

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

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 - IV

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(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

Last name

Your social security number

Elias

Agredo-Narvaez

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

Last name

Spouse's social security number

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

Apt. no.

Your phone number

1080-B East Veterans highway

1080-B

973-390-7100

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

Jackson, New Jersey 08527

Foreign country name

Foreign province/state/county

Foreign postal code

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

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

Full-year coverage.

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

☐ Yes ☐ No

Use Part III on the back to explain any changes

Income and Deductions

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

Tax Liability

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

Payments

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

Refund or Amount You Owe

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

Part I Exemptions

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

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

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

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

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

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

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

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

EXPLANATION OF CHANGES: while gathering documentation needed for my FRP LAWSUIT, I came across my original 1040 form for 2016 and, the amount of requested refund called my attention and made me realize that I had not entered the correct amount there. Therefore, the amount in line 12 column A, has been CHANGED/INCREASED by \$5,072.57, from \$2,183.07, UP to \$7,255.64 (column C) for the following reason:

The amount of \$2,183.07 shown on my original filing was just a partial amount giving that the additional information contained in my forms 4852 SCAPED MY ATTENTION at the time I was completing such form, however, THE MISSING AMOUNTS WERE CLEARLY INCLUDED IN THOSE 4852 FORMS correcting the erroneously issued W-2 forms from my PRIVATE EMPLOYERS because said employers had erroneously withheld private compensation as FEDERAL INCOME TAXES, SOCIAL SECURITY, AND MEDICARE TAXES, please refer back to those 4852 forms (courtesy copies included with this filing)

Thus, the correct amounts in lines 74, 75, and 76a of my original 1040 form for 2016 should have the amount of \$7,255.64.

NOTE: Because the original filing status was MARRIED FILING SEPARATE I have omitted my wife's Social Security number on this form, ALL OTHER INFORMATION IN MY ORIGINAL 1040 FORM FOR 2016 SHALL STAY THE SAME/UNCHANGED AND UNALTERED.

11/02/2017

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

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

Signature

Your signature

Date

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

Date

Paid Preparer Use Only

Preparer's signature

Date

Firm's name (or yours if self-employed)

Print/type preparer's name

Firm's address and ZIP code

PTIN

☐ Check if self-employed

Phone number

EIN

0.00		94.48	
1. Wages, tips, other comp.		2. Fed. income tax withheld	
0.00		1438.90	
3. Social security wages		4. Soc. sec. tax withheld	
0.00		336.52	
5. Medicare wages and tips		6. Medicare tax withheld	
Employee's name, address, and ZIP code Goldstone Management Inc. 325 East County Line Road Suite 2 Lakewood NJ 08701			
7. Social security tips		8. Allocated tips	
9. Dependent care benefits			
11. Nonqualified plans		12a	
		12b	
13. 401(k), 408(a), 409(a)		13a	
		13b	
14. NJ W-2/BC/W-2 NJ DI NJ FLT		Employee's SSN	
NJ W-2/BC/W-2 10.43		NJ DI 46.43	
NJ FLT 18.58		Employer ID number (EIN)	
		75-3024492	
Elias Agredo-Marvaes 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employee's name, address, and ZIP code			
16. State income tax		17. State income tax	
NJ 153-324-492/000		0.00	
18. Local income tax		19. Local income tax	
		20. Local income tax	
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-Marvaes. 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, 2016 , 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	h Local income tax withheld	(Name of state) New Jersey
c Medicare wages and tips	0	i Social security tax withheld	1438.90
d Advance EIC payment	0	j Medicare tax withheld	336.52
e Social security tips	0		
f Federal income tax withheld	94.48		
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution	0	f Federal income tax withheld	0
b Taxable amount	0	g State income tax withheld	0
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	0
d Total distribution	0	i Employee contributions	0
e Capital gain (included in line 8b)	0	j Distribution codes	0
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 ▶ _____		Date ▶ 04-06-17	

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,

0.00		2088.59	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		2672.20	
3 Social security wages		3 Social security tax withheld	
0.00		624.95	
4 Medicare wages and tips		4 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	
13a		13b	
13c		13d	
14		Employer's EIN	
NJ W1/BC/UB 136.54		Employer ID number (EIN)	
NJ DI 65.20		47-3976170	
NJ FLI 26.12		NJ 60178888887581	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt Jackson NJ 08527			
Employer's name, address, and ZIP code			
15a Employer's name & number NJ 673-970-176/000		16 State wages, tips, etc. 0.00	
		17 State income tax 690.96	
18 Local wages, tips, etc.		19 Local income tax	
		20 Local taxes	
Wage and Tax Statement Copy 2 To Be Filed With Employer's State, City, or Local Income Tax Return. Form W-2 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.

Elias Agredo-Narvaez. Date: 04-06-17
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, 2016 , 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.			
a Wages, tips, and other compensation	0	g State income tax withheld	698.96
b Social security wages	0	(Name of state)	New Jersey
c Medicare wages and tips	0	h Local income tax withheld	(Name of locality)
d Advance EIC payment	(Name of locality)	i Social security tax withheld	2672.20
e Social security tips	0	j Medicare tax withheld	624.95
f Federal income tax withheld	2088.59		
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution	(Name of state)	f Federal income tax withheld	(Name of locality)
b Taxable amount	(Name of locality)	g State income tax withheld	(Name of locality)
c Taxable amount not determined	(Name of locality)	h Local income tax withheld	(Name of locality)
d Total distribution	(Name of locality)	i Employee contributions	(Name of locality)
e Capital gain (included in line 8b)	(Name of locality)	j Distribution codes	(Name of locality)
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. 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.			

Sign Here

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

Signature ▶

Date ▶ **04-06-17****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,

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

7016267000024807343

• Sender: Please print your name, address, and ZIP+4® in this box•

Elias Agredo-Narvaez
C/O ELIAS AGREDO-NARVAEZ
1080-B East Veterans highway
Jackson, New Jersey
[08527-9998]

USPS TRACKING#



9590 5403 0674 5174 6290 7016267000024807343

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 9403 0694 5196 6890 91

2. Article Number (Transfer from service label)

70162070 000024807343

COMPLETE THIS SECTION ON DELIVERY

A. Signature

INTERNAL REVENUE SERVICE
B. Received by (Printed Name)
SAS C. Date of Delivery

NOV 07 2017

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®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☒ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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 9403 0694 5196 6890 91

2. Article Number (Transfer from service label)

70162070 000024807343

COMPLETE THIS SECTION ON DELIVERY

A. Signature

INTERNAL REVENUE SERVICE
Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

SAS C. W. W. 049907-0002
NOV 07 2017

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®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☒ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt