

**CERTIFIED MAIL # 7013 2250 0000 1304 9034**

Elias Agredo-Narvaez  
c/o 1080-B East Veterans highway  
Jackson, New Jersey  
[08527]

Aug, 29, 2016

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

RE: 2014 Tax Return  
To Whom It May Concern:

Please find enclosed the filing of my 2014 **1040X** Tax Return. Please note that I have enclosed 1 Form 4852, 1 correcting W-2 and 2 corrected 1099-MISC Forms properly documented, due to the fact that the "PAYER'S" provided the 1099's which erroneously alleged payments of Internal Revenue Code (IRC) sections 3121 & 3401 wages that are hereby disputed.

They have listed payments as "wages" as defined in the IRC sections 3401(a) and 3121(a). I am hereby rebutting their claim, stating that I am private-sector citizen (non-federal employee) employed by a private-sector company (non-federal entity) as defined in 3401 (c) (d). I am not employed in a "trade or business" nor am I an "officer of a corporation".

Additionally, the "PAYERS" were not required to report my private sector payments on form 1099-MISC but did anyway, and in so doing reported to the IRS that my private-sector payments are taxable, which they ARE NOT. My 2013 private-sector payments are not reportable under Internal Revenue Code (IRC)§ 6041(a) regarding information at source. Neither are said payments reportable under IRC§6041A as the "PAYER'S" are private-sector companies. As such, they are not described within the definition of "trade or business" in §7701(a)(26) and the payments made to me cannot, therefore, be characterized as "salaries,...wages,...compensations, remunerations,... or other fixed or determinable gains, profits, and income..." (IRC) 6041(a)). Sections 6041(a) and 6041A(a) only apply to a "person" or "service-recipient" engaged in a trade or business". The reporting requirements applies only to those individuals or entities when the payments described within these two sections are made to "another person" or "any person", respectively, in the course of a "trade or business".


**Please notice that I have made the following changes:**

In lines 74,75, and 76a of the previously file 1040, the amount/s was/were changed from \$4232.19 line 12 A. of this 1040X, down to **\$3467.42** in line 12.C of this 1040X, this, to reflect a change of \$-764.77 line 12 B of this 1040X, of local taxes withheld which I erroneously added to the amounts of the requested refund.

Also notice that I have changed the line 4. paragraph 2; In form 4852, from *I have notified the IRS*, to *"I hereby notify the IRS"*. And I also changed the verbatim of lines 9, and 10 in said form.

Therefore, I expect a full and complete refund within 30 days after filing this **amended return** as dictated in the IRC sec. 6402(A) and Sec. 6401(b)(c)

Respectfully,

  
Elias Agredo-Narvaez

Dated:

08/29/2016

**CERTIFIED MAIL # 7013 2250 0000 1304 9034**

Enclosures;

Copy of this letter	2 pages
Form 1040X 2014	2 pages
Form 4852	1 page
Correcting W-2	1 page
Correcting 1099-MISC	
From Pleasant Gardens holdings	1 page
Correcting 1099-MISC	
From PLC properties LLC.	1 page
Certificate of mailing	1 page

## Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2016)

Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).This return is for calendar year ☐ 2015 ☒ 2014 ☐ 2013 ☐ 2012

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

Your first name and initial

Last name

Your social security number

Elias

Agredo-Narvaez

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

Last name

Spouse's social security number

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

Apt. no.

Your phone number

1080-B East veterans Highway

1080-B

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

Jackson, New Jersey 08527

Foreign country name

Foreign province/state/county

Foreign postal code

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

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

**Full-year coverage.**

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

☐ Yes ☐ No

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here . . . . .	1	0	0
2	Itemized deductions or standard deduction . . . . .	2	-6200	-6200
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		
5	Taxable income. Subtract line 4 from line 3 . . . . .	5	0	0

**Tax Liability**

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

**Payments**

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing, see instructions.) . . . . .	12	4232.19	(764.77)	3467.42
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"/> 8801 <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 16 . . . . .	17			3467.42

**Refund or Amount You Owe**

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	18		
19	Subtract line 18 from line 17 (If less than zero, see instructions.) . . . . .	19		
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . . .	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return . . . . .	21		3467.42
22	Amount of line 21 you want refunded to you . . . . .	22		3467.42
23	Amount of line 21 you want applied to your (enter year): estimated tax . . . . .	23		

Complete and sign this form on Page 2.



