

Label (See page 17.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17) You Spouse

LABEL HERE	Your first name and initial Y	Last name S	OMB No. 1545-0074	
	If a joint return, spouse's first name and initial R	Last name S		Your social security number
	Home address (number and street). If you have a P.O. box, see page 17. Some Road.		Apt. no.	Spouse's social security number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 17. Some Town, Tennessee			You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Filing status Check only one box.

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 page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child (see page 19)

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 qualifying child for child tax credit (see page 20)	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 21) Dependents on 6c not entered above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed. 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 0

8a **Taxable** interest. Attach Schedule B if required. 8a 0

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

9a Ordinary dividends. Attach Schedule B if required. 9a 0

b Qualified dividends (see page 25). 9b

10 Capital gain distributions (see page 25). 10 0

11a IRA distributions. 11a 0

11b Taxable amount (see page 25). 11b 0

12a Pensions and annuities. 12a 0

12b Taxable amount (see page 26). 12b 0

13 Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 28). 13 0

14a Social security benefits. 14a 0

14b Taxable amount (see page 28). 14b 0

15 Add lines 7 through 14b (far right column). This is your **total income.** ▶ 15 0

Adjusted gross income

16 Educator expenses (see page 30). 16 0

17 IRA deduction (see page 30). 17 0

18 Student loan interest deduction (see page 32). 18 0

19 Tuition and fees deduction. Attach Form 8917. 19 0

20 Add lines 16 through 19. These are your **total adjustments.** 20 0

21 Subtract line 20 from line 15. This is your **adjusted gross income.** ▶ 21 0

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.

1 Type or print your first name and middle initial. Last name
 Y S

2 Social security number (SSN)
 XXX-XX-XXXX

3 Address
 Tennessee

4 Enter year in space provided and check one box. For the tax year ending December 31, 2009, I have been unable to obtain (or have received an incorrect) Form W-2 OR 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
 LLC Company Tennessee

6 Employer's or payer's identification number (if known)
 XX-XXXXXXXX

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	g State income tax withheld	0
b Social security wages	0	(Name of state)	
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	
e Social security tips	0	i Social security tax withheld	222.89
f Federal income tax withheld	0	j Medicare tax withheld	52.13

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 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
 Company provided records and the statutory language behind IRC sections 3401, 3121, and others.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None, the W-2 had been issued before "wage" errors were noted. I received no "wages", but the amounts identified as withheld were correct as reflected in 7 above.

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.

Sign Here
 Signature ▶ _____ Date ▶ _____

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.

1 Type or print your first name and middle initial. Last name **2** Social security number (SSN)
R S XXX-XX-XXXX

3 Address
Tennessee

4 Enter year in space provided and check one box. For the tax year ending December 31, 2009, I have been unable to obtain (or have received an incorrect) Form W-2 OR 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 **6** Employer's or payer's identification number (if known)
LLC Company Tennessee XX-XXXXXXX

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	g State income tax withheld	0
b Social security wages	0	(Name of state)	
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	
e Social security tips	0	i Social security tax withheld	39.68
f Federal income tax withheld	0	j Medicare tax withheld	9.28

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 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
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None, the W-2 had been issued before "wage" errors were noted. I received no "wages", but the amounts identified as withheld were correct as reflected in 7 above.

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 ▶ _____

R and Y S
Some Road
Some Town, Tennessee xxxxx

1/31/2010

Department of the Treasury
Internal Revenue Service

Re: 2009 Tax Return

Dear Sir/Madam:

Please find enclosed our form 1040A for 2009. Please note that we have attached two forms 4852 correcting improperly documented forms W-2.

This is due to the fact that the private-sector company we worked for in the year 2009 erroneously alleged the payment of “wages” and “gains, profit, or income” as defined in the IRC sections 3401 and 3121.

We are rebutting these false claims, stating that we both worked in the private, non-federally privileged sector in 2009, and we were not “employed” in a “trade or business.”

Under the penalty of perjury, we declare these statements to be correct to the best of our knowledge and belief.

We expect a full and complete refund of our overpayments within 30 days, as specified in the IRC sections 6401-3.

We appreciate that you uphold the rule of the law, as we are dedicated to doing the same.

Sincerely,

Names

Date

Attached: form 1040A
2 forms 4852