Elias Agredo-Narvaez
C/O
1080-B East veterans highway,
Jackson, New Jersey
[08527]

December, 06, 2015

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

RE: 2013 Tax Return

Sent Certified mail: 7015 1730 0002 3740 3140

To Whom It May Concern:

Please find enclosed the filing of my 2013 1040 Tax Return. Please note that I have enclosed 1 Form 4852, 1 correcting W-2 and 3 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".

Therefore, I expect a full and complete refund within 30 days of the filing of my 2013 return as dictated in the IRC sec. 6402(A) and Sec. 6401(b)(c)

Respectfully,

Dated: December, 6, 2015

Elias Agredo-Narvaez

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

CERTIFIED COPY

For the year Jan. 1-D	ec. 31, 2	013, or other tax year beginning	101/4	HOCHIII	0010	OME	No. 1545-0074	IRS Use Or	nly — 🖸	ha write or staple in	n this space.
Your first name and	d initial	, John Dogiming	Last name		, 2013, end	ng	, 20			e separate instru	
Elias			1	L 150					You	ur social security	number
If a joint return, spo	ouse's fi	st name and initial	Agree Last name	10-Nan	aez						
			Lastinairie								
Home address (nur	mber an	d street). If you have a P.O. b	OX see instru	ections							
INFO-R EU	A V	Ptomac balan	10.1					Apt. no.	A	Make sure the SS	N(s) above
City, town or post off	ice, state	, and ZIP code. If you have a for	reign address a	also complete enece	a bala /		110	80-R	ANDE	and on line 6c are	e correct.
Jackson	. N	PW JERSPY	1085	177	s pelow (see	instructions	S).			esidential Election	
Foreign country nar	me	3000	1200	Foreign province	e/etate/eeus	+	, mar 1		Check	there if you, or your spo want \$3 to go to this fu	ouse if filing
				Toroign province	e/state/coun	ty	Foreign p	oostal code	a box	below will not change y	our tax or
Filing Status	1	Single							retund	You	Spouse
· imig Otatus	2	Married filing jointly	(even if only	one had incom	-\		ead of household	(with qualify	ing p	erson). (See instruc	ctions.) If
Check only one	3	Married filing separa	tely Enters	cone riad incom	e)	the	e qualitying perso	n is a child	but no	ot your dependent,	enter this
box.		and full name here.	> 1 PE		opve 5		ild's name here.				
Exemptions	6a	Yourself. If some				not cho	ualifying widow(er) with de	pend		-
	b	Spouse		n you do a depe	snaem, do	not ched	ck box ba			Boxes checked on 6a and 6b	6)
	С	Dependents:		(2) Dependent's	(3) Den	endent's	(4) V if child u	nder age 17		No. of children on 6c who:	- Easternament
	(1) Firs	t name Last name	SOC	cial security number	1	nip to you	qualifying for ch (see instru	ild tax credit		 lived with you 	2
If more than four					5.01	\sim	(SCE IIISTI	(CHOIS)	-	 did not live with you due to divorce 	e
dependents, see					day	htex	7		-	or separation (see instructions)	
instructions and	-	7.0				11110			-	Dependents on 6d	
check here ▶	-									not entered above	
	d	Total number of exemp								Add numbers on lines above	14
Income	7	Wages, salaries, tips, e	tc. Attach F	orm(s) W-2 .		, .			7		00
	8a	Taxable interest. Attac	h Schedule	B if required .				. 8			-
Attach Form(s)	b	Tax-exempt interest.	o not include	de on line 8a .	8	b					
W-2 here. Also	9a	Ordinary dividends. Att						. 9	а		
attach Forms W-2G and	10	Qualified dividends .				b					
1099-R if tax	11	Taxable refunds, credit			cal income	taxes .		. 1	0		
was withheld.	12	Alimony received			1. 1. 1			. 1	1		
	13	Business income or (los	ss). Attach S	Schedule C or C	-EZ			. 1:	2		
f you did not	14	Capital gain or (loss). A	ttach Sched	lule D if required	I. If not req	uired, ch	eck here	1:	3		
get a W-2, see instructions.	15a	Other gains or (losses). IRA distributions		n 4797				. 14	4		
see instructions.	16a	Pensions and annuities	15a 16a			Faxable a		. 15	b		
	17	Rental real estate, royal	And a second sec	robino C norman	b b	Taxable a	mount	. 16			
	18	Farm income or (loss).	Attach Sche	dule E	ations, trus	is, etc. A	Attach Schedu		_		
	19	Unemployment comper	sation	duici				. 18	-		
	20a	Social security benefits	20a		h	avable a	mount	. 19			
	21	Other income List tyme	and	t							
	22	Combine the amounts in the	he far right co	olumn for lines 7 th	hrough 21. T	his is you	r total income	▶ 22	-	0	00
Adjusted	23	Educator expenses			. 2		***************************************	2.0			100
Gross	24	Certain business expenses	of reservists,	performing artist	s, and						
ncome		fee-basis government offici	ials. Attach Fo	orm 2106 or 2106-	EZ 2	1					
	25	Health savings account	deduction.	Attach Form 888	39 . 25	5					
	26	Moving expenses. Attac	h Form 390	3	26	3					
	27	Deductible part of self-emp	oloyment tax.	Attach Schedule	SE . 2	7		* 1			
	28	Self-employed SEP, SIM	MPLE, and q	ualified plans	28	3					
	29 30	Self-employed health ins	surance ded	luction	29)					
	31a	Penalty on early withdra	wal of saving	gs							
	32	Alimony paid b Recipie			31						
	33	IRA deduction	duati		32						
	34	Student loan interest der Tuition and fees. Attach	Form 8017		33						
	35	Domestic production activ	ities deduction	on. Attach Form 9	34 3903 35						
	36	Add lines 23 through 35			35			26			
	37	Subtract line 36 from line	e 22. This is	your adjusted	gross inco	me .		. 36 ▶ 37	_	0	00