**Part I Exemptions**

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

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

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	<b>24</b>		
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b>	Your dependent children who did not 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>		
<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>		
<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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not 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.


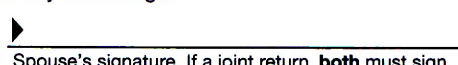
▶ Attach any supporting documents and new or changed forms and schedules.

The amount in line 12 column A, was corrected by subtracting \$764.77 as shown in column B, which represents state and other local taxes that were erroneously included in the amount of federal income tax deductions, and therefore reducing the previous amount of requested refund of \$4232.19 down to \$3467.42

**Sign Here**

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.

▶  08/29/2016 ▶  08/29/2016 ▶

Your signature

Date

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

Date

**Paid Preparer Use Only**

Preparer's signature

Date

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

Print/type preparer's name

Firm's address and ZIP code

PTIN

☐ Check if self-employed

Phone number

EIN



Form **4852**

(Rev. August 2013)

Department of the Treasury  
Internal Revenue Service**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> Elias Agredo-Narvaez		<b>2 Your social security number</b> [REDACTED]	
<b>3 Address</b> 1080-B East veterans Highway, apartment 1080-B, Jackson, New Jersey. 08527			
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2014</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 hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
<b>5 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>			
<b>a</b> Wages, tips, and other compensation <u>0</u> <b>b</b> Social security wages <u>0</u> <b>c</b> Medicare wages and tips <u>0</u> <b>d</b> Advance EIC payment <u>0</u> <b>e</b> Social security tips <u>0</u> <b>f</b> Federal income tax withheld <u>894.16</u>	<b>g</b> State income tax withheld <u>479.70</u> (Name of state) <u>New Jersey</u> <b>h</b> Local income tax withheld <u>          </u> (Name of locality) <u>          </u> <b>i</b> Social security tax withheld <u>2085.52</u> <b>j</b> Medicare tax withheld <u>487.74</u>		
<b>8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.</b>			
<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> I did not receive any "wages" as defined in 26 U.S.C. sec3401(a) and sec 3121(a). these earnings are not based on federally privileged activity for which taxes are devised. I hereby, respectfully request a refund of what was erroneously withheld as "wages, profits or income" connected with a "trade or business" which they clearly are NOT.			
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> Notified my private employer and demanded for the correction of such erroneous information, but he refused because of fear of retaliation from the IRS, he also threatened me with firing me and leaving me without employment if insisting on the matter, all of these since the year 2013.			
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.  Signature ▶ [REDACTED] Date ▶ <u>08/29/2016</u>		

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's

name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,

1 Wages, tips, other comp. 0		2 Fed. income tax withheld 894.16	
3 Social security wages 0		4 Soc. sec. tax withheld 2085.52	
5 Medicare wages and tips 0		6 Medicare tax withheld 487.74	
Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee Retirement plan Third-party sick pay		12c	
		12d	
14 NJ UI/HC/WD 133.86 NJ DI 119.70 NJ FLI 31.51		Employee's SSN [REDACTED] Employer ID number (EIN) 75-3024492 Control Number 005436000029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # Jackson NJ 08527			
Employee's name, address, and ZIP code			
15a Employer's state ID number NJ 753-024-492/000		16 State wages, tips, etc. 0	
		17 State income tax 479.70	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	
<b>Form W-2 Wage and Tax Statement</b> <b>Copy C—For EMPLOYEE'S RECORDS. 2014</b> <small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 30-2008003 Internal Revenue Service</small>			

### NOTICE

This statement includes a representation of a form W-2. The representation is not intended to represent a corrected W-2 filed by the party identified therein as the "PAYER". The correcting W-2 form is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which erroneously alleged 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 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, profit, or income" within the meaning of relevant law. deducted amounts are however correct.

