

CERTIFICATE OF MAILING

One, Elias Agredo-Narvaez, hereby Certify that on this day and time April 8, 2017,
I placed an envelope with a **certified mail tracking label# 7016 2070 0000 2480 7046**
containing 15 pages in their original form which constitutes the forgoing:

Filing of the Federal income tax information return for the year 2016 in the United
States Postal Service, addressed to Department of the Treasury, Internal Revenue
Service, Kansas City, MO 64999-0002

Elias Agredo-Narvaez
Non-Domestic
Non-Assumpsit

DATE: April 8, 2017

CERTIFIED MAIL # 7016 2070 0000 2480 7046

Elias Agredo-Narvaez
C/O
ELIAS AGREDO-NARVAEZ
1080-B East Veterans Highway
Jackson, New Jersey
[08527]

April 4, 2017

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

RE: 2016 Federal Tax Return
Sent Certified Mail # 7016 2070 0000 2480 7046

NOTICE

To whom it may Concern:

Please be Notified that this document is been sent to you as a **permanent and necessary component/ attachment** of my **Tax Form 1040 information return** for the year 2016, and only if and when taken and processed along and in conjunction with it, can such 1040 form be deemed to be complete. Thus, **this tax return is composed of 14 pages in total**

Please find enclosed the filing of my 2016 1040 Tax Return. Please note that I have enclosed **1 form 4852** for (and with) an W-2 information return (corrected by myself) from Employer ID# 75-3024492 Goldstone Management Inc; **1 form 4852** for (and with) an W-2 information return (corrected by myself) from Employer ID# 47-3976170 Crossroads Realty Group Limited L; **1 Corrected 1099- MISC** from employer/PAYER ID# 13-3796649 EXTEL DEVELOPMENT COMPANY, **1 Corrected form 1099-MISC** from employer/PAYER ID# 81-0574157 LPC PROPERTIES LLC, **1 Corrected form 1099-MISC** from employer/PAYER ID# 47-3976170, **1 Corrected form 1099-MISC** from employer/PAYER ID# 20-4914309 PLEASANT GARDENS HOLDINGS.

All of the forms are now correctly and properly documented due to the following facts:
The PAYERS/EMPLOYERS provided the IRS with "**Bad Payers Data**" which erroneously alleged payment/s of IRC sections 3121 and 3401 **wages that are hereby disputed**:

As per the forms 1099-MISC, the amounts reported by the PAYERS in boxes 7 did not and cannot qualify as "**Self-employment income**" because **self-employment** under **IRC section 1402** involves receiving **wages** as defined by **IRC sec 3121** which can only be paid to an **employee** defined by IRC **sec 3401(d)** and **26CFR sec 3401(c)** as "Public officer" whether elected or appointed of the "United States" and /or also an officer of a corporation engaged in the "**Trade or Business**" which is further defined by **26 U.S.C sec 7701(a)(26)** as "The performance of the functions of a public office, and none of the above definitions fit the

description of my relationship with any of the above referenced PAYERS; thus, the payments **PAID and RECEIVED** were not subject to 1099-MISC reporting under 26 U.S.C. sec 3401(a)(6) or 26 CFR sec 31.3401(a)(6)-1(b).

And as per the forms **W-2**: The same "**circumlocution**" applies:
The amounts shown in boxes #1,2, and 3 did not and cannot qualify as **wages** as defined in **IRC sec 3121(a)** and **sec 3401(a)**

And as far as boxes # 4, and 6:
In **IRC sec 3101** itself, we find the following:

§ 3101. Rate of tax

(a) Old-age, survivors, and disability insurance

In addition to other taxes, there is hereby imposed **on the income** of every individual a tax equal to the following percentages of the **wages (as defined in section 3121 (a))** which can only be paid to an officer of a corporation or an employee appointed or elected of the "United States" **received by him with respect to employment (as defined in section 3121 (b))**—which did not and cannot apply to my private employment relationship with my private sector employers.

