January 31, 2019

Kevin Angeles

To:

Georgia Department of Revenue

**Processing Center** 

P.O. BOX 740380

Atlanta, GA 30374

Re: 2018 GA-500 Filing for Tax Return of money withheld

In researching the definition of "Wages", as clearly defined in the IRC Title 26 Sections 3401(a) and 3121(a), it is certain that I did not get paid "Wages." In 2018, I was an unprivileged worker in the private-sector and not an "Employee", as defined in IRC Section 3401(c), as I am not a government official nor have any public office of any kind. I am not involved in a "Trade or Business", as also defined in the Title 26. The private-sector entities I worked for falsely characterized payments as "Wages" and filed an incorrect tax information return in error as a W-2. I rebut their incorrect information return as Bad Payer Data pursuant to Part 4 of the IRM, see form 4852. I have included one for the falsely documented W-2. I am rebutting their claims that I was an "Employee" making "Wages", as I am not in any way earning my property through any federally connected activity described under the definition of "wages" or "income" explicitly described in statutes stated above.

The amount is true and correct which I need back to me, \$3,833, which is my rightful property and belongs to me. Take note as well, that this amount includes all taxes withheld for Social Security and Medicare taxes, which are "income" based taxes of which was improperly imposed. Please process and send return without any further delay.

I declare under the penalty of perjury, that I have closely examined the law, these statements contained in this letter, and to the best of my knowledge and beliefs they are all true and correct. Respectfully,

Kevin Angeles

Attached: 1040 for 2018, 4852 form, GA-500 Tax Form

Don't do calculations



Georgia Form 500 (Rev. 08/17/18) Individual Income Tax Return Georgia Department of Revenue 2018 (Approved web version)

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	cal Year ginning 0 1 - 0 1 - 2 0 1 8		
	ding 1 2 - 3 1 - 2 0 1 8	YOUR DRIVER'S LICENSE/STATE ID STATE ISSUED G 2	A
	YOUR FIRST NAME	MI YOUR SOCIAL SECURITY NUMBER	
1.	KEVIN		
	LAST NAME (For Name Change See IT-	-511 Tax Booklet) SUFFIX	
	ANGELES		
	SPOUSE'S FIRST NAME	MI SPOUSE'S SOCIAL SECURITY NUMBER	
	NILKA	N DEPARTMENT USE ON	ILY
	LAST NAME	SUFFIX	
	ANGELES		
	ADDRESS (NUMBER AND STREET or P.O. BOX	C) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED	
2.		The second of App care of Balloning National Assessment	
3.	CITY (Please insert a space if the city has multip	ple names) STATE ZIP CODE	
J.	MARTINEZ	G A 3 0 9 0 7	
(C(	OUNTRY IF FOREIGN)		
4.	Enter your Residency Status with the app	ppropriate number.	
	FULL- YEAR RESIDENT 2. PART- YEAR RESIDE		τ
P	Part-Year Residents and Nonresid	dents must omit Lines 9 thru 14 and use Form 500 Schedule 3.	
5.	Enter Filing Status with appropriate lett	ter (See IT-511 Tax Booklet)	
		gseparate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)	
6.		priate box(es) and enter total in 6c.) 6a. Yourself 🔀 6b. Spouse 🔯 6c.	
7a.	. Number of Dependents (Enter details on L	Line 7b., and DO NOT include yourself or your spouse)	



2018

Page 2

Page 2	R SOCIAL SECURITY NUMBER
. Dependents (If you have more than 4 dependents, atta	ch a list of additional dependents)
First Name, MI.	Last Name
G A B R I E L A N	ANGELES
Social Security Number	Relationship to You
	DAUGHTER
First Name, Ml.	Last Name
G A B R I E L J	ANGELES
Social Security Number	Relationship to You
	SON
First Name, MI.	Last Name
Social Security Number	Relationship to You
	S
First Name, MI.	Last Name

