

CERTIFICATE OF SERVICE

One, Elias Agredo-Narvaez, hereby certify that on November 3, 2017, One, personally deposited an envelope with certified mailing tracking# 70162070000024807343 with the postal service, addressed to Department Of the Treasury, Internal Revenue Service, Kansas City, MO 64999-0002, and that such envelope contained IRS form 1040X for the year 2016 plus six other supporting documents related to the filing.

Elias Agredo-Narvaez, Private sector
Non-Domestic
Non-Assumpsit

Date: 11/04/2017

CERTIFIED MAIL # 7016 2070 0000 2480 7343

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

November 2, 2017

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

RE: IRS FORM 1040x for the Year 2016
Sent Certified Mail # 70162070000024807343

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 **IRS FORM 1040X information return** for the year 2016, and only if and when taken and processed along and in conjunction with it, can such form be deemed to have been completed and or processed. Thus, **this 1040X tax return is composed of 8 pages in total** as follows:

This cover attachment	1 page
IRS FORM 1040X FOR 2016 in its original form with wet ink signatures	2 pages
Two corrected W-2 forms (copies from original filing)	2 pages
Two 4852 forms correcting the 2 W-2 forms above (copies from original)	2 pages
Certificate of Service (copy)	1 page
Total pages included	8pages.

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

INITIALS **E - A - N**

Part I Exemptions

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

Amended U.S. Individual Income Tax Return

(Rev. January 2017)

Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.

This return is for calendar year 2016 2015 2014 2013

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

Your first name and initial Elias	Last name Agredo-Narvaez	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. 1080-B East Veterans highway	Apt. no. 1080-B	Your phone number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Jackson, New Jersey [08527]		
Foreign country name	Foreign province/state/county	Foreign postal code

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

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

Full-year coverage.

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

- Yes
- No

Use Part III on the back to explain any changes

Income and Deductions

	A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	0		0
2 Itemized deductions or standard deduction	6,300		6,300
3 Subtract line 2 from line 1	0		0
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	16,200		16,200
5 Taxable income. Subtract line 4 from line 3	0		0

Tax Liability

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

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	2,183.07	5,072.57	7,255.64
13 Estimated tax payments, including amount applied from prior year's return			
14 Earned income credit (EIC)			
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			
17 Total payments. Add lines 12 through 15, column C, and line 16			7,255.64

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
19 Subtract line 18 from line 17 (If less than zero, see instructions.)			
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference			
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return			7,255.64
22 Amount of line 21 you want refunded to you			7,255.64
23 Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on Page 2.