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

[REDACTED] 08/29/2016  
Elias Agredo-Narvaez



<b>PLEASANT GARDENS HOLDINGS</b> <b>525 E COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701 (732)886-7400</b>	
PAYER'S federal ID number <b>426684081088</b>	RECIPIENT'S ID number [REDACTED]
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>426684081088</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</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.	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2014</b> <b>Copy B - For Recipient</b>	
<input checked="" type="checkbox"/> CORRECTED (if checked)	
Dept. of Treasury - IRS OMB No. 1545-0115	

# NOTICE

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 have first hand knowledge of taxable activities or transactions performed by me during the year 2014, 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 the IRS an its agents.

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

[REDACTED] 08/29/2016  
Elias Agredo-Narvaez



LPC PROPERTIES LLC 525 EAST COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 (732)886-7400	
PAYER'S federal ID number 81-0574157	RECIPIENT'S ID number [REDACTED]
RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ 1080B EAST VETERANS HIGHWAY APT 1080B JACKSON NJ 08527	
Account number 106874082004	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. 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 0
1099-MISC Miscellaneous Income 2014 Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked) Dept. of Treasury - IRS OMB No. 1545-0115	

# STATEMENT

This statement includes the representation of a form 1099-MISC.

The form is not intended to represent a corrected form 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 erroneously alleged a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or income" within the meaning of relevant law; which they are not.

If the IRS or any of its agents have first hand knowledge of taxable activities or transactions performed by me during the year 2014, or other information that differs from what I am 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.

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.

[REDACTED] 08/29/2016  
Elias Agredo-Narvaez

Elias Agredo-Narvaez  
c/o 1080-B East Veterans highway  
Jackson, New Jersey  
[08527]

### **CERTIFICAT OF MAILING**

I, Elias Agredo-Narvaez, of sound mind, and over 21 years old, hereby certify that on \_\_\_\_\_ I caused to be delivered to the IRS of Kansas MO, an amended 1040 form or **form 1040X for 2014**, the amended 1040 form was enclosed in an envelope with other documents as follows:

All are originals NOT copies.

1 letter explaining the facts in the forms (2 pages)

1 form 1040X 2014 (2 pages)

1 form 4852 (1 page)

1 correcting form W-2 (1 page)

1 correcting form 1099-MISC  
from PLEASANT GARDENS HOLDINGS (1 page)

1 correcting form 1099-MISC  
from LPC PROPERTIES LLC. (1 page)

1 copy of this certificate (1 page)

for a total of 9 pages. These were all included in an envelope sent certified mail # 7013 2250 0000 1304 9034 by depositing the same one with the Postal service.

\_\_\_\_\_  
Elias Agredo-Narvaez

Date: \_\_\_\_\_



NJ-1040

STATE OF NEW JERSEY  
INCOME TAX-RESIDENT RETURN

5R 2014

For Tax Year Jan.-Dec. 31, 2014, Or Other Tax Year Beginning \_\_\_\_\_, 2014, Month Ending      , 20 \_\_\_\_\_↓ IMPORTANT! YOU MUST ENTER YOUR SSN(s). ↓ Fill in ☐ if application for Federal extension is enclosed or enter confirmation # \_\_\_\_\_.

Your Social Security Number <div style="background-color: black; width: 100%; height: 20px;"></div>		Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse/CU partner last name ONLY if different) Agredo-Narvaez Elias		
Spouse's/CU Partner's Social Security Number <div style="background-color: black; width: 100%; height: 20px;"></div>		Home Address (Number and Street, incl. apt. # or rural route) <span style="float: right;">Change of Address <input type="checkbox"/></span> 1080-B East Veterans highway <span style="float: right;">apartment # 1080-B</span>		
County/Municipality Code (See Table p. 50) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> </div>		City, Town, Post Office Jackson		State New Jersey
		Zip Code 08527		

**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 MM/DD/YYYY To MM/DD/YYYY

FILING STATUS	(Fill in only one)		EXEMPTIONS		ENTER NUMBERS HERE			
	1.	<input type="checkbox"/> Single	6.	Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner <input type="checkbox"/> Domestic Partner	6	2		
	2.	<input type="checkbox"/> Married/CU Couple, filing joint return	7.	Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	7			
	3.	<input checked="" type="checkbox"/> Married/CU Partner, filing separate return. Enter Spouse's/CU Partner's Social Security Number in the boxes above	8.	Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/CU Partner	8			
	4.	<input type="checkbox"/> Head of household	9.	Number of your qualified dependent children .....			9	2
	5.	<input type="checkbox"/> Qualifying widow(er)/Surviving CU Partner	10.	Number of other dependents .....			10	2
			11.	Dependents attending colleges (See instr. page 15) .....	11			
			12.	Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) .....	12a	2	12b	2