Form 1040 (201	3)					
Tax and	38	Amount from line 37 (adjusted gross income)		-00		Page 2
Credits	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· _ ·	38	+0-	00
Oredits		if: Spouse was born before January 2, 1949, ☐ Blind. checked ▶ 39a				
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	Section 10 and 1			
Deduction for —	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39b	40	60100	0.6
People who	41	Subtract line 40 from line 38		40	6100	-
check any box on line	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instruc		41	-61a	00
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	tions	42	15600	00
claimed as a	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		43	-0-	80
dependent, see	45	Alternative minimum tax (see instructions). Attach Form 6251	White	44		
instructions.	46	Add lines 44 and 45		45		
• All others:	47	Foreign toy and it All 15		46	-0-	00
Single or Married filing	48	Cradit for abild and d				
separately, \$6,100	49	Education available for F		-		
Married filing	50	Potiroment covings and the time		4		
jointly or Qualifying	51	Child tox gradit Attack Oct 11 garden				
widow(er),	52	Posidontial analysis and the All I was				
\$12,200 Head of	53					
household,	54					
\$8,950	55	Add lines 47 through 53. These are your total credits		54		
Othor	56	0 1	>	55	-0-	00
Other	57			56		
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b 8919 .		57		
	59a	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . Household employment taxes from Schedule H		58		
	b		*	59a		
	60	First-time homebuyer credit repayment. Attach Form 5405 if required		59b		
	61	Add lines 55 through 60. This is your table.		60		
Payments	62	Add lines 55 through 60. This is your total tax	>	61	-0-	00
	63	2013 actimated towns and	29			
If you have a	64a	Earned income and Italian	-			
qualifying child, attach	b	Nontaxable combat pay election 64b 64a	-			
Schedule EIC.	65	Additional abild to a City Att I Co				
	66	Amorican apparturity and its form	-			
	67	Reserved				
	68	Amount noid with an and				
	69	Everes assistant in the second	-			
	70	Cradit for foderal to	-			
	71	Cradita from Farman Fig. 1997				
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments			MAG	29
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overp.	-	72	4400	27
	74a	Amount of line 73 you want refunded to your 15 Town 2000:		73	4408	29
Direct deposit?	▶ b	Routing number		74a	4408	24
See	► d	Account number	ngs			
instructions.	75	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75		- W. F.		
Amount	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		70		
You Owe	77	Estimated tax penalty (see instructions)		76		
Third Party		you want to allow another person to discuss this return with the IRS (see instructions)?	Voc	Comr	elete below.	
Designee		anee's			nete below.	No
	nam	Personal		ation	. [
Sign	Unde	er penalties of perjury, I declare that I have examined this return and accompanying school use and statement		e best o	f my knowledge and hel	of
Here		of which	n prepare	er has a	ny knowledge.	101,
Joint return? See	Your	Signature Your occupation		Daytim	e phone number	
instructions.		12/06/15 Hivate-sector				
Keep a copy for your records.	Spot	use's signature. If a joint return, both must sign. Date Spouse's occupation		If the IR	S sent you an Identity Prote	ction
		· · · · · · · · · · · · · · · · · · ·		PIN, ent here (se	erit r	
Paid	Print	Type preparer's name Preparer's signature Date			PTIN	- I
Preparer				Check self-en	if iployed	
Use Only	Firm	's name ▶ Firm's EIN ▶			The state of the s	
	Firm	's address ▶ Phone no.				