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I	First Name, MI.	Last	t Name								400	Marie Complete			
ļ															
I	Social Security Number	Rela	tionshi	p to Y	<u>'ou</u>	<del></del>			-	<del>)</del>		<del></del>			
													S	;	
)	INCOME COMPUTATIONS														<del></del>
lf	amount on line 8, 9, 10, 13 or 15 is negative, use the min	นร ร	sign (-).	. Exa	mple	-3,45	6.	<del>Personal Seco.</del>	-	· · · · · · · · · · · · · · · · · · ·	······		<del></del>		<del></del>
8.	. Federal adjusted gross income (From Federal Form 1040)					8		T						0	00
	(Do not use FEDERAL TAXABLE INCOME) If the amount on W-2s you must include a copy of your Federal Form 1040 P.	Line	e 8 is \$	40 00	orm	ore c	r your	gross	incor	ne is	less ti	han y	our		×   L
9.	Adjustments from Form 500 Schedule 1 (See IT-511 Tax Bo						Г	T	T	,					. 00
							H	+	╁═	<u> </u>	<u> </u>		<u> </u>		1
π	Georgia adjusted gross income (Net total of Line 8 and Line	e 9).	••••••••	· · · · · · · · · · · · · · · · · · ·	•••••	10.	7///	11111	1	<u> </u>	<u> </u>			0	. 00
11	Standard Deduction (Do not use FEDERAL STANDARD DI     (See IT-511 Tax Booklet)	EDL	ICTION	1)	******	11a.					6	0	0	0	. 00
		1.300	)=			11h									00
	Spouse: 65 or over? Blind?										6	0	0	0	00
	c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both line	 es)	•••••••••	••••••		11c.				L					. 00
12	2. Total Itemized Deductions used in computing Federal Taxable	Inco	me. If	you u	se iten	nized (	deduction	ons, y	ou mu	st inc	lude l	Feder	al Scl	hedul	e A.
	a. Federal Itemized Deductions (Schedule A-Form 1040)	)	•••••			12a. ·									. 00
	b. Less adjustments: (See IT-511 Tax Booklet)					126		T	T						00
							-	<del> </del>	+	<u> </u>					
	c. Georgia Total Itemized Deductions			•••••		12c.	<u></u>	<u> </u>	<u></u>						00
13	3. Subtract either Line 11c or Line 12c from Line 10; enter bal	lanc	e			13.		-		-	6	0	0	0	00

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



2018

Page 3

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VOLID SOCIAL SECUDITY NUMBER	_				ŀ

14a.	Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.				7	4	0	Section 1
14b.	Enter the number from Line 7a. 2 Multiply by \$3,000	14b.				6	0	0	
14c.	Add Lines 14a. and 14b. Enter total	14c.			1	3	4	0	
15.	Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.		 -	1	9	4	0	L.
16.	Tax (Use Tax Table in the IT-511 Tax Booklet)	16.							_
17.	Low Income Credit 17a. 17b.	17c.							-
18.	Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.				سيان استوارات	- Colores		
19.	Credits used from IND-CR Summary Worksheet	19.							L
20.	Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.		 					<u></u>
21.	Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.							
22.	Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	- N. P.						-

INCOME STATEMENT DETAILS Only enter in GA Wages/Income. For other income statement 11, or for Form G2-FL enter zero.	ncome on which Georgia Tax was withheld. Enter nts complete Line 4 using the income reported from	income from W-2s, 1099s, and G2-As on Line 4 n Form G2-RP Line 12 or 13; Form G2-LP Line
(INCOME STATEMENT A)	(INCOME STATEMENT: B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE:  W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE:  W-2 G2-A G2-LP  1099 G2-FL G2-RP	1. WITHHOLDING TYPE:  W-2 G2-A G2-LP  1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME
	00	00
5. GA TAX WITHHELD 3 8 3 3 000	5. GA TAX WITHHELD	5. GA TAX WITHHELD 00

INCOME STATEMENT DETAILS CONTINUED ON PAGE 4.



