

## 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 DATE: April 8, 2017

Non-Domestic

Non-Assumpsit

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

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 7046**

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 **Your social security number**  
 Elias Agredo-Narvaez

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. Apt. no.  
 1080 East Veterans Highway 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). **Presidential Election Campaign**  
 Jackson, New Jersey 08527 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

**Filing Status** 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **Check only one box.** 2 ☐ Married filing jointly (even if only one had income) 3 ☒ Married filing separately. Enter spouse's SSN above and full name here. **Liesbed Agredo** 5 ☐ Qualifying widow(er) with dependent child

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 6b ☒ Spouse. **Boxes checked on 6a and 6b** 2  
 c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions) **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**  
 If more than four dependents, see instructions and check here ☐

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 00  
 8a Taxable interest. Attach Schedule B if required 8a 0 00  
 b Tax-exempt interest. Do not include on line 8a 8b  
 9a Ordinary dividends. Attach Schedule B if required 9a  
 b Qualified dividends 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes 10  
 11 Alimony received 11  
 12 Business income or (loss). Attach Schedule C or C-EZ 12  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13  
 14 Other gains or (losses). Attach Form 4797 14  
 15a IRA distributions 15a b Taxable amount 15b  
 16a Pensions and annuities 16a b Taxable amount 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
 18 Farm income or (loss). Attach Schedule F 18  
 19 Unemployment compensation 19  
 20a Social security benefits 20a b Taxable amount 20b  
 21 Other income. List type and amount 21  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** 22 0 00

**Adjusted Gross Income** 23 Educator expenses 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24  
 25 Health savings account deduction. Attach Form 8889 25  
 26 Moving expenses. Attach Form 3903 26  
 27 Deductible part of self-employment tax. Attach Schedule SE 27  
 28 Self-employed SEP, SIMPLE, and qualified plans 28  
 29 Self-employed health insurance deduction 29  
 30 Penalty on early withdrawal of savings 30  
 31a Alimony paid b Recipient's SSN 31a  
 32 IRA deduction 32  
 33 Student loan interest deduction 33  
 34 Tuition and fees. Attach Form 8917 34  
 35 Domestic production activities deduction. Attach Form 8903 35  
 36 Add lines 23 through 35 36  
 37 Subtract line 36 from line 22. This is your **adjusted gross income** 37 0 00



**Tax and Credits****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

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

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

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

**Paid Preparer Use Only**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	0	00
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b>			
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b>			
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	6300	00
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-6300	00
<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16200	00
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0	00
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>		
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>		
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>		
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>		
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>		
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>		
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>		
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>		
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>		
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>		
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>		
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	0	00
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>		
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	0	00
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>		
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>		
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>		
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>		
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>61</b>		
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>		
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	0	00
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	2183	07
<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>		
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>		
<b>b</b>	Nontaxable combat pay election <b>66b</b>			
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>		
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>		
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>		
<b>70</b>	Amount paid with request for extension to file	<b>70</b>		
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>		
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>		
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>		
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	2183	07
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	2183	07
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	2183	07
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number			
<b>77</b>	Amount of line 75 you want <b>applied to your 2017 estimated tax</b> ▶ <b>77</b>			
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶ <b>78</b>		0	00
<b>79</b>	Estimated tax penalty (see instructions) <b>79</b>			

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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.

Signature of preparer ▶

Date ▶

Your occupation ▶

Daytime phone number ▶

Spouse's signature. If a joint return, both must sign. ▶

Date ▶

Spouse's occupation ▶

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no. ▶

0.00		94.48	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		1438.90	
3 Social security wages		Soc. sec. tax withheld	
0.00		336.52	
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 The employer's contribution		12c	
		12d	
14 NJ U1/BC/WD 98.62 NJ DI 46.43 NJ FLI 18.58		Employee's SSN Employer ID number (EIN) 75-3024492 Control 00543600029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employee's name, address, and ZIP code			
15 to 16 Employer's state ID number NJ 753-024-492/000		17 State income tax 291.08	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> Form <b>Copy 2</b> W-2 To be Filed With Employee's State, City, or Local Income Tax Return. <b>2016</b> <small>OMB No. 1545-0046 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.