Form **4852**

Department of the Treasury Internal Revenue Service

(Rev. August 2013)

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.

OMB No. 1545-0074

CERTIFIED

COPY

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

▶ Information about Form 4852 is available at www.irs.gov/form4852

1 Nam	ie(s) shown on return		7777002.	
- Elio	15 Alaredo - Narvaes		2 Your social sec	urity number
3 Addr	ess			
1080-	B East veterans highway.	. Jackson, Ne	WJersey	L08527]
4 Ente	year in space provided and check and how for	the tax year anding Daniel	01 0 - 10	Low C C S 2 + 3
	o blair (or have received an incorre	ct) & Form M 2 OD	4000 m	
mad	e to me and tax withheld by my employer or payer n	n line 7 ex line 0	stimates for all wages	or payments
3 EIIIDI	oyer's or payer's name, address, and ZIP code		08701 6 Empl	oyer's or payer's
272	East county line Road	suite 2 Lakewood	NT 75	fication number (if known)
7 For	rm W-2. Enter wages, tips, other compensation, and	taxes withheld	10-3	J-71472
a	Wages, tips, and other compensation	g State income tax wi	ithhald	400 Q1
b	Social security wages	(Name of state) .	iumeid ,	4717.01
C	Medicare wages and tips	h Local income tax w	ithin a lal	_
d	Advance EIC payment	(Name of locality)	mineia	
е	Social security tips		vitla la a l'al	0100 =1
	Federal income tax withheld 1036	i Social security tax v	vitnneia	491 95
8 For	m 1099-R. Enter distributions from pensions, annuiti	es, retirement/profit-sharing pla	ans, IRAs, insurance	contracts, etc.
а	Gross distribution	f Federal income tax	savitha la a Lal	
	Taxable amount	g State income tax with		
C	Taxable amount not determined .	h Local income tax wi		
	Total distribution			
	Capital gain (included in line 8b)	i Employee contributi	ons	
	Management and the second and the se	j Distribution codes .		Park Canada Cana
9 How of	did you determine the amounts on lines 7 and 8 above ("recipient", Payer erroneously 6401 (c) the amounts withheld	Troutted Daringer	A Min and I i	received is bod payer
10 Explai	n vour efforts to obtain Form W.O. F- 4000 D	che carabdamiello	regers belle No	1 consistent with 240
notified	my employer and demanded -	to correct the en	rox Statement.	Co Co
OF Pear	of retaliation from the Pr	art of the IRS,	Also threat	
Sign	Under penalties of perjury, I declare that I have example correct, and complete.	nined this statement, and to the	best of my knowledge	and belief, it is true,
Here	Signature ▶		-	
			Date ▶ Dec	06,2015

General Instructions

Section references are to the Internal Revenue Code.

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

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

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

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

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

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

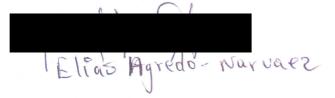
Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return,

ENDS ANY SUCH PRESUMPTION.

NOTICE Copy B--To Be Filed With Employee's 38-2099803 This statement includes FEDERAL Tax Return. OMB No. 1545-0008 a Employee's sor sec. no Wages, tips. other comp this representation of ou 1039.56 4 Soc. sec. tax withheld Social security wages form W-2. The representation 15 not intended to represent 5 Medicare wages and tips 6 Medicare tax withheld 75-3024492 491.95 a corrected W-2 Filed c Employer's name, address, and ZIP code Goldstone Management Inc. By the Party identified as 525 East County Line Road Suite 2 the "PAYER". Lakewood NJ 08701 The correcting W-2 is submitted to "Rebit" a d Controlnumber 005436000029001 e Employee's name, address, and ZIP code document known to have been Submided by the PARTY PAYER" Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080 Jackson NJ 08527 which erroneously alleges a 7 Social security tins 8 Allocated tins Paymet or Payments to the 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 Party therein identified as "RECIPIENT" OF "gains, Profit 13 Statutory employee 14 Other 12b Code 131.31 NJ UI/HC/WD or income" made in the Retirement plan NJ DI 111.24 12c Code course of a "trade or Business NJ FLI 30.91 12d Code Third-party sick pay Neither the PAYER" nor the NJ 753-024-492/000 "RECIPIENT" engaged in any 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax fransactions with each other 18 Local wages, tips, etc. 19 Local income tax 20 Locality name that were made in the course of a "trade of Business" as Dept, of the Treasury -- IRS Form W-2 Wage and Tax Statement 2013 This information is being furnished to the Internal Revenue Service. those terms are defined by 3 BW24UP code. THIS CORRECTING FORM