Page 4

YOUR SOCIAL SECURITY NUMBER

1	The same was the second to the										
	(INCOME STATEMENT D)	(INCOME STATEMENT E)			(	INCOME	STATEM	ENT F	)		
1	1. WITHHOLDING TYPE:	1. WITHHOLDING TYPE:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.	WITH	HOLDING	G TYPE:			-	
	₩-2 G2-A G2-LP	₩-2 ☐ G2-A ☐ G				W-2	☐ G2-A		] G2-	LP.	
-	☐ 1099 ☐ G2-FL ☐ G2-RP	1099 G2-FL G	2-RP	<u> </u>	_	099	☐ G2-F			RP_	
1	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	7	2.	EMPL(	OYER/P	AYER FEI	ERAL			
						TT		1			ا ٦
-	<u> </u>					<u> </u>	<u> </u>				]
	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITH	HOLDING ID	3.	EMPL	OYER/F	PAYER ST	ATE V	VITHH	OLDII	1G ID
					П	TT			T	T	1
	4. GA WAGES / INCOME	4. GA WAGES / INCOME	<u> </u>	4.	GA W	JL IAGES /	INCOME				
			CO			TT		T	T	T	CO
-	5. GA TAX WITHHELD	5. GA TAX WITHHELD		_					<u></u>	<u></u>	100
		3. GA TAX WITHHELD		5.	GA TA	X WITH	HELD	<del></del>	<del></del>	т	7
			00								00
-		·	r	1							
2	<ol> <li>Georgia Income Tax Withheld on Wage: (Enter Tax Withheld Only and include W-2s</li> </ol>	s and 1099s and/or 1099s)	23.				3	8	3	3	CO
2	4. Other Georgia Income Tax Withheld	······································	24.	******	T						CO
_	(Must include G2-A, G2-FL, G2-LP and/or G	•	Ļ		┼┼	_					
2	5. Estimated Tax paid for 2018 and Form IT	-560	25.								CO
2	6. Total prepayment credits (Add Lines 23, 2	4 and 25)	26.				3	8	3	3	CO
2	<ol><li>If Line 22 exceeds Line 26, subtract Line</li></ol>		L T		<del>                                     </del>						3 - L
	balance due		27.						[ ]		. 00
2	<ol> <li>If Line 26 exceeds Line 22, subtract Line 2 overpayment</li> </ol>	2 from Line 26 and enter	<u> </u>				3	8	3	3	CO
	ovo, paymont		28.							-	1
2	<ol><li>Amount to be credited to 2019 ESTIMA</li></ol>	TED TAX	29.							0	_ 00
2	O Commin Milatife O 45 To 100	***	Ē						一	司	
30	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	30.							0	_[00]
3	<ol> <li>Georgia Fund for Children and Elderly (N</li> </ol>	lo gift of less than \$1.00)	31.							0	00
2	Coordin Connect Base and Freed (No. 15)		2	72. 77.					===	ᆿ	السنساء
٥.	2. Georgia Cancer Research Fund (No gift	ot less than \$1.00)	32.							0	. 00
3	3. Georgia Land Conservation Program (No	gift of less than \$1.00)	33.						T	0	nn
		·	<u> </u>		WWW.						. 00
34	4. Georgia National Guard Foundation (No g	jift of less than \$1.00)	34.							0	00
3	Dog & Cat Storilization Fund (No wiff of I	than #4 00\							<del></del> T	司	
J	5. Dog & Cat Sterilization Fund (No gift of le	:55 man \$1.00J	35.	(//)						0	_00
36	<ol><li>Saving the Cure Fund (No gift of less that</li></ol>	an \$1.00)	36.							0	00
37	Realizing Educational Achievement Con Line	oon (DEACLI) Drown-	P	222 1799	444H)		++	=	=	믁	[]
JI	<ol> <li>Realizing Educational Achievement Can Happ (No gift of less than \$1.00)</li> </ol>	en (REAUT) Program	37.							0	00
21	B. Public Safety Memorial Grant (No gift of	ione than 64 co.	38			侧厂			T	0	00
U	🗸 🕠 upilo galety ivientititiat Graffi fivo <b>ditt ot</b>	1888 1888 AT UUT	.an <i>Ki</i>	2561	11/1/11/11	11///		- 1		- 1	11 20 20 11



2018

Signature of Preparer

Preparer's Firm Name

Name of Preparer Other Than Taxpayer

Page 5	YOUR SOCIAL SECUR	TYNUMBER		- 11:11 -	
39. Form 500 UET (Estimated tax penalty) 500 U	JET exception attached	39.			00
40. (If you owe) Add Lines 27, 30 thru 39 MAKE CHECK PAYABLE TO GEORGIA DEPAR  Amount Due Mail To:	TMENT OF REVENUE	40.	12 12 12 12 12 12 12 12 12 12 12 12 12 1		. 00
GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER, PO BOX 740399 ATLANTA, GA 30374-0399					
41 . (If you are due a refund) Subtract the sum of Lines THIS IS YOUR REFUND	29 thru 39 from Line 28	41.		3 8	3 3 00
If you do not enter Direct Deposit informatio 41a. Direct Deposit (U.S. Accounts Only)	n or if you are a first ti	me filer you w	ill be issued	a paper chec	k.
Type: Checking Routing Number Savings Account Number			GEORGIA PROCESS		F OF REVENUE PO BOX 740380
INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPL I/We declare under the penalties of perjury that I/we have examiner and belief, it is true, correct, and complete. If prepared by a persor Georgia Public Revenue Code Section 48-2-31 stipulates that taxes	d this return (including accomp	anying schedules a	and statements) a	nd to the best of	my/our knowledge
Taxpayer's Signature (Check box if decease	ed) Spouse's	Signature	(Check I	oox if deceased	,
Date	Date				
Taxpayer's Phone Number  6 4 6 - 3 3 1 - 9 6 9 2	☐ I autho	rize DOR to discus	s this return with	the named prepar	er.
By providing my e-mail address I am authorizing the Georgia D my account(s).	epartment of Revenue to elec	tronically notify me	at the below e-ma	ail address regard	ling any updates to
Taxpayer's E-mail Address					
	······································		Translation		No. of the second second second

