

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, 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. Apt. no. **1080-B** Make sure the SSN(s) above and on line 6c are correct.

In care of **1080-B East Veterans Highway** 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 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.)

Check only one box. 2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶ **Liesbed Agredo** 5 ☐ Qualifying widow(er) (see instructions)

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. . . . . Boxes checked on 6a and 6b 2

b ☒ Spouse . . . . . No. of children on 6c who: 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)

Daughter ☐ Son ☐

If more than four dependents, see instructions and check here ☐ Dependents on 6c not entered above

d Total number of exemptions claimed . . . . . Add numbers on lines above ▶ 4

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 0 00

8a Taxable interest. Attach Schedule B if required . . . . . 8a

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, \$5,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	0	00
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6350	00
41	Subtract line 40 from line 38	41	-6350	00
42	Exemptions. If line 38 is \$156,900 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	-22550	0
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	0	00

**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 9959 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**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1531	45
65	2017 estimated tax payments and amount applied from 2016 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election 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"/> Resaved c <input type="checkbox"/> 8885 d <input checked="" type="checkbox"/> Tax	73	4832	44
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	6363	89

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	6363	89
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	6363	89
b	Routing number			
d	Account number			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77		
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78		
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)? ☐ Yes. Complete below. ☐ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

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

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 e-filed status: ☐ I

Date 04/05/18 Your occupation Maintenance Supervisor Daytime phone number

Spouse's signature/If a joint return, both must sign. Date 04/05/18 Spouse's occupation  If the IRS sent you an identity protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date

Firm's name ▶ Firm's EIN ▶ Phone no. ▶

Check ☐ if self-employed PTIN

(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 federal 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>229011651950</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>1099-MISC Miscellaneous Income 2017</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	

### STATEMENT

This statement includes a representation of a form 1099-MISC

The form is NOT INTENDED to represent a corrected 1099-MISC filed by the party identified therein as the "PAYER".

The corrected form 1099-MISC herein presented, is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT.

If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2017, or other information that differs from what I am declaring and swearing to herein under penalty of perjury,

I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

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

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

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

Without Prejudice ,

Date: 04/05/2018  
By elias agredo-narvaez  
For ELIAS AGREDO-NARVAEZ



(732) 886-7400 509	
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 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>336978652897</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>1099-MISC Miscellaneous Income 2017</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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Without Prejudice

By ELIAS AGREDO-NARVAEZ Date: 04/05/2018  
For ELIAS AGREDO-NARVAEZ

(732) 886-7400

PAYER'S name, address, ZIP/postal code, country & phone no. <b>GOLDSTONE MANAGEMENT INC</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>75-3024492</b>	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>914820776338</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 defaults
15b Section 409A income	16 State tax withheld
17 State/Payer's state no. <b>NJ/753-024-492/000</b>	18 State income

**1099-MISC Miscellaneous Income 2017**  
Copy 2 - To be filed with Recipient's State Tax Return

☒ CORRECTED (if checked) ☐ 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 that to the best of my knowledge and firm belief, it is true, correct and complete.

Without Prejudice I

By elias agredo-narvaez Date: 04/05/2018  
For ELIAS AGREDO-NARVAEZ



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. <b>EXTELL DEVELOPMENT COMPANY</b> <b>9911 SHELBYVILLE ROAD</b> <b>SUITE 200</b> <b>LOUISVILLE KY 40223</b> <b>(502) 499-0098</b>		
PAYER'S federal identification number 13-3796649	RECIPIENT'S identification number 4599	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 <b>ELIAS AGREDO-NARVAEZ</b> <b>TM ELIAS AGREDO-NARVAEZ</b> <b>C/O 1080-B</b> <b>EAST VETERANS HIGHWAY</b> <b>JACKSON NJ 08527-9998</b>		
7 Nonemployee compensation \$ 0	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 405A deferrals \$	15b Section 405A income \$	
16 State tax withheld \$	17 State/Payer's state no. /	18 State income \$

2017 Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.