[red emphasis mine]

| In cases of wages received during: | The rate shall be: |
|------------------------------------|--------------------|
| 1984, 1985, 1986 or 1987 | 5.7 percent |
| 1988 or 1989 | 6.06 percent |
| 1990 or thereafter | 6.2 percent |

(b) Hospital insurance

In addition to the tax imposed by the preceding subsection, there is hereby imposed **on the income** of every individual a tax equal to the following percentages of the **wages (as defined in section 3121 (a))** received by him **with respect to employment (as defined in section 3121 (b))**—

- (1) with respect to wages received during the calendar years 1974 through 1977, the rate shall be 0.90 percent;
- (2) with respect to wages received during the calendar year 1978, the rate shall be 1.00 percent;
- (3) with respect to wages received during the calendar years 1979 and 1980, the rate shall be 1.05 percent;
- (4) with respect to wages received during the calendar years 1981 through 1984, the rate shall be 1.30 percent;
- (5) with respect to wages received during the calendar year 1985, the rate shall be 1.35 percent; and
- (6) **with respect to wages** received after December 31, 1985, the rate shall be 1.45 percent.)

In these cases, like the "amount in Box 2 of the W-2", the amounts in boxes 4 and 6 are only lawfully retainable by the government AS PAYMENTS OF TAX, and can ONLY be (lawfully) withheld if and when "wages" (as defined in section 3121 (a)) have actually been received with respect to employment (as defined in section 3121 (b)). [same "circumlocution" applies]

And last but not least, the alleged withholding agent(s) who withheld the amounts from my private funds do not meet definitions, the qualifications and the descriptions of the withholding agents mentioned in 26 USC. **Namely** Sections:

- § 1441. Withholding of tax on nonresident aliens
- § 1442. Withholding of tax on foreign corporations
- § 1443. Foreign tax-exempt organizations
- § 1444. Withholding on Virgin Islands source income
- § 1445. Withholding of tax on dispositions of United States real property interests
- § 1446. Withholding 1 tax on foreign partners' share of effectively connected income

Consequently, I then, hereby, make timely and respectful request for all the funds erroneously withheld from my private non-federally privileged payments and transferred to the Treasury; to be returned to my lawful possession in compliance with the mandates found at IRC sec 6402(A) and sec 6401(b)(c).

Me, Elias Agredo-Narvaez, certify that I have read the above statements and that to the best of my knowledge they are true correct and complete.

All rights reserved
Elias Agredo-Narvaez

n

Private Sector. ☒ ☐ ☐
Non-Domestic
Non-Assumpsit

DATE: 04-06-17

Attachments:

The following (Original, and not copy).

This Document
IRS form 1040
1 Corrected W-2 form from employer ID# 75-3024492
1 Form 4852 correcting the W-2 above
1 Corrected W-2 form from employer ID# 47-3976170

4 pages
2 pages
1 page
1 page
1 page

CERTIFIED MAIL # 7016 2070 0000 2480 7086

1 Form 4852 correcting the W-2 above
1 Corrected form 1099-MISC from employer ID# 13-3796649
1 Corrected form 1099-MISC from employer ID# 81-0574157
1 Corrected form 1099-MISC from employer ID# 47-3976170
1 Corrected form 1099-MISC from employer ID# 20-4914309
1 Certificate of mailing

1 page
1 page
1 page
1 page
1 page
1 page

TOTAL OF PAGES 15 in their original form

**This Letter and all its attachments
Must be filed as a permanent part
of my IRS/TDA/AIMS/IMF 23C
Record. If such record(s)
have/has been deleted or
substituted, this demand still
applies.**

INITIALS EA-N

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial

Last name

Elias

Agredo-Narvaez

Your social security number

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

Last name

Spouse's social security number

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

1080 East Veterans Highway

Apt. no.