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 "Deductions are under Penalty of Persury, I Declare that this is true, correct Dated this 6th day of December, 2015



STATEMENT

This statement includes the representation of a form 1099-MISC. the form is not intended to represent a corrected 1099-MISC. Filed by the PARTY identified therein AS "HIE PAYER"

the corrected Form 1099-MISC herein Presented, is submitted to rebut at document known to have been submitted by the Party identified therein as "PAYER" which erroneously alleges a payment or payments to the Party identified therein as the "RECIPIENT" of "gains Profit or income" within the meaning of relevant Law.

under Penalty of Perjury. I Declare that I have examined this statement and to the Best of my knowledge and firm belief. It is true, correct and complete.

Dated this 6th day of December, 2015

Elias Agredo-Narvaez

SI 52	YATA ASSOCIATES 5 E COUNTY LINE R	LLC
	KEWOOD NJ 08701	(732)886-7400
PA	YER Sitedera, ID combile	RECIPIENTS Down
	20-5653748	Annual Control of the

ELIAS AGREDO-NARVAEZ 1080B EAST VETERANS HIGHWAY APT. 1080B JACKSON NJ 08527

	The second secon
Account number 853438246063	1 Rents
2 Royallies	3. Other income
4 Fad income tax aitherd	(Figures post proc eeds
A. Medicai & health dara synth	7 No. (1877) (44 Sumo
8 Substitute payments in neu of dividence of unionest	Flage (hade direct sates of ship concern for a buyer recipient for resale.)
10. Crop insurance proceeds	11. Foreign tax paid
12 Foreign country or U.S. possession	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	to State tax withheld
17 State Payer's state #10	18 State income

1099-MISC Miscellaneous Income 2013

Copy B - For Recipient

CORRECTEU at apockes 1946 Sur 1946 Sur

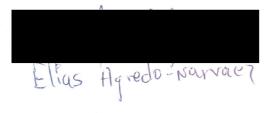
STATEMENT

This statement includes the representation of a Form 1099-MISC. The form is not intended to represent a corrected 1099-MISC Filed by the PARTY I dentified on it as THE PAYER

The corrected form 1099-MISC, nerein Presented, is submitted to rebut a document known to have been submitted by the Party identified therein as PAYER" which erroneously alleges a payment of payments to the Party identified also therein as the RECIPIENT" of gains, Profit or income", within the meaning of relevant Law.

Inder Penalty of Persury. I Leclare that I Have examined this statement and to the pest of my knowledge and firm belief, its true, correct and complete.

Doded this 6th day of December, 2015



AYER'S federal ID number 81-0574157	RECIPIENT'S ID number
ECIPIENT'S name, address a LIAS AGREDO-NARV 080B EAST VETERAN PT 1080B ACKSON NJ 08527	AEZ
Account number 898736514616	1 Rents
2 Royalties	3 Other income
Fed income tax withheld	5 Fishing boat proceeds
Medical & health care pyrnts	7 Nonemployee comp.
3 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
10 Crop insurance proceeds	11 Foreign tax paid
12 Foreign country or U.S. possession	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

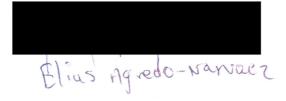
STATEMENT

This statement includes
the representation of a
form 1999-MISC, the Form
is not intended to represent
a corrected 1999-MISC Filed
By the Party identified as
the Payer".

The corrected form 1099-mix herein Presented is submitted to rebut a downert known to have been submitted by Party identified therein as "PAYER" which enoneously alleges a payment or payment to the party identified also therein as "Recipient" of "gains, Profit or income" within the meaning of relevant Low.

Under Penalty of Perjury,
I declare that I have
examined this statement
and to the best of my
Knowledge and firm belief.
it is true, correct and
complete.

Dated this 6th day of December, 2015



PAYER'S name address and PLEASANT GARDENS 525 E COUNTY LINE F SUITE 2 LAKEWOOD NJ 08701	S HOLDINGS RD
PAYER'S federal ID number	RECIPIENTS ID number
20-4914309 RECIPIENT'S name, address ELIAS AGREDO-NARY 1080 B EAST VETERA APT 1080 B JACKSON NJ 08527	/AEZ
Account number 951870132237	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & nealth care pyints.	7 Nonemployee comp.
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
10 Crop insurance proceeds	11 Foreign tax paid
12 Foreign country or U.S. possession	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
1099-MISC Miscellar Copy B - For Recipient	neous Income 2013
CORRECTED (if checked	Dept. of Treasury - IRS OMB No. 1545-0115