☒ CORRECTED (if checked)

# STATEMENT

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If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2017 or other information that differs from what I am declaring and swearing to herein under penalty of perjury,

I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

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

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

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

Without Prejudice n n

By elias agredo-narvaez  
For ELIAS AGREDO-NARVAEZ

04/05/2018

0.00		1428.07	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		2417.23	
3 Social security wages		4 Soc. sec. tax withheld	
0.00		565.32	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Crossroads Realty Group Limited Liability Com 525 E County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13a		13c	
13b		13d	
14		Employee's SSN	
NJ 02/RC/NO 142.34		Employee ID number (EIN)	
NJ DI 80.40		47-3976170	
NJ FLI 33.52		Control 00178800007081	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080-B Jackson NJ 08527			
Employer's name, address, and ZIP code			
15a		16 State wages, tips, etc.	
NJ 473-976-170/000		0.00	
17 State income tax		588.32	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> <b>Copy 2</b> To Be Filed With Employee's State, City, or Local Income Tax Return. Form <b>W-2</b> <b>2017</b> Department of the Treasury - Internal Revenue Service Copyright 2017 Greatland/Nelec			

### CORRECTED STATEMENT

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

The correcting form W-2 is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of gains, profits or income" made in the course of a "trade or business".

Neither the "PAYER" nor the "RECIPIENT" engaged in any transactions with each other that were made in the course of a "trade or business" as those terms are defined by the code.

THIS CORRECTING FORM ENDS ANY SUCH PRESUMPTION. Note however that the deducted amounts are/were correct.

### STATEMENT

No payments were received by the party identified in the form above as the "RECIPIENT" from the party identified therein as the " PAYER" which were connected with the performance of the functions of a "PUBLIC OFFICE" or otherwise constituted "gains, profits or income" withing the meaning of relevant law.

Note however that the deducted amounts are/were correct.

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

Without Prejudice . n

By Elias Agredo-Narvaez  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018



**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.

▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> elias agredo-narvaez		<b>2 Your social security number</b>			
<b>3 Address</b> In care of 1080-B East Veterans Highway, Jackson, New Jersey 08527					
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2017</u> . I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.					
<b>5 Employer's or payer's name, address, and ZIP code</b> Crossroad Realty Group Limited liability co. 525 East County line Road suite 2. Lakewood NJ 08701			<b>6 Employer's or payer's identification number (if known)</b> 47-3976170		
<b>7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Wages, tips, and other compensation <u>\$0.00</u>  <b>b</b> Social security wages <u>\$0.00</u>  <b>c</b> Medicare wages and tips <u>\$0.00</u>  <b>d</b> Social security tips <u>\$0.00</u>  <b>e</b> Federal income tax withheld <u>\$1428.07</u> </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> State income tax withheld <u>\$588.32</u>            (Name of state) <u>New Jersey</u>  <b>g</b> Local income tax withheld _____            (Name of locality) _____  <b>h</b> Social security tax withheld <u>\$2417.23</u>  <b>i</b> Medicare tax withheld <u>\$565.32</u> </td> </tr> </table>				<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$1428.07</u>	<b>f</b> State income tax withheld <u>\$588.32</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld _____ (Name of locality) _____ <b>h</b> Social security tax withheld <u>\$2417.23</u> <b>i</b> Medicare tax withheld <u>\$565.32</u>
<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$1428.07</u>	<b>f</b> State income tax withheld <u>\$588.32</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld _____ (Name of locality) _____ <b>h</b> Social security tax withheld <u>\$2417.23</u> <b>i</b> Medicare tax withheld <u>\$565.32</u>				
<b>8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Gross distribution _____  <b>b</b> Taxable amount _____  <b>c</b> Taxable amount not determined <input type="checkbox"/>  <b>d</b> Total distribution _____  <b>e</b> Capital gain (included in line 8b) _____         </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> Federal income tax withheld _____  <b>g</b> State income tax withheld _____  <b>h</b> Local income tax withheld _____  <b>i</b> Employee contributions _____  <b>j</b> Distribution codes _____         </td> </tr> </table>				<b>a</b> Gross distribution _____ <b>b</b> Taxable amount _____ <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution _____ <b>e</b> Capital gain (included in line 8b) _____	<b>f</b> Federal income tax withheld _____ <b>g</b> State income tax withheld _____ <b>h</b> Local income tax withheld _____ <b>i</b> Employee contributions _____ <b>j</b> Distribution codes _____
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<b>9 How did you determine the amounts on lines 7 and 8 above?</b> W-2 FORM PROVIDED BY MY PRIVATE EMPLOYER.					
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> NONE					