1080-B

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

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

Jackson, New Jersey 08527

Foreign country name

Foreign province/state/country

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 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶ Liesbad Agredo4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.b ☒ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| | | | Daughter | <input type="checkbox"/> |
| | | | Son | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you 2

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 4

Income

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

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

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

20a

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 ▶

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 ▶

Adjusted Gross Income

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

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

| | | | | |
|---|--|----------------------|--|---|
| Tax and Credits | 38 Amount from line 37 (adjusted gross income) | 38 | 0 | 00 |
| | 39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. checked ▶ 39a | | | |
| | b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | | |
| Standard Deduction for — • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300 | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 6300 | 00 |
| | 41 Subtract line 40 from line 38 | 41 | -6300 | 00 |
| | 42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 16200 | 00 |
| | 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 0 | 00 |
| | 44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | | |
| | 45 Alternative minimum tax (see instructions). Attach Form 6251 | 45 | | |
| | 46 Excess advance premium tax credit repayment. Attach Form 8962 | 46 | | |
| | 47 Add lines 44, 45, and 46 | 47 | | |
| | 48 Foreign tax credit. Attach Form 1116 if required | 48 | | |
| | 49 Credit for child and dependent care expenses. Attach Form 2441 | 49 | | |
| 50 Education credits from Form 8863, line 19 | 50 | | | |
| 51 Retirement savings contributions credit. Attach Form 8880 | 51 | | | |
| 52 Child tax credit. Attach Schedule 8812, if required | 52 | | | |
| 53 Residential energy credits. Attach Form 5695 | 53 | | | |
| 54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | | | |
| 55 Add lines 48 through 54. These are your total credits | 55 | 0 | 00 | |
| 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | | | |
| Other Taxes | 57 Self-employment tax. Attach Schedule SE | 57 | 0 | 00 |
| | 58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | | |
| | 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | | |
| | 60a Household employment taxes from Schedule H | 60a | | |
| | b First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | | |
| | 61 Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 61 | | |
| 62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | | | |
| 63 Add lines 56 through 62. This is your total tax | 63 | 0 | 00 | |
| Payments | 64 Federal income tax withheld from Forms W-2 and 1099 | 64 | 2183 | 07 |
| | 65 2016 estimated tax payments and amount applied from 2015 return | 65 | | |
| | 66a Earned income credit (EIC) | 66a | | |
| | b Nontaxable combat pay election 66b | 66b | | |
| | 67 Additional child tax credit. Attach Schedule 8812 | 67 | | |
| | 68 American opportunity credit from Form 8863, line 8 | 68 | | |
| | 69 Net premium tax credit. Attach Form 8962 | 69 | | |
| | 70 Amount paid with request for extension to file | 70 | | |
| | 71 Excess social security and tier 1 RRTA tax withheld | 71 | | |
| | 72 Credit for federal tax on fuels. Attach Form 4136 | 72 | | |
| 73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | | | |
| 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 2183 | 07 | |
| Refund | 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 2183 | 07 |
| | 76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> | 76a | 2183 | 07 |
| | b Routing number | | | |
| | d Account number | | | |
| 77 Amount of line 75 you want applied to your 2017 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 | 0 | 00 |
| | 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)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No | | | |
| | Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶ | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Your signature <i>[Signature]</i> | Date <i>04-06-17</i> | Your occupation <i>Private Sector</i> | Daytime phone number |
| | Spouse's signature <i>[Signature]</i> If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| Paid Preparer Use Only | Firm's name ▶ | Firm's EIN ▶ | | |
| | Firm's address ▶ | Phone no. | | |

| | | | |
|---|--|----------------------------------|--|
| 1 Wages, tips, other comp. 0.00 | | 2 Fed. income tax withheld 94.48 | |
| 3 Social security wages 0.00 | | 4 Soc. sec. tax withheld 1438.90 | |
| 5 Medicare wages and tips 0.00 | | 6 Medicare tax withheld 336.52 | |
| 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 | |
| 13a | | 13b | |
| 13c | | 13d | |
| 14 NJ UI/BC/WD 99.44 | | Employee's SSN | |
| NJ DI 46.43 | | Employer ID number (EIN) | |
| NJ FLI 18.58 | | 75-3024492 | |
| | | Employer's EIN 00843880019601 | |
| Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527 | | | |
| Employer's name, address, and ZIP code | | | |
| 15a Employer's state ID number NJ 753-824-492/060 | | 16 State wages, tips, etc. 0.00 | |
| | | 17 State income tax 291.08 | |
| 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | 20 Locality name | |
| Wage and Tax Statement Form Copy 2 To be Filed With Employer's State, City, or Local Income Tax Return. 2016 | | | |

Neither the "EMPLOYER" nor the "EMPLOYEE" identified in the information returns meet the definitions and requirements in 26 USC sec 3401(c) ; CFR 31.3401(c)-1 ; 26 USC sec 3121(h) and its regulations.