DEPENDENTS	13. Dependent's Last Name, First Name, Middle Initial		Dependent's Social Security Number		Birth Year		Fill in oval if dependent does not have health insurance including NJ FamilyCare/Medicaid, Medicare, private or other (see instructions)
	a Agredo Sharon M.						
	b Agredo-Gallego Santiago E.						
	c						
d							

**GUBERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☒ No  
 If joint return, does your spouse/CU partner wish to designate \$1? ☐ Yes ☐ No

If enclosing copy of death certificate for deceased taxpayer, fill in (See instruction page 11) ☐ If you do not need forms mailed to you next year, fill in (See instruction page 13) ☒

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

Date 08/29/2016

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

Date \_\_\_\_\_

Check Amount (See Line 56)

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

Paid Preparer's Signature (Fill in ☐ if NJ-1040-O is enclosed)

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to:  
 STATE OF NEW JERSEY - TGI  
 Mail your return in the envelope provided and affix the appropriate mailing label.  
 If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for PO Box 111. If not, use the label for PO Box 555.  
 You may also pay by e-check or credit card. See instruction page 10.

Division  
Use

1

2

3

4

5

6

7



Name(s) as shown on Form NJ-1040  
Agredo-Narvaez Elias






- |  |     |  |  |  |  |  |  |  |  |
|--|-----|--|--|--|--|--|--|--|--|
| 14. Wages, salaries, tips, and other employee compensation (Enclose W-2)<br>Be sure to use State wages from Box 16 of your W-2(s). See instructions .....  | 14  |  |  |  |  |  |  |  |  |
| 15a. Taxable interest income (See instructions)<br>(Enclose Federal Schedule B if over \$1,500) .....  | 15a |  |  |  |  |  |  |  |  |
| 15b. Tax-exempt interest income (See instructions)<br>(Enclose Schedule) DO NOT include on Line 15a .....  | 15b |  |  |  |  |  |  |  |  |
| 16. Dividends .....  | 16  |  |  |  |  |  |  |  |  |
| 17. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)<br>(Enclose copy of Federal Schedule C, Form 1040) .....   | 17  |  |  |  |  |  |  |  |  |
| 18. Net gains or income from disposition of property (Schedule B, Line 4) .....  | 18  |  |  |  |  |  |  |  |  |
| 19a. Pensions, Annuities, and IRA Withdrawals (See instruction page 20) .....  | 19a |  |  |  |  |  |  |  |  |
| 19b. Excludable Pensions, Annuities, and IRA Withdrawals ..  | 19b |  |  |  |  |  |  |  |  |
| 20. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4)<br>(See instruction page 24) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) ..  | 20  |  |  |  |  |  |  |  |  |
| 21. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4)<br>(See instruction page 24) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) .  | 21  |  |  |  |  |  |  |  |  |
| 22. Net gains or income from rents, royalties, patents & copyrights<br>(Schedule NJ-BUS-1, Part IV, Line 4) .....  | 22  |  |  |  |  |  |  |  |  |
| 23. Net Gambling Winnings (See instruction page 24) .....  | 23  |  |  |  |  |  |  |  |  |
| 24. Alimony and separate maintenance payments received .....   | 24  |  |  |  |  |  |  |  |  |
| 25. Other (Enclose Schedule) (See instruction page 24) .....   | 25  |  |  |  |  |  |  |  |  |
| 26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25) .....   | 26  |  |  |  |  |  |  |  |  |
| 27a. Pension Exclusion (See instruction page 25) .....   | 27a |  |  |  |  |  |  |  |  |
| 27b. Other Retirement Income Exclusion (See Worksheet and instr. page 26) ...  | 27b |  |  |  |  |  |  |  |  |
| 27c. Total Exclusion Amount (Add Line 27a and Line 27b) .....  | 27c |  |  |  |  |  |  |  |  |
| 28. <b>New Jersey Gross Income</b> (Subtract Line 27c from Line 26) .....  | 28  |  |  |  |  |  |  |  |  |
| (See instruction page 27)  |     |  |  |  |  |  |  |  |  |
| 29. Total Exemption Amount (See instruction page 27 to calculate amount) .....   | 29  |  |  |  |  |  |  |  |  |
| (Part-Year Residents see instruction page 6)   |     |  |  |  |  |  |  |  |  |
| 30. Medical Expenses .....   | 30  |  |  |  |  |  |  |  |  |
| (See Worksheet and instruction page 27)  |     |  |  |  |  |  |  |  |  |
| 31. Alimony and Separate Maintenance Payments .....  | 31  |  |  |  |  |  |  |  |  |
| 32. Qualified Conservation Contribution .....  | 32  |  |  |  |  |  |  |  |  |
| 33. Health Enterprise Zone Deduction .....   | 33  |  |  |  |  |  |  |  |  |
| 34. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) .....   | 34  |  |  |  |  |  |  |  |  |
| 35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34) .....   | 35  |  |  |  |  |  |  |  |  |
| 36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY.   | 36  |  |  |  |  |  |  |  |  |
| 37a. Total Property Taxes Paid (See instruction page 29)....   | 37a |  |  |  |  |  |  |  |  |
| 37b. Block <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Qualifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |     |  |  |  |  |  |  |  |  |
| 37c. County/Municipality Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fill in oval if you completed Worksheet F-1 <input type="radio"/> (See instruction page xx)  |     |  |  |  |  |  |  |  |  |
| 38. Property Tax Deduction (See instruction page 32) .....   | 38  |  |  |  |  |  |  |  |  |
| 39. <b>New Jersey Taxable Income</b> (Subtract Line 38 from Line 36)<br>If zero or less, MAKE NO ENTRY.  | 39  |  |  |  |  |  |  |  |  |