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at [www.irs.gov/Form4852](http://www.irs.gov/Form4852).**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 doesn't 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 your 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 the end of February, 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. You must also provide 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 will also send you a Form 4852. If you don't 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 your 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 you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:



0.00		103.38	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		1499.26	
3 Social security wages		4 Soc. sec. tax withheld	
0.00		350.63	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13a		13b	
13c		13d	
14		Employee's RRN	
NJ ST/HC/WO 102.73		Employer ID number (EIN)	
NJ DI 58.03		75-3024492	
NJ FLI 24.21		Employer's EIN	
		00543600029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080-B Jackson NJ 08527			
Employer's name, address, and ZIP code			
15a Employer's state ID number NJ 753-024-492/000		16 State wages, tips, etc. 0.00	
		17 State income tax 303.75	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0046 Department of the Treasury - Internal Revenue Service Copyright 2017 Greatland/Nelec			
Form W-2 2017			

### CORRECTED STATEMENT

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.

Without Prejudice

By Elias Agredo-Narvaez  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018

**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.

▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> elias agredo-narvaez	<b>2 Your social security number</b>		
<b>3 Address</b> In care of 1080-B East Veterans Highway, Jackson, New Jersey [08527]			
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2017</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 have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
<b>5 Employer's or payer's name, address, and ZIP code</b> Goldstone Management Inc. 525 East County Line Road Suite 2, Lakewood NJ 08701	<b>6 Employer's or payer's identification number (if known)</b> 75-3024492		
<b>7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Wages, tips, and other compensation <u>\$0.00</u>  <b>b</b> Social security wages <u>\$0.00</u>  <b>c</b> Medicare wages and tips <u>\$0.00</u>  <b>d</b> Social security tips <u>\$0.00</u>  <b>e</b> Federal income tax withheld <u>\$103.38</u> </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> State income tax withheld <u>\$303.75</u>            (Name of state) <u>New Jersey</u>  <b>g</b> Local income tax withheld <u></u>            (Name of locality) <u></u>  <b>h</b> Social security tax withheld <u>\$1499.26</u>  <b>i</b> Medicare tax withheld <u>\$350.63</u> </td> </tr> </table>		<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$103.38</u>	<b>f</b> State income tax withheld <u>\$303.75</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld <u></u> (Name of locality) <u></u> <b>h</b> Social security tax withheld <u>\$1499.26</u> <b>i</b> Medicare tax withheld <u>\$350.63</u>
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<b>9 How did you determine the amounts on lines 7 and 8 above?</b> W-2 FORM PROVIDED BY MY PRIVATE EMPLOYER.			
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> NONE			

**General Instructions**

Section references are to the Internal Revenue Code.

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**State of  
New Jersey**  
Division of Taxation

**2017 NJ-1040  
Income Tax Resident Form**

01170

For tax year Jan. - Dec., **2017**  
or other tax year beginning:

Month /  
Year ending:

☐ Check box if application for Federal  
extension is enclosed or enter confirmation #

**IMPORTANT!**

**YOU MUST ENTER YOUR SSN(s).**

Your Social Security Number

Spouse's/CU Partner's SS No.

