

CERTIFIED MAIL # 7016 2070 0000 2480 7220.

elias agredo-narvaez  
C/O ELIAS AGREDO-NARVAEZ  
1080-B East Veterans Highway  
Jackson, New Jersey  
[08527]

Department of the Treasury  
Internal Revenue Service  
Fresno, CA 93888-0025

RE: Your anonymous Notice CP11 Dated 08/27/2018 which is  
included herein.

Dear IRS Representative, Thank you for your correspondence in  
the form of Letter CP11 to let me know that some calculations  
was/were wrong in my 2017 1040Form.

As stated in the returned notice; I don't agree to any changes  
proposed or made to that 1040 form for 2017.

Instead, I am amending said form by the included 1040X included  
herein. The FORM 1040X is correcting the wrong information in  
the lines described by you notice however; all other forms and  
attachments like 4852 and others are to remain exactly as  
originally sent and must be accounted for during computation of  
such form.

For your convenience I am including courtesy copies of all such  
other forms.

Thanks in advance for the prompt processing of my forms.

Respectfully;

elias Agredo-narvaez.

**Attachments:**

This Response Document	1 page
Your notice CP11	4 pages
Form 1040X - 2017	2 pages

And courtesy copies of my 2017 attachments as follows:

Forms 4852. 2	2 pages
Forms 1099 misc CORRECTED 4	4 pages
Forms W-2. CORRECTED 2	2 pages
Total included pages	15 pages



Department of the Treasury  
Internal Revenue Service  
Fresno, CA 93888-0025

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ELIAS AGREDO-NARVAEZ  
1080 E VETERANS HWY APT 1080 B  
JACKSON NJ 08527-2934

001696

Notice	CP11
Tax Year	2017
Notice date	August 27, 2018
Social Security number	
To contact us	1-800-829-0922
Your Caller ID	154685
Page 1 of 4	9H

Changes to your 2017 Form 1040

**Amount due: \$554.19**

We found a miscalculation on your 2017 Form 1040, which affects the following area of your return:

- Tax Computation

We changed your return to correct this error.  
As a result, you owe \$554.19.

### Billing Summary

Tax you owed	\$6,908.00
Payments you made	-6,363.89
Interest charges	10.08
<b>Amount due by September 17, 2018</b>	<b>\$554.19</b>

### What you need to do immediately

Review this notice, and compare our changes to the information on your tax return.

#### If you agree with the changes we made

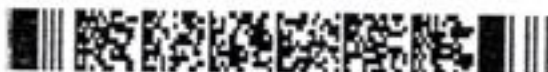
- Pay the amount due of \$554.19 by September 17, 2018, to avoid additional penalty and interest charges.

Continued on back...



ELIAS AGREDO-NARVAEZ  
1080 E VETERANS HWY APT 1080 B  
JACKSON NJ 08527-2934

Notice	CP11
Notice date	August 27, 2018
Social Security number	



### Payment

- Make your check or money order payable to the United States Treasury.
- Write your Social Security number, the tax year (2017), and the form number (1040) on your payment and any correspondence.

Amount due by September 17, 2018

**\$554.19**

INTERNAL REVENUE SERVICE  
FRESNO, CA 93888-0419



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Notice	CP11
Tax Year	2017
Notice date	August 27, 2018
Social Security number	140-02-6708
Page 2 of 4	SH

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What you need to do immediately — **continued**

If you agree with the changes we made — **continued**

- Pay online or mail a check or money order with the attached payment stub.  
**You can pay online now at [www.irs.gov/payments](http://www.irs.gov/payments).**
- If you contact us in writing within 60 days of the date of this notice, we will reverse the change we made to your account. However, if you are unable to provide us additional information that justifies the reversal and we believe the reversal is in error, we will forward your case for audit. This step gives you formal appeal rights, including the right to appeal our decision in the United States Tax Court before you have to pay additional tax. After we forward your case, the audit staff will contact you within 5 to 6 weeks to fully explain the audit process and your rights. If you do not contact us within the 60-day period, you will lose your right to appeal our decision before payment of tax.
- If you do not contact us within 60 days, the change will not be reversed and you must pay the additional tax. You may then file a claim for refund. Generally you must submit the claim within 3 years of the date you filed the tax return, or within 2 years of the date of your last payment for this tax, whichever is later.