**CONTINUE TO PAGE 3**



Your Social Security Number

Name(s) as shown on Form NJ-1040  
Agredo-Narvaez Elias

40. TAX (From Tax Table, page 52) .....		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) .....		42							
43. Sheltered Workshop Tax Credit .....		43							
44. Balance of Tax after Credit (Subtract Line 43 from Line 42) .....		44							
45. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See Worksheet and instruction page 35). If no Use Tax, enter ZERO (0.00). .....		45							
46. Penalty for Underpayment of Estimated Tax. .... Fill in <input type="checkbox"/> if Form NJ-2210 is enclosed.		46							
47. Total Tax and Penalty (Add Lines 44, 45, and 46) .....		47							
48. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) .....		48				4	7	9	7 0
49. Property Tax Credit (See instruction page 32) .....		49							
50. New Jersey Estimated Tax Payments/Credit from 2013 tax return .....		50							
51. New Jersey Earned Income Tax Credit (See instruction page 38) .....		51							
Fill in <input type="checkbox"/> if you had the IRS figure your Federal Earned Income Credit only one Fill in oval 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 instr. page 38) (Enclose Form NJ-2450) .....		52							
53. EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) .....		53							
54. EXCESS New Jersey Family Leave Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450) .....		54							
55. Total Payments/Credits (Add Lines 48 through 54) .....		55				4	7	9	7 0
56. If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE..... Fill in <input type="checkbox"/> if paying by e-check or credit card. (If paying by check, remember to enter check amount on Page 1) 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.		56							
57. If Line 55 is MORE THAN Line 47, enter OVERPAYMENT .....		57							
Deductions from Overpayment on Line 57 which you elect to credit to:		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 .....	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	64							
(See instruction page 39)									
65. Total Deductions from Overpayment (Add Lines 58 through 64) .....		65							
66. REFUND (Amount to be sent to you. Subtract Line 65 from Line 57) .....		66				4	7	9	7 0