County/Municipality  
Code (See Table)

1 5 1 2

Last Name, First Name, Initial (Joint filers enter first name & initial of each - Enter spouse/CU partner last name ONLY if different)

elias agredo-narvaez

Home address (Number and Street, including apartment number or rural route)

Care of 1080 B East Veterans Hwy

City, Town, Post Office

Jackson

State

NJ

Zip Code + 4

0 8 5 2 7

☐ Change of Address

**NJ RESIDENCY  
STATUS**

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

From:

To:

Select only one (See instructions)

1. ☐ Single

2. ☐ Married/CU couple, filing joint return

3. ☒ Married/CU Partner, filing separate  
return. Enter Spouse's/CU Partner's  
SS No. in the boxes above

4. ☐ Head of Household

5. ☐ Qualifying widow(er)/  
Surviving CU Partner

**EXEMPTIONS**

6. Regular ☒ Yourself ☒ Spouse/CU  
Partner ☐ Domestic  
Partner

7. Age 65 or Over ☐ Yourself ☐ Spouse/CU Partner

8. Blind or Disabled ☐ Yourself ☐ Spouse/CU Partner

9. Number of your qualified dependent children

10. Number of other dependents

11. Dependents attending colleges (See instructions)

12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)  
(For Line 12b - Add Lines 9 and 10)

12c. Veteran Exemption ☐ Yourself ☐ Spouse/CU Partner

6 2

7

8

9 2

10

11

12a 2

12c 0

**ENTER  
NUMBERS  
HERE**

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

13. Dependent's Last Name, First Name, MI

Dependent's Social Security Number

Birth Year

a

b

c

d

2 0 0 1

2 0 0 4

**GUBERNATORIAL  
ELECTIONS FUND**

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

☐ Yes ☒ No

**Note:** If you check Yes, it will  
not increase your tax or  
reduce your refund.

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

☐ Yes ☐ No

If enclosing copy of death certificate for deceased taxpayer, check box ☐  
(See instructions)

If you do not need forms mailed to you next year, check box ☒  
(See instructions)

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

Your Signature

04/05/18

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

Date

**Driver's License Number**  
(Voluntary. See instructions)

☐ I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

Paid Preparer's Signature

(Check box ☐ if NJ-1040-O is enclosed)

Federal ID Number

Firm's Name

Federal Employer ID No.

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

STATE OF NEW JERSEY - TGI  
Mail your check or money order with your  
NJ-1040V payment voucher and your return to:  
NJ Division of Taxation  
Revenue Processing Center  
PO Box 111  
Trenton, NJ 08645-0111

**IF REFUND:**  
NJ Division of Taxation  
Revenue Processing Center  
PO Box 555  
Trenton, NJ 08647-0555

You may also pay by e-check or credit card.  
See instructions.