#### 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" 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.

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

OMB No. 1545-0074

<b>1</b> Name(s) shown on return <u>Elias Agredo-Narvaez</u>		<b>2</b> Your social security number	
<b>3</b> Address <u>1080-B East Veterans Highway, Jackson, New Jersey, [08527]</u>			
<b>4</b> 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 <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 <u>Goldstone Management Inc.</u> <u>525 East County Line Road suite 2, Lakewood NJ 08701</u>		<b>6</b> Employer's or payer's identification number (if known) <u>75-3024492</u>	
<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>g</b> State income tax withheld <u>291.08</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	
<b>d</b> Advance EIC payment		(Name of locality)	
<b>e</b> Social security tips <u>0</u>		<b>i</b> Social security tax withheld <u>1438.90</u>	
<b>f</b> Federal income tax withheld <u>94.48</u>		<b>j</b> Medicare tax withheld <u>336.52</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		<b>f</b> Federal income tax withheld	
<b>b</b> Taxable amount		<b>g</b> State income tax withheld	
<b>c</b> Taxable amount not determined <input type="checkbox"/>		<b>h</b> Local income tax withheld	
<b>d</b> Total distribution <input type="checkbox"/>		<b>i</b> Employee contributions	
<b>e</b> Capital gain (included in line 8b)		<b>j</b> Distribution codes	
<b>9</b> How did you determine the amounts on lines 7 and 8 above? <u>The "PAYER" filed a return when one was NOT REQUIRED.</u> <u>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.</u>			
<b>10</b> Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. <u>None. 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.</u>			
<b>Sign Here</b>		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>[Signature]</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](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,

0.00		2088.59	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		2672.20	
3 Social security wages		Soc. sec. tax withheld	
0.00		624.95	
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	
Agreement plan		12d	
The party with day		Employee's SSN	
NJ VI/BC/WD 138.56		Employer ID number (EIN)	
NJ DI 65.20		47-3976170	
NJ FLI 26.12		Control 00178800007001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employee's name, address, and ZIP code			
15a Employer's state ID number		16 State wages, tips, etc.	
NJ 473-976-170/000		0.00	
		17 State income tax	
		698.96	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> 26-2006002 <b>Form</b> <b>Copy 2</b> <b>W-2</b> <b>To Be Filed With Employee's State,</b> <b>City, or Local Income Tax Return.</b> <b>2016</b> <small>OMB No. 1545-0046 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.

#### 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.

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



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 <div style="text-align: center;">Elias Agredo-Narvaez</div>		<b>2</b> Your social security number	
<b>3</b> Address 1080-B East Veterans Highway, Jackson, New Jersey, [08527]			
<b>4</b> 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.			
<b>5</b> 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			<b>6</b> Employer's or payer's identification number (if known) 47-3976170
<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>2088.59</u>		<b>g</b> State income tax withheld <u>698.96</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>2672.20</u> <b>j</b> Medicare tax withheld <u>624.95</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 <input type="checkbox"/> <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? <u>The "PAYER" filed a return when one was NOT REQUIRED</u> <small>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.</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>None. 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.</small>			
<b>Sign Here</b>  Signature ▶ <u>[Signature]</u>		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.  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](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,

<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 FATCA filing requirement <input type="checkbox"/>
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 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. 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. <b>LPC PROPERTIES LLC</b> <b>525 EAST COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>61-0574157</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>883627974041</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>0.00</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/223-636-034/000</b>	18 State income <b>0.00</b>
<b>1099-MISC Miscellaneous Income 2016</b> Copy 2 - To be filed with Recipient's State Tax Return CORRECTED <input checked="" type="checkbox"/> (if checked) FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

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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.

Elias Agredo-Narvaez Private Sector

04-06-17

PAYER'S name, address, ZIP/postal code, country & phone no. <b>CROSSROADS REALTY GROUP LLC</b> <b>525 EAST COUNTY LINE ROAD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>47-3976170</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>325120145146</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>0.00</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/473-976-170/000</b>	18 State income <b>0.00</b>
<b>1099-MISC Miscellaneous Income 2016</b> Copy 2 - To be filed with Recipient's State Tax Return CORRECTED <input checked="" type="checkbox"/> (if checked) FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

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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.

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



(732) 886-7400

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>LAKEWOOD NJ 08701</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>620872099832</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>0.00</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>0.00</b>
<b>1099-MISC Miscellaneous income 2016</b>	
Copy 2 - To be filed with Recipient's State Tax Return	
CORRECTED <input checked="" type="checkbox"/> (if checked) <input type="checkbox"/> FATCA filing requirement	
Dept. of Treasury - IRS OMB No. 1545-0115	

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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 Service™**  
**CERTIFIED MAIL® RECEIPT**  
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KANSAS CITY, MO 64999

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PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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- 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

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

INTERNAL REVENUE SERVICE  
 KANSAS CITY, MO 64999-0002  
 APR 11 2017

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
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- ☒ Return Receipt for Merchandise
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Domestic Return Receipt