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.

Date: 04-06-17
Elias Agredo-Narvaez. Private Sector

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

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

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

OMB No. 1545-0074

| | | | |
|---|---|---|----------------------|
| 1 Name(s) shown on return <div style="text-align: center;">Elias Agredo-Narvaez</div> | | 2 Your social security number | |
| 3 Address 1080-B East Veterans Highway, Jackson, New Jersey, [08527] | | | |
| 4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I 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. | | | |
| 5 Employer's or payer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road suite 2, Lakewood NJ 08701 | | 6 Employer's or payer's identification number (if known) 75-3024492 | |
| 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. | | | |
| a Wages, tips, and other compensation | 0 | g State income tax withheld | 291.08 |
| b Social security wages | 0 | (Name of state) <u>New Jersey</u> | |
| c Medicare wages and tips | 0 | h Local income tax withheld | |
| d Advance EIC payment | | (Name of locality) | |
| e Social security tips | 0 | i Social security tax withheld | 1438.90 |
| f Federal income tax withheld | 94.48 | j Medicare tax withheld | 336.52 |
| 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? The "PAYER" filed a return when one was NOT REQUIRED. The amounts originally reported by the "PAYER" as "WAGES" did not and can not comply with IRC sec 3401. I was not the employee of the "PAYER" and the "PAYER" was not my "employer" as the terms "employer and employee" are defined by the IRC. Therefore no WAGES/INCOME was paid. | | | |
| 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. Note: First, there is no W-4 form for this private employment that was ever signed by me. Second, "PAYERS" are generally unfamiliar with the correct application of the internal Revenue Code, are willfully ignorant of the law and due to that they are also extremely fearful of the IRS. | | | |
| 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 <u>Elias Agredo-Narvaez</u> | | Date <u>04-06-17</u> |

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,

| | | | |
|---|--|---|--|
| 1 Wages, tips, other comp. 0.00 | | 2 Fed. income tax withheld 2088.59 | |
| 3 Social security wages 0.00 | | 3a Social security tax withheld 2672.20 | |
| 4 Medicare wages and tips 0.00 | | 4a Medicare tax withheld 624.95 | |
| 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 | |
| 13a Salary or fee | | 13b | |
| 13c Bonus or commission | | 13d | |
| 14 NJ V1/UC/WD 138.54 | | Employee's SSN | |
| NJ DI 65.20 | | Employer ID number (EIN) | |
| NJ FLI 26.12 | | 47-3976170 | |
| | | Comp 00178800007001 | |
| Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527 | | | |
| Employer's name, address, and ZIP code | | | |
| 15a Employer's state ID number NJ 473-976-170/000 | | 16 State wages, tips, etc. 0.00 | |
| | | 17 State income tax 698.96 | |
| 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | 20 Locality name | |
| Wage and Tax Statement 30-200002 Form Copy 2 W-2 To be Filed With Employer's State, City, or Local Income Tax Return. 2016 <small>OMB No. 1545-0047 Department of the Treasury - Internal Revenue Service</small> | | | |

Neither the "EMPLOYER" nor the "EMPLOYEE" identified in the information returns meet the definitions and requirements in 26 USC sec 3401(c) ; CFR 31.3401(c)-1 ; 26 USC sec 3121(h) and its regulations.

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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.

Date: 01-06-17
 Elias Agredo-Narvaez. Private Sector.