**If you disagree with the amount due**

- Call us at 1-800-829-0922 to review your account with a representative. Be sure to have your account information available when you call.

We'll assume you agree with the information in this notice if we don't hear from you.

---

**Payment options**

**Pay now electronically**

We offer free payment options to securely pay your tax bill directly from your checking or savings account. When you pay online or with your mobile device, you can:

- Receive instant confirmation of your payment
- Schedule payments in advance
- Reschedule or cancel a payment before the due date

You can also pay by debit or credit card for a small fee. To see all of our payment options, visit [www.irs.gov/payments](http://www.irs.gov/payments).



Notice	CP11
Tax Year	2017
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## Payment options – continued



001696

### Payment plans

If you can't pay the full amount you owe, pay as much as you can now and make arrangements to pay your remaining balance. Visit [www.irs.gov/paymentplan](http://www.irs.gov/paymentplan) for more information on installment agreements and online payment agreements. You can also call us at 1-800-829-0922 to discuss your options.

### Offer in Compromise

An offer in compromise allows you to settle your tax debt for less than the full amount you owe. If we accept your offer, you can pay with either a lump sum cash payment plan or periodic payment plan. To see if you qualify, use the Offer in Compromise Pre-Qualifier tool on our website. For more information, visit [www.irs.gov/offers](http://www.irs.gov/offers).

### Account balance and payment history

For information on how to obtain your current account balance or payment history, go to [www.irs.gov/balancedue](http://www.irs.gov/balancedue).

If you already paid your balance in full within the past 21 days or made payment arrangements, please disregard this notice.

If you think we made a mistake, call 1-800-829-0922 to review your account.

## If we don't hear from you

Pay \$554.19 by September 17, 2018, to avoid penalty and interest charges.

## Changes to your 2017 tax return

Information was changed because of the following:

- We changed the amount of taxable income on line 43 of your Form 1040 because the exemption amount on line 42 was subtracted incorrectly from line 41. (208L)

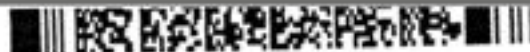
### Your tax calculations

Description	Your calculations	IRS calculations
Adjusted gross income, line 37	\$63,168.00	\$63,168.00
Taxable income, line 43	0.00	44,668.00
<b>Total tax, line 63</b>	<b>\$0.00</b>	<b>\$6,908.00</b>

### Your payments and credits

Description	IRS calculations
Income tax withheld, line 64	\$1,531.45
Estimated tax payments, line 65	0.00
Other credits, lines 66a, 67-73	4,832.44
Other payments	0.00
<b>Total payments and credits</b>	<b>\$6,363.89</b>

Continued on back...



Notice	CP11
Tax Year	2017
Notice date	August 27, 2018
Social Security number	
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## Interest charges

We are required by law to charge interest when you do not pay your liability on time. Generally, we calculate interest from the due date of your return (regardless of extensions) until you pay the amount you owe in full, including accrued interest and any penalty charges. Interest on some penalties accrues from the date we notify you of the penalty until it is paid in full. Interest on other penalties, such as failure to file a tax return, starts from the due date or extended due date of the return. Interest rates are variable and may change quarterly. (Internal Revenue Code section 6601)

Note: The interest amount shown here may differ from the amount shown on Page 1. The computation shown here may include interest charges on amounts due before the adjustment.

Period	Days	Interest rate	Interest factor	Amount due	Interest charge
04/15/2018 – 06/30/2018	76	5.0%	0.010464621	\$544.11	\$5.69
06/30/2018 – 08/27/2018	58	5.0%	0.007976304	549.80	4.39
<b>Total interest</b>					<b>\$10.08</b>

We multiply your unpaid tax, penalties, and interest (the amount due) by the interest rate factor to determine the interest due.

