer ID number (EIN)	
NJ FLI 25.97		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 St. Employer's state ID number NJ 753-024-492/000		16 State wages, tips, etc. 0	
		17 State income tax 399.87	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> 32-2020203 Form <b>Copy B</b> This information is being furnished to the IRS. <b>W-2</b> <b>To Be Filed With Employee's</b> <b>FEDERAL Tax Return.</b> <b>2015</b> <small>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service</small>			
5 W2PU NTF 2579549			

# NOTICE

This statement includes a representation of a form W-2.

The form/representation is not intended to represent a corrected form W-2 filed by the party identified therein as the "PAYER".

The correcting form W-2 presented herein is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments made to the party identified therein as the "RECIPIENT" of gains, profits or incomes 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 W-2 ENDS ANY SUCH PRESUMPTION.

Note however that the amounts deducted are/were correct.

## 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, profits or incomes" within the meaning of relevant law.

Note however that the deducted amounts are correct.

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

09/01/2016  
Elias Agredo-Narvaez



PAYER'S name, address, ZIP/postal code, country & phone no. <b>3600 HORIZON HOLDINGS LLC</b> <b>525 EAST COUNTY LINE ROAD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701 (732)886-7400 509</b>	
PAYER'S federal ID number <b>47-2433545</b>	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080B EAST VETERANS HWY</b> <b>JACKSON NJ 08527</b>	
Account number <b>537703940367</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
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. <b>PA/</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0115	

### STATEMENT

This statement includes a 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 the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT. If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

In accordance with 26 U.S.C. sec 6201(d) I am asserting a reasonable dispute with respect to items of income reported on information returns filed with the secretary under subpart (d) of 26 U.S.C. sec 6041.

I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable request by IRS and its agents in that regard.

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

*09/01/2016*  
*Elias Agredo-Narvaez*

PAYER'S name, address, ZIP/postal code, country & phone no. <b>LPC PROPERTIES LLC</b> <b>525 EAST COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKewood NJ 08701 (732)886-7400</b>	
PAYER'S federal ID number <b>81-0574157</b>	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080B EAST VETERANS HIGHWAY</b> <b>APT 1080B</b> <b>JACKSON NJ 08527</b>	
Account number <b>664930940713</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
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. <b>NJ/223-836-034/000</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0115	

#### STATEMENT

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I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable requests by the IRS and its agents.

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

*09/01/2016*  
*Elias Agredo-Narvaez*



PAYER'S name, address, ZIP/postal code, country & phone no. <b>PLEASANT GARDENS HOLDINGS</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWQOD NJ 08701 (732)886-7400</b>	
PAYER'S federal ID number <b>20-4914309</b>	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> <b>1080 B EAST VETERANS HIGHWAY</b> <b>JACKSON NJ 08527</b>	
Account number <b>574914045899</b>	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. <b>0</b>
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
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. <b>NJ/204-914-309/000</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy 2 - To be filed with Recipient's State Tax Return	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0115	

# STATEMENT

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If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions.

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I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable requests by the IRS and its agents.

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

- 09/01/2016