**State of  
New Jersey**  
Division of Taxation

**2017 NJ-1040  
Income Tax Resident Form**

02170

Your Social Security Number

Name(s) as shown on Form NJ-1040

elias agredo-narvaez

14. Wages, salaries, tips, and other employee compensation (Enclose W-2). Be sure to use State wages from Box 16 of your W-2(s). <i>(See instructions)</i>	14	0.00
15a. Taxable interest income <i>(See instructions)</i> (Enclose Federal Schedule B if over \$1,500)	15a	0.00
15b. Tax-exempt interest income <i>(See instructions)</i> (Enclose Schedule) DO NOT include on Line 15a	15b	
16. Dividends <i>(See instructions)</i>	16	
17. Net profits from business <i>(Schedule NJ-BUS-1, Part I, Line 4)</i> (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property <i>(Schedule B, Line 4)</i>	18	
19a. Pensions, Annuities, and IRA Withdrawals <i>(See instructions)</i>	19a	
19b. Excludable Pensions, Annuities, and IRA Withdrawals <i>(See instructions)</i>	19b	
20. Distributive Share of Partnership Income <i>(Schedule NJ-BUS-1, Part II, Line 4)</i> <i>(See instructions)</i> (Enclose Schedule NJ-K-1 or Federal Schedule K-1)	20	
21. Net pro rata share of S Corporation Income <i>(Schedule NJ-BUS-1, Part III, Line 4)</i> <i>(See instructions)</i> (Enclose Schedule NJ-K-1 or Federal Schedule K-1)	21	
22. Net gains or income from rents, royalties, patents & copyrights <i>(Schedule NJ-BUS-1, Part IV, Line 4)</i>	22	
23. Net Gambling Winnings <i>(See instructions)</i>	23	
24. Alimony and separate maintenance payments received <i>(See instructions)</i>	24	
25. Other (Enclose Schedule) <i>(See instructions)</i>	25	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25) <i>(See instructions)</i>	26	0.00
27a. Pension Exclusion <i>(See instructions)</i>	27a	
27b. Other Retirement Income Exclusion <i>(See Worksheet and instructions)</i>	27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b) <i>(See instructions)</i>	27c	
28. New Jersey Gross Income (Subtract Line 27c from Line 26) <i>(See instructions)</i>	28	0.00
29. Total Exemption Amount <i>(See instructions to calculate amount)</i> (Part-Year Residents see instructions)	29	
30. Medical Expenses <i>(See Worksheet and instructions)</i>	30	
31. Alimony and Separate Maintenance Payments <i>(See instructions)</i>	31	
32. Qualified Conservation Contribution <i>(See instructions)</i>	32	
33. Health Enterprise Zone Deduction <i>(See instructions)</i>	33	
34. Alternative Business Calculation Adjustment <i>(Schedule NJ-BUS-2, Line 11)</i> <i>(See instructions)</i>	34	
35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34) <i>(See instructions)</i>	35	0.00
36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY. <i>(See instructions)</i>	36	
37a. Total Property Taxes (18% of Rent) Paid <i>(See instructions)</i>	37a	
37b. Block <input type="text"/> Lot <input type="text"/> Qualifier <input type="text"/>		
37c. County/Municipality Code <input type="text"/> Check box if you completed Worksheet G-1 <input type="checkbox"/> <i>(See instructions)</i>		
38. Property Tax Deduction (From Worksheet G. <i>See instructions)</i>	38	
39. NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36). If zero or less, MAKE NO ENTRY	39	0.00





Your Social Security Number

Name(s) as shown on Form NJ-1040

elias agredo-narvaez

40. TAX (From Tax Table)	40	
41. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instructions)	41	
42. Balance of Tax (Subtract Line 41 from Line 40) (See instructions)	42	
43. Sheltered Workshop Tax Credit (See instructions)	43	
44. Balance of Tax after Credit (Subtract Line 43 from Line 42) (See instructions)	44	0.00
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instructions). If no Use Tax, enter ZERO (0.00)	45	
46. Penalty for Underpayment of Estimated Tax (See instructions)	46	
Check box if Form NJ-2210 is enclosed <input type="checkbox"/>		
47. Total Tax and Penalty (Add Lines 44, 45, and 46) (See instructions)	47	
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	48	892.07
49. Property Tax Credit (See instructions)	49	
50. New Jersey Estimated Tax Payments/Credit from 2016 tax return (See instructions)	50	
51. New Jersey Earned Income Tax Credit (See instructions)	51	
Select only one Check box if you had the IRS figure your Federal Earned Income Credit <input type="checkbox"/>		
Check box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>		
52. EXCESS New Jersey UI/WF/SWF Withheld (See instructions) (Enclose Form NJ-2450)	52	
53. EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)	53	
54. EXCESS New Jersey Family Leave Insurance Withheld (See instructions) (Enclose Form NJ-2450)	54	
55. Total Payments/Credits (Add Lines 48 through 54) (See instructions)	55	892.07
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE	56	

Check box if paying by e-check or credit card ☐

If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount.

57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT	57	892.07
Deductions from Overpayment on Line 57 which you elect to credit to:		
58. Your 2018 tax	58	
59. N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60. N.J. Children's Trust Fund To Prevent Child Abuse <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61. N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62. N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63. U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	63	
64. Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	64	
65. Total Deductions from Overpayment (Add Lines 58 through 64) (See instructions)	65	0.00
66. REFUND (Amount to be sent to you. Subtract Line 65 from Line 57) (See instructions)	66	892.07