Preparer's Phone Number

Preparer's SSN/PTIN/SIDN

Preparer's FEIN

## RESELSCH 1 PG 1

PREVIOUS PAGE

Georgia Form 500 (Rev. 06/25/18) Schedule 1 Adjustments to Income



Schedule 1
Page 1



2018 (Approved web version)

	u web versio	,,				100	KSU	JUIA	AL SECURITY NUMBER	C L			11			
SCHEDULE 1 A	DJUSTME	NTS to	INCO	VIE BA	SED	on G	EOI	RG	IA LAW (See IT-511 Bo	ooklet)						
ADDITIONS to INC	COME															
1. Interest on Non-	-Georgia Mu	nicipal a	nd Stat	e Bond	ls	*******			1.							00
2. Lump Sum Dist	tributions				***********			•••••	<b>2</b> .							. 00
Federal deduction     (IRC Section 19)	on for income 99)	attributa	ble to d	omestic	c prod	uctio	n acti	iviti	es 3.							. 00
4. Net operating los	ss carryover d	leducted	on Fed	ieral ret	tum	•••••		•••••	4.							. 00
5. Other (Specify)									5.					Market make in	iolembasism	. 00
6. Total Additions	(Enter sum d	of Lines	1-5 her	e)	•••••		•••••		6.							. 00
SUBTRACTION fro										l	!l.,	<u>-</u>	<u> </u>	1		-11
		n (See l'	T-511 7	Tax Boo	oklet)	Com	plete	So	chedule 1, page 2 if cla	iming Retire	ement	Income I	Exclusi	on.		
a. Self: Date of Bi	rth	Dat	e of Dis	sability:	:			  -  -	ype of Disability:	<del> </del>	, ,	<del></del>				phadren
				Ш				∭			7a.	İ			0	00
b. Spouse: Date of	f Birth	Dat	e of Dis	sability:				T	ype of Disability:		<del>1 -</del>				***********	
				TÍ	T	П	Τ	1/1			7b.		1		0	00
						<u> </u>		11			II.				<u> </u>	- 🖳
8. Social Security	Benefits (Tax	xable po	rtion fro	om Fed	deral re	eturn	)		8.							00
9. Path2College 5	29 Plan								9.		Ī			一		00
10. Interest on Unit	ted States O	bligation	ns (See	T-511	Tax B	ookle	et )				$\dashv$			-		00
11. Georgia Net O							•	•••••			L					, 00
(List only the a	mount used	in 2018	, see l	T-511 7	Tax B	ookle	et )		11.							00
12. Other Adjustme	ents (Specify	)											· · · · · · · · · · · · · · · · · · ·	***************************************		Lineary
Adjustment			П	TT	T	T	П		Amount				Π	<del>-</del>	=	00
Adjustment			$\vdash$	++	+	╁			Amount					<del> </del>	ᆗ	.00
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13. Total Subtraction	ns (Enter sur	n of Line	s 7-12	here)	······	•••••		••••	13.		į	T				. 00
14. Net Adjustment Line 9 of Page 2					Total I	nere a	and c	on	14		十	_		-		M

Georgia Form 500 (Rev. 06/25/18)

Adjustments to Income 2018 (Approved web version)

Schedule 1

Schedule 1 Page 2







<b>F</b>	SCHEDULE 1 RETIREMENT INCOME EXCLUSION (See IT-511 Tax Booklet)										
Laure		TRETITEMENT INCOME EXCEUSION	(See IT-511 Tax Booklet)								
		((JAXIPAYER))	(SPOUSÉ)								
1.	Salary and wages		000								
2.	Other Earned Income (Losses)	[00]	00								
3.	Total Eamed Income	0 000	0 00								
4.	Maximum Eamed Income	42 0 0 0 00	4 0 0 0 00								
5.	Smaller of Line 3 or 4; if zero or less, enter										
	zero	0 00	0 00								
6.	Interest Income	00	000								
7.	Dividend Income	00	00								
8.	Alimony		00								
9.	Capital Gains (Losses)	00	00								
10.	Other Income (Losses)(See IT-511 Tax Booklet)		00								
11.	Taxable IRA Distributions		00								
12.	Taxable Pensions		00								
13.	Rental, Royalty, Partnership, S Corp, etc. Income (Losses)(See IT-511 Tax Booklet)		00								
14.	Total of Lines 6 through 13; if zero or less, enter zero	0 00	0 00								
15.	Add Lines 5 and 14	0 00	0 00								
16.	Maximum Allowable Exclusion*		00								
17.	Smaller of Lines 15 and 16; enterhere and on Form 500, Schedule 1, Lines 7A & B	0 00	00								

<sup>\*</sup>If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.