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

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

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

OMB No. 1545-0074

| | | | | | | | | | | | | | | |
|--|--|---|---|--|---|--|---|--|--|---|---|--|---|--|
| 1 Name(s) shown on return Elias Agredo-Narvaez | | 2 Your social security number | | | | | | | | | | | | |
| 3 Address 1080-B East Veterans Highway, Jackson, New Jersey, [08527] | | | | | | | | | | | | | | |
| 4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I 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. | | | | | | | | | | | | | | |
| 5 Employer's or payer's name, address, and ZIP code Crossroads Realty Group Limited L 525 East County Line Road suite 2, Lakewood NJ 08701 | | 6 Employer's or payer's identification number (if known) 47-3976170 | | | | | | | | | | | | |
| 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table border="0" style="width:100%"><tr><td style="width:50%">a Wages, tips, and other compensation <u>0</u></td><td style="width:50%">g State income tax withheld <u>698.96</u></td></tr><tr><td>b Social security wages <u>0</u></td><td>(Name of state) <u>New Jersey</u></td></tr><tr><td>c Medicare wages and tips <u>0</u></td><td>h Local income tax withheld <u> </u></td></tr><tr><td>d Advance EIC payment <u> </u></td><td>(Name of locality) <u> </u></td></tr><tr><td>e Social security tips <u>0</u></td><td>i Social security tax withheld <u>2672.20</u></td></tr><tr><td>f Federal income tax withheld <u>2088.59</u></td><td>j Medicare tax withheld <u>624.95</u></td></tr></table> | | | a Wages, tips, and other compensation <u>0</u> | g State income tax withheld <u>698.96</u> | b Social security wages <u>0</u> | (Name of state) <u>New Jersey</u> | c Medicare wages and tips <u>0</u> | h Local income tax withheld <u> </u> | d Advance EIC payment <u> </u> | (Name of locality) <u> </u> | e Social security tips <u>0</u> | i Social security tax withheld <u>2672.20</u> | f Federal income tax withheld <u>2088.59</u> | j Medicare tax withheld <u>624.95</u> |
| a Wages, tips, and other compensation <u>0</u> | g State income tax withheld <u>698.96</u> | | | | | | | | | | | | | |
| b Social security wages <u>0</u> | (Name of state) <u>New Jersey</u> | | | | | | | | | | | | | |
| c Medicare wages and tips <u>0</u> | h Local income tax withheld <u> </u> | | | | | | | | | | | | | |
| d Advance EIC payment <u> </u> | (Name of locality) <u> </u> | | | | | | | | | | | | | |
| e Social security tips <u>0</u> | i Social security tax withheld <u>2672.20</u> | | | | | | | | | | | | | |
| f Federal income tax withheld <u>2088.59</u> | j Medicare tax withheld <u>624.95</u> | | | | | | | | | | | | | |
| 8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc. <table border="0" style="width:100%"><tr><td style="width:50%">a Gross distribution <u> </u></td><td style="width:50%">f Federal income tax withheld <u> </u></td></tr><tr><td>b Taxable amount <u> </u></td><td>g State income tax withheld <u> </u></td></tr><tr><td>c Taxable amount not determined <input type="checkbox"/></td><td>h Local income tax withheld <u> </u></td></tr><tr><td>d Total distribution <input type="checkbox"/></td><td>i Employee contributions <u> </u></td></tr><tr><td>e Capital gain (included in line 8b) <u> </u></td><td>j Distribution codes <u> </u></td></tr></table> | | | a Gross distribution <u> </u> | f Federal income tax withheld <u> </u> | b Taxable amount <u> </u> | g State income tax withheld <u> </u> | c Taxable amount not determined <input type="checkbox"/> | h Local income tax withheld <u> </u> | d Total distribution <input type="checkbox"/> | i Employee contributions <u> </u> | e Capital gain (included in line 8b) <u> </u> | j Distribution codes <u> </u> | | |
| a Gross distribution <u> </u> | f Federal income tax withheld <u> </u> | | | | | | | | | | | | | |
| b Taxable amount <u> </u> | g State income tax withheld <u> </u> | | | | | | | | | | | | | |
| c Taxable amount not determined <input type="checkbox"/> | h Local income tax withheld <u> </u> | | | | | | | | | | | | | |
| d Total distribution <input type="checkbox"/> | i Employee contributions <u> </u> | | | | | | | | | | | | | |
| e Capital gain (included in line 8b) <u> </u> | j Distribution codes <u> </u> | | | | | | | | | | | | | |
| 9 How did you determine the amounts on lines 7 and 8 above? The "PAYER" filed a return when one was NOT REQUIRED. The amounts originally reported by the "PAYER" as "WAGES" did not and can not comply with IRC sec 3401. I was not the employee of the "PAYER" and the "PAYER" was not my "employer" as the terms "employer and employee" are defined by the IRC. Therefore no WAGES/INCOME was paid. My Private relationship with my employer is not involved in the exercise of a federally privileged activity. I was not a corporate officer. | | | | | | | | | | | | | | |
| 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. Note: First, there is no W-4 form for this private employment that was ever signed by me. Second, "PAYERS" are generally unfamiliar with the correct application of the Internal Revenue Code, are willfully ignorant of the law and due to that they are also extremely fearful of the IRS. | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Sign Here</div><div style="width: 60%;"><p>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.</p><p>Signature ▶ <u>[Signature]</u></p><p>Date ▶ <u>04-06-17</u></p></div></div> | | | | | | | | | | | | | | |

