

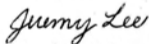
Dear Sir/Madam,

Please find enclosed the filing of a 2014 Form 1040 U.S. Individual Tax Return. The company that submitted the 1099-MISC erroneously alleged payments to me of Internal Revenue Code (IRC) Section 3121 and 3401 "wages". These reports are hereby disputed.

The included 1099-MISC form is corrected to show zero (0) in the "Nonemployee compensation" box.

Therefore, since there is no taxable income or wages as defined in the applicable IRC, it is clear that I am not required to file. However, I am filing anyway, so that I can show the complete filed return to the USCIS. My first attempt to simply explain to them in writing that I am not required to file was ignored, so I am forced into filing a meaningless, unnecessary tax return just so I can show it to them and get the USCIS Green card paperwork for my wife approved.

Sincerely,

A handwritten signature in cursive script that reads "Jeremy Lee".

Jeremy Lee

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending 20

Your first name and initial **Jeremy L** Last name **Lee** See separate instructions.
 If a joint return, spouse's first name and initial Last name Your social security number **9676**
 Spouse's social security number

Home address (number and street); if you have a P.O. box, see instructions. Act. no. **F** Make sure the SSN(s) above and on line 6c are correct.
Glenlake Parkway Presidential Election Campaign
 town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Sandy Springs, GA 30328 Check here if you, or your spouse if filing jointly, want 53 to go to the fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name Foreign province/state/country 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. ▶
 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) if child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here ▶
 Boxes checked on 6a and 6b
 No. of children on 6c who:
 • lived with you who due to divorce or separation (see instructions)
 Dependents on 6c not entered above
 Add numbers on lines above ▶ **0**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0	00
8a	Taxable interest. Attach Schedule B if required	8a	0	00
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	0	00
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0	00
11	Alimony received	11	0	00
12	Business income or (loss). Attach Schedule C or C-EZ	12	0	00
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	0	00
14	Other gains or (losses). Attach Form 4797	14	0	00
15a	IRA distributions	15a		
b	Taxable amount	15b	0	00
16a	Pensions and annuities	16a		
b	Taxable amount	16b	0	00
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0	00
18	Farm income or (loss). Attach Schedule F	18	0	00
19	Unemployment compensation	19	0	00
20a	Social security benefits	20a		
b	Taxable amount	20b	0	00
21	Other income. List type and amount	21	0	00
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	0	00

Adjusted Gross Income

23	Educator expenses	23	0	00
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0	00
25	Health savings account deduction. Attach Form 8889	25	0	00
26	Moving expenses. Attach Form 3903	26	0	00
27	Deductible part of self-employment tax. Attach Schedule SE	27	0	00
28	Self-employed SEP, SIMPLE, and qualified plans	28	0	00
29	Self-employed health insurance deduction	29	0	00
30	Penalty on early withdrawal of savings	30	0	00
31a	Alimony paid b Recipient's SSN ▶	31a	0	00
32	IRA deduction	32	0	00
33	Student loan interest deduction	33	0	00
34	Tuition and fees. Attach Form 8917	34	0	00
35	Domestic production activities deduction. Attach Form 8903	35	0	00
36	Add lines 23 through 35	36	0	00
37	Subtract line 36 from line 22. This is your adjusted gross income	37	0	00

38	Amount from line 37 (adjusted gross income)	38	0	00
39a	Check <input type="checkbox"/> You were born before January 2, 1950. <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1950. <input type="checkbox"/> Blind. checked ▶ 39a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
40	Your standard deductions (from Schedule A) or your standard deduction (see left margin)	40	0	00
41	Subtract line 40 from line 38	41	0	00
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 5c. Otherwise, see instructions	42	0	00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0	00
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0	00
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0	00
46	Excess advance premium tax credit repayment. Attach Form 8962	46	0	00
47	Add lines 44, 45, and 46	47	0	00
48	Foreign tax credit. Attach Form 1116 if required	48	0	00
49	Credit for child and dependent care expenses. Attach Form 2441	49	0	00
50	Education credits from Form 8863, line 19	50	0	00
51	Retirement savings contributions credit. Attach Form 8880	51	0	00
52	Child tax credit. Attach Schedule 8812, if required	52	0	00
53	Residential energy credits. Attach Form 5695	53	0	00
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	0	00
55	Add lines 48 through 54. These are your total credits	55	0	00
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	00

57	Self-employment tax. Attach Schedule SE	57	0	00
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	0	00
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0	00
60a	Household employment taxes from Schedule H	60a	0	00
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0	00
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	0	00
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	0	00
63	Add lines 56 through 62. This is your total tax	63	0	00

64	Federal income tax withheld from Forms W-2 and 1099	64	0	00
65	2014 estimated tax payments and amount applied from 2013 return	65	0	00
66a	Earned income credit (EIC)	66a	0	00
b	Nontaxable combat pay election 66b 0 00			
67	Additional child tax credit. Attach Schedule 8812	67	0	00
68	American opportunity credit from Form 8863, line 8	68	0	00
69	Net premium tax credit. Attach Form 8962	69	0	00
70	Amount paid with request for extension to file	70	0	00
71	Excess social security and tier 1 RRTA tax withheld	71	0	00
72	Credit for federal tax on fuels. Attach Form 4136	72	0	00
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserv c <input type="checkbox"/> Reserv d <input type="checkbox"/>	73	0	00
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	0	00

Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	0	00
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	0	00	
Direct deposit? ▶	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
See instructions.	d	Account number <input type="text"/>			
Amount You Owe	77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77	77	0	00
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0	00
	79	Estimated tax penalty (see instructions)	79	0	00

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No	
Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Joint return? See instructions. Keep a copy for your records.	Your signature Without Prejudice <i>Jeremy Lee</i>	Date 7/8/2015 Your occupation Private Sector Programmer
	Spouse's signature ▶ (if joint return, both must sign)	Date <input type="text"/> Spouse's occupation <input type="text"/>
		Daytime phone number <input type="text"/>
		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PIN <input type="text"/>
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] St E Suite 300 Tulsa OK 74135 Contact Phone Number: (918) [REDACTED]		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number [REDACTED] 018		2 Royalties \$	3 Other income \$		4 Federal income tax withheld \$
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Jeremy Lee [REDACTED] Glen Lake Pkwy Apt F Sandy Springs GA 30328		5 Fishing boat proceeds \$	6 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code [REDACTED] -9676		7 Nonemployee compensation \$ 0.00 32,008.64	8 Substitute payments in lieu of dividends or interest \$		
RECIPIENT'S federal identification number 250		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 \$		
Account number (see instructions) [REDACTED]		11 \$	12 \$		
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		18 State income \$	
15a Section 409A deferrals \$		16 State tax withheld \$			
15b Section 409A income \$		17 State/Payer's state no. \$		18 State income \$	