**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.

▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> elias agredo-narvaez	<b>2 Your social security number</b> 		
<b>3 Address</b> In care of 1080-B East Veterans Highway, Jackson, New Jersey 08527			
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2017</u> . I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
<b>5 Employer's or payer's name, address, and ZIP code</b> Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701	<b>6 Employer's or payer's identification number (if known)</b> 75-3024492		
<b>7 Form W-2.</b> Enter wages, tips, other compensation, and taxes withheld. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Wages, tips, and other compensation <u>\$0.00</u>  <b>b</b> Social security wages <u>\$0.00</u>  <b>c</b> Medicare wages and tips <u>\$0.00</u>  <b>d</b> Social security tips <u>\$0.00</u>  <b>e</b> Federal income tax withheld <u>\$103.38</u> </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> State income tax withheld <u>\$303.75</u>            (Name of state) <u>New Jersey</u>  <b>g</b> Local income tax withheld <u></u>            (Name of locality) <u></u>  <b>h</b> Social security tax withheld <u>\$1499.26</u>  <b>i</b> Medicare tax withheld <u>\$350.63</u> </td> </tr> </table>		<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$103.38</u>	<b>f</b> State income tax withheld <u>\$303.75</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld <u></u> (Name of locality) <u></u> <b>h</b> Social security tax withheld <u>\$1499.26</u> <b>i</b> Medicare tax withheld <u>\$350.63</u>
<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$103.38</u>	<b>f</b> State income tax withheld <u>\$303.75</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld <u></u> (Name of locality) <u></u> <b>h</b> Social security tax withheld <u>\$1499.26</u> <b>i</b> Medicare tax withheld <u>\$350.63</u>		
<b>8 Form 1099-R.</b> Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Gross distribution <u></u>  <b>b</b> Taxable amount <u></u>  <b>c</b> Taxable amount not determined <input type="checkbox"/>  <b>d</b> Total distribution <u></u>  <b>e</b> Capital gain (included in line 8b) <u></u> </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> Federal income tax withheld <u></u>  <b>g</b> State income tax withheld <u></u>  <b>h</b> Local income tax withheld <u></u>  <b>i</b> Employee contributions <u></u>  <b>j</b> Distribution codes <u></u> </td> </tr> </table>		<b>a</b> Gross distribution <u></u> <b>b</b> Taxable amount <u></u> <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <u></u> <b>e</b> Capital gain (included in line 8b) <u></u>	<b>f</b> Federal income tax withheld <u></u> <b>g</b> State income tax withheld <u></u> <b>h</b> Local income tax withheld <u></u> <b>i</b> Employee contributions <u></u> <b>j</b> Distribution codes <u></u>
<b>a</b> Gross distribution <u></u> <b>b</b> Taxable amount <u></u> <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <u></u> <b>e</b> Capital gain (included in line 8b) <u></u>	<b>f</b> Federal income tax withheld <u></u> <b>g</b> State income tax withheld <u></u> <b>h</b> Local income tax withheld <u></u> <b>i</b> Employee contributions <u></u> <b>j</b> Distribution codes <u></u>		
<b>9 How did you determine the amounts on lines 7 and 8 above?</b> W-2 FORM PROVIDED BY MY PRIVATE EMPLOYER.			
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> NONE			

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at [www.irs.gov/Form4852](http://www.irs.gov/Form4852).

**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 doesn't 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 your 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 the end of February, 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. You must also provide 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 will also send you a Form 4852. If you don't 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 your 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 you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:



0.00		103.38	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		1499.26	
3 Social security wages		4 Soc. sec. tax withheld	
0.00		350.63	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13		12c	
		12d	
14		Employer ID number (EIN)	
NJ 01/NC/WD 102.79		75-3024492	
NJ DI 58.03		905436000029001	
NJ FLI 24.21			
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080-B Jackson NJ 08527			
Employer's name, address, and ZIP code			
15 a Employer's state ID number		16 State wages, tips, etc.	
NJ 753-024-492/000		0.00	
		17 State income tax	
		303.75	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
Wage and Tax Statement Form Copy B This information is being furnished to the IRS. W-2 To Be Filed With Employee's FEDERAL Tax Return. 2017 OMB No. 1545-0047 Department of the Treasury - Internal Revenue Service			
7 W2PU NTF 2561314			

## CORRECTED STATEMENT

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.