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,

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> CORRECTED (if checked) | | |
| 1 Rents \$ | 2 Royalties \$ | 3 Other income \$ |
| 4 Federal income tax withheld \$ | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (502) 499-0098 EXTELL DEVELOPMENT COMPANY 9911 SHELBYVILLE ROAD SUITE 200 LOUISVILLE KY 40223 | | |
| PAYER'S federal identification number 13-3796649 | RECIPIENT'S identification number | Account number (see instructions) 4599 |
| RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ELIAS AGREDO-NARVAEZ TM ELIAS AGREDO-NARVAEZ C/O 1080-B EAST VETERANS HIGHWAY JACKSON NJ 08527-9998 | | |
| 7 Nonemployee compensation \$ 0.00 | 8 Substantive 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 dividends \$ | 15b Section 409A income \$ | |
| 16 State tax withheld \$ | 17 Recipient's state tax KY / | 18 State income \$ |
| \$ | / | \$ |

2016 Form 1099-MISC To be filed with recipient's federal income tax return, when required.

NOTICE

This statement includes the representation of a form 1099-MISC. The form/representation 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 in it as the "PAYER" which erroneously alleges a payment or payments to the party identified in it as the "RECIPIENT" of "gains, profits or income" which they are NOT.

No payments were received by the party identified in it as the "RECIPIENT" which were connected with a "Trade or business" which is also defined by the code as the performance of the "functions of a public office" 26 U.S.C. sect 7701(a)26, or otherwise constituted 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, Private sector

Date: 04-06-17

(732) 886-7400

| | |
|--|---|
| PAYER'S name, address, ZIP/postal code, country & phone no. LPC PROPERTIES LLC 828 EAST COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 | |
| PAYER'S federal ID number 81-0674157 | RECIPIENT'S ID number |
| RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ 10808 EAST VETERANS HIGHWAY APT 10808 JACKSON NJ 08527 | |
| Account number 883827874041 | 1 Rents |
| 2 Royalties | 3 Other income |
| 4 Fed. income tax withheld | 5 Fishing boat proceeds |
| 6 Medical & health care pymts. | 7 Nonemployee comp. 0.00 |
| 8 Substitute payments in lieu of dividends or interest | 9 Paper made direct sales of \$5,000 or more of consumer products to a buyer <input type="checkbox"/> |
| 10 Crop insurance proceeds | 11 |
| 12 | 13 Excess golden parachute payments |
| 14 Gross proceeds paid to an attorney | 15a Section 4981A deferrals |
| 15b Section 4981A income | 16 State tax withheld |
| 17 State/Payer's state no. NJ/23-636-034/000 | 18 State income 0.00 |
| 1099-MISC Miscellaneous Income 2016 Copy 3 - To be filed with Recipient's State Tax Return CORRECTED (if checked) <input checked="" type="checkbox"/> FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115 | |

STATEMENT

This statement includes the representation of a form 1099-MISC. The form/representation 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 in it as the "PAYER" which erroneously alleges a payment or payments to the party identified in it as the "RECIPIENT" of "gains, profits or income" which they are NOT.