ENTER  
AMOUNT  
OF  
CONTRIBUTION

SIGN YOUR RETURN ON PAGE 1

1 Wages, tips, other comp. 0		2 Fed. income tax withheld 894.16	
3 Social security wages 0		4 Soc. sec. tax withheld 2085.52	
5 Medicare wages and tips 0		6 Medicare tax withheld 487.74	
Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee Retirement plan Third-party sick pay		12c	
		12d	
14		Employee's SSN	
NJ UI/HC/WD 133.86		Employee ID number (EIN)	
NJ DI 119.70		75-3024492	
NJ FLI 31.51		Control Number 005436000029001	
Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # Jackson NJ 08527			
Employee's name, address, and ZIP code			
15a	Employer's state ID number NJ 753-024-492/000	16 State wages, tips, etc. 0	17 State income tax 479.70
18	Local wages, tips, etc.	19 Local income tax	20 Locality name
<b>Form W-2 Wage and Tax Statement</b> <b>Copy C-For EMPLOYEE'S RECORDS. 2014</b> <small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 38-2090803 Internal Revenue Service</small>			

### NOTICE

This statement includes a representation of a form W-2. The representation is not intended to represent a corrected W-2 filed by the party identified therein as the "PAYER". The correcting W-2 form is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which erroneously alleged 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 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, profit, or income" within the meaning of relevant law. deducted amounts are however correct.

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

[Redacted Signature]

08/29/2016

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.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

<b>1 Name(s) shown on return</b> Elias Agredo-Narvaez		<b>2 Your social security number</b> [REDACTED]			
<b>3 Address</b> 1080-B East veterans Highway, apartment 1080-B, Jackson, New Jersey. 08527					
<b>4 Enter year in space provided and check one box.</b> For the tax year ending December 31, <u>2014</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 hereby notify the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.					
<b>5 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: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>a</b> Wages, tips, and other compensation <u>0</u>  <b>b</b> Social security wages <u>0</u>  <b>c</b> Medicare wages and tips <u>0</u>  <b>d</b> Advance EIC payment <u>0</u>  <b>e</b> Social security tips <u>0</u>  <b>f</b> Federal income tax withheld <u>894.16</u> </td> <td style="width: 50%; vertical-align: top;"> <b>g</b> State income tax withheld <u>479.70</u>            (Name of state) <u>New Jersey</u>  <b>h</b> Local income tax withheld <u>          </u>            (Name of locality) <u>          </u>  <b>i</b> Social security tax withheld <u>2085.52</u>  <b>j</b> Medicare tax withheld <u>487.74</u> </td> </tr> </table>				<b>a</b> Wages, tips, and other compensation <u>0</u> <b>b</b> Social security wages <u>0</u> <b>c</b> Medicare wages and tips <u>0</u> <b>d</b> Advance EIC payment <u>0</u> <b>e</b> Social security tips <u>0</u> <b>f</b> Federal income tax withheld <u>894.16</u>	<b>g</b> State income tax withheld <u>479.70</u> (Name of state) <u>New Jersey</u> <b>h</b> Local income tax withheld <u>          </u> (Name of locality) <u>          </u> <b>i</b> Social security tax withheld <u>2085.52</u> <b>j</b> Medicare tax withheld <u>487.74</u>
<b>a</b> Wages, tips, and other compensation <u>0</u> <b>b</b> Social security wages <u>0</u> <b>c</b> Medicare wages and tips <u>0</u> <b>d</b> Advance EIC payment <u>0</u> <b>e</b> Social security tips <u>0</u> <b>f</b> Federal income tax withheld <u>894.16</u>	<b>g</b> State income tax withheld <u>479.70</u> (Name of state) <u>New Jersey</u> <b>h</b> Local income tax withheld <u>          </u> (Name of locality) <u>          </u> <b>i</b> Social security tax withheld <u>2085.52</u> <b>j</b> Medicare tax withheld <u>487.74</u>				
<b>8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.</b> <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> I did not receive any "wages" as defined in 26 U.S.C. sec 3401(a) and sec 3121(a). these earnings are not based on federally privileged activity for which taxes are devised. I hereby, respectfully request a refund of what was erroneously withheld as "wages, profits or income" connected with a "trade or business" which they clearly are NOT.					
<b>10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.</b> Notified my private employer and demanded for the correction of such erroneous information, but he refused because of fear of retaliation from the IRS, he also threatened me with firing me and leaving me without employment if insisting on the matter, all of these since the year 2013.					
<b>Sign Here</b>  Signature ▶ [REDACTED]		Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.  Date ▶ <u>08/29/2016</u>			

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's

name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,