## Additional information

- Visit [www.irs.gov/cp11](http://www.irs.gov/cp11)
- You may find the following publications helpful:
  - Publication 1, Your Rights as a Taxpayer
  - Publication 594, The Collection Process
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Did you e-file your tax return? Electronically filed returns are less likely to have math errors resulting in notices such as this one. It's free to file your taxes electronically. Go to [www.irs.gov/efile](http://www.irs.gov/efile) for information and instructions.
- Paying online is convenient, secure, and ensures timely receipt of your payment. To pay your taxes online or for more information, go to [www.irs.gov/payments](http://www.irs.gov/payments).
- You can contact us by mail at the address at the top of this notice. Be sure to include your Social Security number, the tax year, and the form number you are writing about.
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



Department of the Treasury  
Internal Revenue Service  
Fresno, CA 93888-0025

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We found a miscalculation on your 2017 Form 1040, which affects the following area of your return:

- Tax Computation

We changed your return to correct this error.  
As a result, you owe \$554.19.

### Billing Summary

Tax you owed	\$6,908.00
Payments you made	<i>At least you recognize a payment</i> -6,363.89
Interest charges	10.08
<b>Amount due by September 17, 2018</b>	<b>\$554.19</b>

### What you need to do immediately

Review this notice, and compare our changes to the information on your tax return.

#### If you agree with the changes we made

- Pay the amount due of \$554.19 by September 17, 2018, to avoid additional penalty and interest charges.

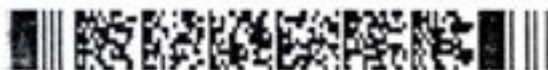
*I don't agree with the changes proposed or made as I am amending the 1040 form to reflect the required corrections.*

Continued on back...



ELIAS AGREDO-NARVAEZ  
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JACKSON NJ 08527-2934

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### Payment

- Make your check or money order payable to the United States Treasury.
- Write your Social Security number the tax year (2017), and the form number (1040) on your payment and any correspondence.

**Amount due by September 17, 2018**

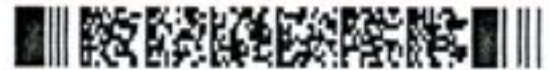
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INTERNAL REVENUE SERVICE  
FRESNO, CA 93888-0419



QP AGRE 30 0 201712 670 00000055419





Notice	CP11
Tax Year	2017
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What you need to do immediately — **continued**

If you agree with the changes we made — **continued**

- Pay online or mail a check or money order with the attached payment stub.  
**You can pay online now at [www.irs.gov/payments](http://www.irs.gov/payments).**
- If you contact us in writing within 60 days of the date of this notice, we will reverse the change we made to your account. However, if you are unable to provide us additional information that justifies the reversal and we believe the reversal is in error, we will forward your case for audit. This step gives you formal appeal rights, including the right to appeal our decision in the United States Tax Court before you have to pay additional tax. After we forward your case, the audit staff will contact you within 5 to 6 weeks to fully explain the audit process and your rights. If you do not contact us within the 60-day period, you will lose your right to appeal our decision before payment of tax.
- If you do not contact us within 60 days, the change will not be reversed and you must pay the additional tax. You may then file a claim for refund. Generally you must submit the claim within 3 years of the date you filed the tax return, or within 2 years of the date of your last payment for this tax, whichever is later.

I Disagree with the amount and Liability as well but I will not call the number indicated because the employees of the Agency are Disrespectful and

**If you disagree with the amount due**

- Call us at 1-800-829-0922 to review your account with a representative. Be sure to have your account information available when you call.

We'll assume you agree with the information in this notice if we don't hear from you.

Ignorant of the Laws.

**Payment options**

**Pay now electronically**

We offer free payment options to securely pay your tax bill directly from your checking or savings account. When you pay online or with your mobile device, you can:

- Receive instant confirmation of your payment
- Schedule payments in advance
- Reschedule or cancel a payment before the due date

You can also pay by debit or credit card for a small fee. To see all of our payment options, visit [www.irs.gov/payments](http://www.irs.gov/payments).