No payments were received by the party identified in it as the "RECIPIENT" which were connected with a "Trade or business" which is also defined by the code as the performance of the "functions of a public office" 26 U.S.C. sect 7701(a)26, or otherwise constituted 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.

04-06-17

Elias Agredo-Narvaez. Private Sector

| | |
|--|---|
| PAYER'S name, address, ZIP/postal code, country & phone no. CROSSROADS REALTY GROUP LLC 885 EAST COUNTY LINE ROAD SUITE 2 LAKELWOOD NJ 08701 | |
| PAYER'S federal ID number 47-3878179 | RECIPIENT'S ID number |
| RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ 1699 S EAST VETERANS HIGHWAY JACKSON NJ 08827 | |
| Account number 388129145146 | 1 Rents |
| 2 Royalties | 3 Other income |
| 4 Fed. income tax withheld | 5 Fishing boat proceeds |
| 6 Medical & health care payments | 7 Nonemployee comp. 0.00 |
| 8 Substitute payments in lieu of dividends or interest | 9 Payer made direct sales of \$5,000 or more of consumer products to a taxpayer conducted by mail <input type="checkbox"/> |
| 10 Crop insurance proceeds | 11 |
| 12 | 13 Excess golden parachute payments |
| 14 Gross proceeds paid to an attorney | 15a Section 408A deferrals |
| 15b Section 408A income | 16 State tax withheld |
| 17 State/Payer's state no. NJ073-676-170600 | 18 State income 0.00 |
| 1099-MISC Miscellaneous Income 2016 Copy 2 - To be filed with Recipient's State Tax Return CORRECTED <input checked="" type="checkbox"/> FDCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115 | |

STATEMENT

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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.

Date: 04-06-17
 Elias Agredo-Narvaez, Private Sector

(732) 999-7400

| | |
|--|---|
| PAYER'S name, address, ZIP/postal code, country & phone no. PLEASANT GARDENS HOLDINGS 835 E COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 | |
| PAYER'S federal ID number 20-8814388 | RECIPIENT'S ID number |
| RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ 1000 S EAST VETERANS HIGHWAY JACKSON NJ 08527 | |
| Account number 630872088833 | 1 Rents |
| 2 Royalties | 3 Other income |
| 4 Fed. income tax withheld | 5 Fishing boat proceeds |
| 6 Medical & health care pymts. | 7 Nonemployee comp. 0.00 |
| 8 Substitute payments in lieu of dividends or interest | 9 Payer made direct sales of \$1,000 or more of consumer products to a buyer <input type="checkbox"/> |
| 10 Crop insurance proceeds | 11 |
| 12 | 13 Excess golden parachute payments |
| 14 Gross proceeds paid to an attorney | 15a Section 408A deferrals |
| 15b Section 408A income | 16 State tax withheld |
| 17 State/Payer's state no. NJ/204-614-308/000 | 18 State income 0.00 |
| 1099-MISC Miscellaneous Income 2016 Copy 2 - To be filed with Recipient's State Tax Return <input checked="" type="checkbox"/> CORRECTED <input type="checkbox"/> FATCA filing requirement Dept. of Treasury - 4945 OMB No. 1545-0115 | |

STATEMENT

This statement includes the representation of a form 1099-MISC. The form/representation is NOT intended to represent a corrected 1099-MISC filed by the party identified in it as the "PAYER".

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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.

Date: 04-06-17

Elias Agredo-Narvaez, Private Sector

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

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

KANSAS OFFICIAL USE

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☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.61

Total Postage and Fees \$7.71

04/08/2017

Sent To Department of the Treasury

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

City, State, Zip+4

KANSAS City, MO 64999

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

Certified Mail service provides the following benefits:

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

- for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate. /
- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signer to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signer to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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



9590 9402 2191 6193 9200 43

2. Article Number (Transfer from service label)

7016207000024807046

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
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- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
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- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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7016 20700000 2480 7046

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Postal Service

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