Without Prejudice 1

By Elias Agredo-Narvaez  
For ELIAS AGREDO-NARVAEZ

to: 04/05/2018

0.00		1428.07	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0.00		2417.23	
3 Social security wages		4 Soc. sec. tax withheld	
0.00		565.32	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code Crossroads Realty Group Limited Liability Com 525 E County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13		12c	
		12d	
14		Employer's EIN (if any)	
NJ UI/WC/ND 142.34		Employer ID number (EIN)	
NJ DI 80.40		47-3976170	
NJ FLI 33.52		Control number 00178800007001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080-B Jackson NJ 08527			
Employer's name, address, and ZIP code			
15 a Employer's state ID number NJ 473-976-170/000		16 State wages, tips, etc. 0.00	
		17 State income tax 588.32	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Wage and Tax Statement</b> Form <b>Copy B</b> This information is being furnished to the IRS. <b>To Be Filed With Employee's</b> <b>W-2</b> <b>FEDERAL Tax Return.</b> <b>2017</b> <small>Do not file with state or local tax returns.</small> Department of the Treasury - Internal Revenue Service			

### CORRECTED STATEMENT

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.

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Note however that the deducted amounts are/were correct.

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

Without Prejudice

By elias agredo-narvaez  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018



**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.

▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> elias agredo-narvaez	<b>2 Your social security number</b> 		
<b>3 Address</b> In care of 1080-B East Veterans Highway, Jackson, New Jersey 08527			
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2017</u> . I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
<b>5 Employer's or payer's name, address, and ZIP code</b> Crossroad Realty Group Limited liability co. 525 East County line Road suite 2. Lakewood NJ 08701	<b>6 Employer's or payer's identification number (if known)</b> 47-3976170		
<b>7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Wages, tips, and other compensation <u>\$0.00</u>  <b>b</b> Social security wages <u>\$0.00</u>  <b>c</b> Medicare wages and tips <u>\$0.00</u>  <b>d</b> Social security tips <u>\$0.00</u>  <b>e</b> Federal income tax withheld <u>\$1426.07</u> </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> State income tax withheld <u>\$588.32</u>            (Name of state) <u>New Jersey</u>  <b>g</b> Local income tax withheld <u></u>            (Name of locality) <u></u>  <b>h</b> Social security tax withheld <u>\$2417.23</u>  <b>i</b> Medicare tax withheld <u>\$585.32</u> </td> </tr> </table>		<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$1426.07</u>	<b>f</b> State income tax withheld <u>\$588.32</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld <u></u> (Name of locality) <u></u> <b>h</b> Social security tax withheld <u>\$2417.23</u> <b>i</b> Medicare tax withheld <u>\$585.32</u>
<b>a</b> Wages, tips, and other compensation <u>\$0.00</u> <b>b</b> Social security wages <u>\$0.00</u> <b>c</b> Medicare wages and tips <u>\$0.00</u> <b>d</b> Social security tips <u>\$0.00</u> <b>e</b> Federal income tax withheld <u>\$1426.07</u>	<b>f</b> State income tax withheld <u>\$588.32</u> (Name of state) <u>New Jersey</u> <b>g</b> Local income tax withheld <u></u> (Name of locality) <u></u> <b>h</b> Social security tax withheld <u>\$2417.23</u> <b>i</b> Medicare tax withheld <u>\$585.32</u>		
<b>8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Gross distribution <u></u>  <b>b</b> Taxable amount <u></u>  <b>c</b> Taxable amount not determined <input type="checkbox"/>  <b>d</b> Total distribution <input type="checkbox"/>  <b>e</b> Capital gain (included in line 8b) <u></u> </td> <td style="width: 50%; vertical-align: top;"> <b>f</b> Federal income tax withheld <u></u>  <b>g</b> State income tax withheld <u></u>  <b>h</b> Local income tax withheld <u></u>  <b>i</b> Employee contributions <u></u>  <b>j</b> Distribution codes <u></u> </td> </tr> </table>		<b>a</b> Gross distribution <u></u> <b>b</b> Taxable amount <u></u> <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <input type="checkbox"/> <b>e</b> Capital gain (included in line 8b) <u></u>	<b>f</b> Federal income tax withheld <u></u> <b>g</b> State income tax withheld <u></u> <b>h</b> Local income tax withheld <u></u> <b>i</b> Employee contributions <u></u> <b>j</b> Distribution codes <u></u>
<b>a</b> Gross distribution <u></u> <b>b</b> Taxable amount <u></u> <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <input type="checkbox"/> <b>e</b> Capital gain (included in line 8b) <u></u>	<b>f</b> Federal income tax withheld <u></u> <b>g</b> State income tax withheld <u></u> <b>h</b> Local income tax withheld <u></u> <b>i</b> Employee contributions <u></u> <b>j</b> Distribution codes <u></u>		
<b>9 How did you determine the amounts on lines 7 and 8 above?</b> W-2 FORM PROVIDED BY MY PRIVATE EMPLOYER.			
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> NONE			