You just heard from me, so; there is nothing for you to either assume or presume.

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## Payment options – continued

### Payment plans

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If you think we made a mistake, call 1-800-829-0922 to review your account.

## If we don't hear from you

*You just did.*

Pay \$554.19 by September 17, 2018, to avoid penalty and interest charges.

## Changes to your 2017 tax return

Information was changed because of the following:

- We changed the amount of taxable income on line 43 of your Form 1040 because the exemption amount on line 42 was subtracted incorrectly from line 41. (208L)

## Your tax calculations

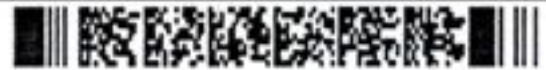
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Adjusted gross income, line 37	\$63,168.00	\$63,168.00
Taxable income, line 43	0.00	44,668.00
<b>Total tax, line 63</b>	<b>\$0.00</b>	<b>\$6,908.00</b>

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Continued on back...





Notice	CP11
Tax Year	2017
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Page 4 of 4	9H

## Interest charges

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- Did you e-file your tax return? Electronically filed returns are less likely to have math errors resulting in notices such as this one. It's free to file your taxes electronically. Go to [www.irs.gov/efile](http://www.irs.gov/efile) for information and instructions.
- Paying online is convenient, secure, and ensures timely receipt of your payment. To pay your taxes online or for more information, go to [www.irs.gov/payments](http://www.irs.gov/payments).
- You can contact us by mail at the address at the top of this notice. Be sure to include your Social Security number, the tax year, and the form number you are writing about.
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev. January 2018)

Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.This return is for calendar year ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014

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

Your first name and initial elias	Last name agredo-narvaez	Your social security number
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If a joint return, spouse's first name and initial	Last name	Spouse's social security number
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Current home address (number and street). If you have a P.O. box, see instructions. In Care of 1080-B East Veterans Highway	Apt. no. 1080-B	Your phone number
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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
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**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 a joint return 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 a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1 0		0
2 Itemized deductions or standard deduction	2 6,350		6,350
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 -22,550	22,550	0

**Tax Liability**

6 Tax. Enter method(s) used to figure tax (see instructions): <i>Studied Subtitle A, Subchapter B, Part 1, Sec 601</i>	6 0		0
7 Credits. If a 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		
9 Health care: individual responsibility (see instructions)	9		
10 Other taxes	10		
11 Total tax. Add lines 8, 9, and 10	11		

**Payments**

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 6,363.89		6,363.89
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		6,363.89

**Refund or Amount You Owe**

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18 6,363.89
19 Subtract line 18 from line 17 (if less than zero, see instructions.)	19 0
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 6,363.89
22 Amount of line 21 you want refunded to you	22 6,363.89
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 any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

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
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b> 2		2
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b> 2		2
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b>	Other dependents . . . . .	<b>27</b>		
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b> 4		4
<b>29</b>	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 . . . . .	<b>29</b> 16,200		
<b>30</b>	List <b>ALL</b> 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)
			self	<input type="checkbox"/>
			wife	<input type="checkbox"/>
			Daughter	<input type="checkbox"/>
			son	<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.

First, I Would like to clarify the fact that I did not have any "GROSS INCOME" as defined by the underlined Statutory Authority and that therefore there could be no "ADJUSTED GROSS INCOME" No tax obligation was therefor paid but instead: the amounts entered on both my original 1040 form and this amend one are amounts unlawfully collected from my private earnings and unlawfully reported and transferred to the Secretary of the Treasury as payment of taxes, THEY WERE NOT and because there is currently no IRS form available to claim back UNLAWFULLY WITHHELD FUNDS my Right to claim back that amount is PREJUDICED by the 1040 form which uses legal terms that make my claim for RETURN OF UNLAWFULLY COLLECTED FUNDS looks like A RETURN OF INCOME TAXES which it is not.

SECONDLY: I am making a change to LINE 43 of my 1040 form because It was miscalculated originally and that amount should have been \$0 as explained in that same Line :IF LINE 42 IS MORE THAN LINE 41 which it was: ENTER 0, and that instruction just scaped me at the time of completing that form originally, HOWEVER the amounts shown as other payments and credits were correct. \$6,363.89 and need not correction.

