

**CERTIFIED**  
**BY COPY**  
*Elias Agredo*  
*12, 06, 2015*

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

**CERTIFIED  
COPY**

**Form 1040** Department of the Treasury—Internal Revenue Service (99) **2013** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—**BY** write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

Your first name and initial Elias Last name Agredo-Narvaez See separate instructions.

If a joint return, spouse's first name and initial Last name Your social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1080-B

1080-B East veterans highway Make sure the SSN(s) above and on line 6c are correct.

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

**Filing Status**

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☒ Married filing separately. Enter spouse's SSN above and full name here. Liesbed Agredo

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
			son	<input checked="" type="checkbox"/>
			daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 2
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 4

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a b Taxable amount

16a Pensions and annuities 16a b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

**Adjusted Gross Income**

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2013)







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

1 Name(s) shown on return <b>Elias Agredo - Narvaez</b>		2 Your social security number <div style="background-color: black; width: 150px; height: 20px;"></div>	
3 Address <b>1080-B East veterans highway. Jackson, New Jersey 08527</b>			
4 Enter year in space provided and check one box. For the tax year ending December 31, <b>2013</b> . 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 <b>Goldstone management inc. 08701 525 East county line Road Suite 2 Lakewood, NJ</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.			
a Wages, tips, and other compensation <b>-0-</b>	g State income tax withheld <b>499.81</b> (Name of state) _____		
b Social security wages <b>-0-</b>	h Local income tax withheld _____ (Name of locality) _____		
c Medicare wages and tips <b>-0-</b>	i Social security tax withheld <b>2103.51</b>		
d Advance EIC payment <b>-0-</b>	j Medicare tax withheld <b>491.95</b>		
e Social security tips <b>-0-</b>			
f Federal income tax withheld <b>1039.56</b>			
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/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? **no taxable "wages" were received by the "recipient". Payer erroneously reported payment info that is bad payer data. 6401 Ca) the amounts withheld are overpayments, Payers data not consistent with 3401 Ca)**

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. **notified my employer and demanded to correct the errors but Refused because of fear of retaliation from the part of the IRS. Also threats of firing me.**

**Sign  
Here**

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

Signature ▶

Date ▶ **Dec. 06, 2015**

**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,



**"NOTICE BY \_\_\_\_\_"**

<b>Copy B--To Be Filed With Employee's FEDERAL Tax Return.</b>		38-2099803 OMB No. 1545-0008	
a Employee's soc. sec. no. [REDACTED]	1 Wages, tips, other comp. -0-	2 Fed. income tax withheld 1039.56	
b Employer ID number (EIN) 75-3024492	3 Social security wages -0-	4 Soc. sec. tax withheld 2103.51	
	5 Medicare wages and tips -0-	6 Medicare tax withheld 491.95	
c Employer's name, address, and ZIP code Goldstone Management Inc. 525 East County Line Road Suite 2 Lakewood NJ 08701			
d Control number 005436000029001			
e Employee's name, address, and ZIP code Elias Agredo-Narvaez 1080 B East Veterans Highway Apt # 1080- Jackson NJ 08527			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other NJ UI/HC/WD 131.31 NJ DI 111.24 NJ FLI 30.91	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
NJ 753-024-492/000	-0-	499.81	
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2013** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.

3 BW24UP NIF 25/7909

-This statement includes this representation of a Form W-2. The representation is not intended to represent a corrected W-2 filed by the Party identified as the "PAYER".

-The correcting W-2 is submitted to "Rebut" a document known to have been submitted by the Party identified therein as "PAYER" which erroneously alleges a payment or payments to the Party therein identified as "RECIPIENT" of "gains, Profit 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

code. THIS CORRECTING FORM ENDS ANY SUCH PRESUMPTION.

## 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 correct under Penalty of Perjury, I declare that this is true.

Dated this 6th day of December, 2015

[REDACTED]

Elias Agredo-Narvaez



## 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 "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 "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

PAYER'S name, address, and telephone no. SIYATA ASSOCIATES LLC 525 E COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 (732)886-7400	
PAYER'S federal ID number 20-5653748	RECIPIENT'S ID number 
RECIPIENT'S name, address, and ZIP code ELIAS AGREDO-NARVAEZ 1080B EAST VETERANS HIGHWAY APT. 1080B JACKSON NJ 08527	
Account number 853438246063	1. Rents
2. Royalties	3. Other income
4. Fed. income tax withheld	5. Fishing boat proceeds
6. Medical & health care reimb.	7. Non-qualified income -0-
8. Substitute payments, net less of dividends or interest	9. Gain made direct sales of an LLC or more of consumer products to a buyer recipient for resale <input type="checkbox"/>
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
<b>1099-MISC Miscellaneous Income 2013</b> Copy B - For Recipient <input checked="" type="checkbox"/> CORRECTED <input type="checkbox"/> ORIGINAL	



# 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 on it 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 "PAYER" which erroneously alleges a payment or payments to the Party identified also 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, its true, correct and complete.

Dated this 6th day of December, 2015

[Redacted Signature]

Elias Agredo-Narvaez

PAYER'S name, address, and telephone no. <b>LPC PROPERTIES LLC</b> <b>525 EAST COUNTY LINE RD</b> <b>SUITE 2</b> <b>LAKEWOOD NJ 08701 (732)886-7400</b>	
PAYER'S federal ID number <b>81-0574157</b>	RECIPIENT'S ID number [Redacted]
RECIPIENT'S name, address, and ZIP code <b>ELIAS AGREDO-NARVAEZ</b> <b>1080B EAST VETERANS HIGHWAY</b> <b>APT 1080B</b> <b>JACKSON NJ 08527</b>	
Account number <b>898736514616</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 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
<b>1099-MISC Miscellaneous Income 2013</b> 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 1099-MISC filed by the Party identified as the PAYER.

The corrected Form 1099-MISC herein presented is submitted to rebut a document known to have been submitted by Party identified therein as "PAYER" which erroneously alleges a payment or payments to the Party identified also therein as "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

[Redacted Signature]

Elias Agredo-Narvaez

PAYER'S name, address, and telephone no. <b>PLEASANT GARDENS HOLDINGS 525 E COUNTY LINE RD SUITE 2 LAKEWOOD NJ 08701 (732)886-7400</b>	
PAYER'S federal ID number: <b>20-4914309</b>	RECIPIENT'S ID number: [Redacted]
RECIPIENT'S name, address, and ZIP code <b>ELIAS AGREDO-NARVAEZ 1080 B EAST VETERANS HIGHWAY APT 1080 B JACKSON NJ 08527</b>	
Account number: <b>951870132237</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 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
<b>1099-MISC Miscellaneous Income 2013</b> Copy B - For Recipient Dept. of Treasury - IRS OMB No. 1545-0115 <input checked="" type="checkbox"/> CORRECTED (if checked)	