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at [www.irs.gov/Form4852](http://www.irs.gov/Form4852).**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 doesn't 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 your 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 the end of February, 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. You must also provide 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 will also send you a Form 4852. If you don't 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 your 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 you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

(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>229011651950</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>1099-MISC Miscellaneous Income 2017</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	

### STATEMENT

This statement includes a representation of a form 1099-MISC

The form is NOT INTENDED to represent a corrected 1099-MISC filed by the party identified therein as the "PAYER".

The corrected form 1099-MISC herein presented, is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT. If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2017, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

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

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

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

Without Prejudice

Date: 04/05/2018  
By elias agredo-narvaez  
For ELIAS AGREDO-NARVAEZ



(732) 886-7400 509

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>336978652897</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 independent 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>1099-MISC Miscellaneous Income 2017</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	

### STATEMENT

This statement includes a representation of a form 1099-MISC

The form is NOT INTENDED to represent a corrected 1099-MISC filed by the party identified therein as the "PAYER".

The corrected form 1099-MISC herein presented, is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT. If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2017, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

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

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

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

Without Prejudice

By ELIAS AGREDO-NARVAEZ Date: 04/05/2018  
For ELIAS AGREDO-NARVAEZ

(732) 886-7400

PAYER'S name, address, ZIP/postal code, country & phone no. <b>GOLDSTONE MANAGEMENT INC</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701</b>	
PAYER'S federal ID number <b>75-3024492</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>914820776338</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 (resident 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/753-024-492/000</b>	18 State income
<b>1099-MISC Miscellaneous Income 2017</b> Copy 2 - To be filed with Recipient's State Tax Return	
<input checked="" type="checkbox"/> CORRECTED (if checked) <input type="checkbox"/> FATCA filing requirement     Dept. of Treasury - IRS     OMB No. 1545-0115	

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Without Prejudice

By Elías Agredo-Narvaez  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018



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, county, ZIP or foreign postal code, and telephone no. <b>EXTELL DEVELOPMENT COMPANY</b> <b>9911 SHELBYVILLE ROAD</b> <b>SUITE 200</b> <b>LOUISVILLE KY 40223</b> <b>(502) 499-0098</b>		
PAYER'S federal identification number 13-3796649	RECIPIENT'S identification number 4599	Account number (see instructions) 4599
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, county, and ZIP or foreign postal code <b>ELIAS AGREDO-NARVAEZ</b> <b>TM ELIAS AGREDO-NARVAEZ</b> <b>C/O 1080-B</b> <b>EAST VETERANS HIGHWAY</b> <b>JACKSON NJ 08527-9998</b>		
7 Nonemployee compensation \$ 0	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. /	18 State income \$

2017 Form 1099-MISC Copy 2 To be filed with recipient's state income tax return, when required.

☒ CORRECTED (if checked)

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Without Prejudice

By elias agredo-narvaez  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018