All other Information, forms and attachments to my original 1040 form MUST REMAIN UNCHANGED.

**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.

**Sign Here**

Your signature [Signature] Date SEP/3/2018 Your occupation Maintenance Supervisor  
 Spouse's signature, if a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**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 \_\_\_\_\_  
☐ Check if self-employed

PTIN

Phone number

EIN



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 resident in a foreign country <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) <input type="checkbox"/> 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  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018

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 (dependent 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	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0045	

### 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  
For ELIAS AGREDO-NARVAEZ

Date: 04/05/2018

GOLDSTONE MANAGEMENT, LLC 525 E COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701	
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 1080 B EAST VETERANS HIGHWAY JACKSON NJ 08527</b>	
Account number <b>914820775338</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 dependent for sales <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 CORRECTED <input checked="" type="checkbox"/> FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0045	

### 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 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) FATCA filing requirement <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <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)

### 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**  
For **ELIAS AGREDO-NARVAEZ**

Date: 04/05/2018

U.U.U		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 Disability benefits	13c	
	13d	
14 NJ DI / WC / HO 142.38	Employee's SSN	
NJ DI 80.40	Employer ID number (EIN)	
NJ FLI 33.52	47-3976170	
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 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> <b>Copy 2</b> To Be Filed With Employee's State, City, or Local Income Tax Return. Copyright 2017 Greeland/Neico		
		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> elies 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:



1 Wages, tips, other comp. 0.00		2 Fed. income tax withheld 103.38	
3 Social security wages 0.00		4 Soc. sec. tax withheld 1499.26	
5 Medicare wages and tips 0.00		6 Medicare tax withheld 350.63	
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 Disability benefits		12c	
		12d	
14 NJ 01/10/10 102.73		Employee's SSN	
NJ DI 58.03		Employer ID number (EIN)	
NJ F.T.I 24.21		75-3024492	
		Employer's EIN 0543800029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080-B Jackson NJ 08527			
Employee's name, address, and ZIP code			
15a Employer's state ID number NJ 163-024-492/000		16 State wages, tips, etc. 0.00	
		17 State income tax 303.75	
18 Local wages, tips, etc.		19 Local income tax	
		20 Local name	
<b>Wage and Tax Statement</b> Form <b>Copy 2</b> <b>W-2</b> <b>To Be Filed With Employee's State, City, or Local Income Tax Return.</b> <b>2017</b> <small>OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service Copyright 2017 Greatland/Nelec</small>			

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

**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

1 Name(s) shown on return <i>elias agredo-narvaez</i>		2 Your social security number	
3 Address <i>In care of 1080-B East Veterans Highway, Jackson, New Jersey 08527</i>			
4 Enter year in space provided and check one box. 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.			
5 Employer's or payer's name, address, and ZIP code <i>Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701</i>		6 Employer's or payer's identification number (if known) <i>75-3024492</i>	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation	\$0.00	f State income tax withheld	\$303.75
b Social security wages	\$0.00	(Name of state) <u>New Jersey</u>	
c Medicare wages and tips	\$0.00	g Local income tax withheld	
d Social security tips	\$0.00	(Name of locality)	
e Federal income tax withheld	\$103.36	h Social security tax withheld	\$1499.26
		i Medicare tax withheld	\$350.63
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld	
d Total distribution <input type="checkbox"/>		i Employee contributions	
e Capital gain (included in line 8b)		j Distribution codes	
9 How did you determine the amounts on lines 7 and 8 above? W-2 FORM PROVIDED BY MY PRIVATE EMPLOYER			
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. 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:



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature</p> <p><b>X</b></p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>State of New Jersey Division of Taxation Revenue Processing Ctr - Refunds P.O. Box 555 Trenton, NJ 08647-0555</p>  <p>9590 9402 3033 7124 5361 91</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 2480 7237</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>State of N.J. Treasury Dept.</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	