



Your Social Security Number [REDACTED]

Name(s) as shown on Form NJ-1040  
**Agredo-Narvaez Elias**

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)  
Be sure to use State wages from Box 16 of your W-2(s). See instructions ..... 14 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

15a. Taxable interest income (See instructions)  
(Enclose Federal Schedule B if over \$1,500) ..... 15a [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

15b. Tax-exempt interest income (See instructions)  
(Enclose Schedule) DO NOT include on Line 15a ..... 15b [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

16. Dividends ..... 16 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

17. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4)  
(Enclose copy of Federal Schedule C, Form 1040) ..... 17 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

18. Net gains or income from disposition of property (Schedule B, Line 4) ..... 18 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

19a. Pensions, Annuities, and IRA Withdrawals (See instruction page 20) ..... 19a [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

19b. Excludable Pensions, Annuities, and IRA Withdrawals .. 19b [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

20. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4)  
(See instruction page 24) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) .. 20 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

21. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4)  
(See instruction page 24) (Enclose Schedule NJ-K-1 or Federal Schedule K-1) . 21 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

22. Net gains or income from rents, royalties, patents & copyrights  
(Schedule NJ-BUS-1, Part IV, Line 4) ..... 22 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

23. Net Gambling Winnings (See instruction page 24) ..... 23 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

24. Alimony and separate maintenance payments received ..... 24 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

25. Other (Enclose Schedule) (See instruction page 24) ..... 25 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19a, and 20 through 25) ..... 26 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

27a. Pension Exclusion (See instruction page 25) ..... 27a [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

27b. Other Retirement Income Exclusion (See Worksheet and instr. page 26) ... 27b [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

27c. Total Exclusion Amount (Add Line 27a and Line 27b) ..... 27c [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

28. **New Jersey Gross Income** (Subtract Line 27c from Line 26) ..... 28 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

29. Total Exemption Amount (See instruction page 27 to calculate amount) ..... 29 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

30. Medical Expenses ..... 30 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

31. Alimony and Separate Maintenance Payments ..... 31 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

32. Qualified Conservation Contribution ..... 32 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

33. Health Enterprise Zone Deduction ..... 33 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

34. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)..... 34 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

35. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32, 33, and 34) ..... 35 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

36. Taxable Income (Subtract Line 35 from Line 28) If zero or less, MAKE NO ENTRY. 36 [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

37a. Total Property Taxes Paid (See instruction page 29).... 37a [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

37b. Block [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Lot [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Qualifier [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

37c. County/Municipality Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Fill in oval if you completed Worksheet F-1  (See instruction page 32)

38. Property Tax Deduction (See instruction page 32)..... 38 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

39. **New Jersey Taxable Income** (Subtract Line 38 from Line 36)  
If zero or less, MAKE NO ENTRY..... 39 [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] [ ] [ ]

[Redacted Social Security Number]

Name(s) as shown on Form NJ-1040
Agredo-Narvaez Elias

Form with 66 numbered lines for tax calculations. Includes sections for Tax (40), Credit for Income Taxes (41), Balance of Tax (42), Sheltered Workshop Tax Credit (43), Balance of Tax after Credit (44), Use Tax Due (45), Penalty for Underpayment (46), Total Tax and Penalty (47), Total New Jersey Income Tax Withheld (48), Property Tax Credit (49), New Jersey Estimated Tax Payments (50), New Jersey Earned Income Tax Credit (51), EXCESS New Jersey UI/WF/SWF Withheld (52), EXCESS New Jersey Disability Insurance Withheld (53), EXCESS New Jersey Family Leave Insurance Withheld (54), Total Payments/Credits (55), AMOUNT YOU OWE (56), OVERPAYMENT (57), Deductions from Overpayment (58-64), Total Deductions from Overpayment (65), and REFUND (66). Includes checkboxes for various funds and contribution amounts.

SIGN YOUR RETURN ON PAGE 1

**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).

**1** Name(s) shown on return  
**Elias Agredo-Narvaez**

**2** Your social security number  
[REDACTED]

**3** Address  
[REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2015,  
I have been unable to obtain (or have received an incorrect)  Form W-2 **OR**  Form 1099-R.  
I hereby notify 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  
[REDACTED]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
<b>a</b> Wages, tips, and other compensation	<u>0</u>	<b>g</b> State income tax withheld	<u>375.83</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state)	<u>New Jersey</u>
<b>c</b> Medicare wages and tips	<u>0</u>	<b>h</b> Local income tax withheld	
<b>d</b> Advance EIC payment	<u>0</u>	(Name of locality)	
<b>e</b> Social security tips	<u>0</u>	<b>i</b> Social security tax withheld	<u>1495.44</u>
<b>f</b> Federal income tax withheld	<u>1050.44</u>	<b>j</b> Medicare tax withheld	<u>349.74</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution	<u>                    </u>	<b>f</b> Federal income tax withheld	<u>                    </u>
<b>b</b> Taxable amount	<u>                    </u>	<b>g</b> State income tax withheld	<u>                    </u>
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	<u>                    </u>
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	<u>                    </u>
<b>e</b> Capital gain (included in line 8b)	<u>                    </u>	<b>j</b> Distribution codes	<u>                    </u>

**9** How did you determine the amounts on lines 7 and 8 above?  
After an in depth review of 26 USC, IRC, Federal register and case law et al, the erroneously alleged "wages" by the "payer" are clearly not consistent with relevant law as in sec 3121 of part 31 of the same, nor am (was) their "employee" under sec 3401(c) of the same. These earnings are not based on activities of federal privilege for which the taxes are devised ( as consistently upheld by the Supreme Court)

THERE IS NO EVIDENCE OF ANY WITHHOLDING ALLOWANCE CERTIFICATE FOR THIS EMPLOYMENT. I HEREBY REQUEST ANY EVIDENCE OF ALLOWANCE TO WITHHOLD.

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
Notified my private employer since January 2013 that the amounts they (were) and are currently withholding from my private compensation are not within the category of "wages" described by 26 USC, IRC or any relevant law.

**NOTE THAT [REDACTED] ARE THE SAME EMPLOYERS WITH DIFFERENT ACCOUNTS.**

**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 ▶ [REDACTED]

Date ▶ 09/01/2016

**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,

0		1050.44	
1 Wages, tips, other comp.		2 Fed. income tax withheld	
0		1495.44	
3 Social security wages		4 Soc. sec. tax withheld	
0		349.74	
5 Medicare wages and tips		6 Medicare tax withheld	
Employee's name, address, and ZIP code [REDACTED]			
7 Social security tips		8 Allocated tips	
9 [REDACTED]		10 Dependent care benefits	
11 Nonqualified plans		12a	
		12b	
13 Statutory employee		12c	
Retirement plan		12d	
Third-party sick pay		Employee's SSN	
14 NJ DI/HC/WD 102.53		[REDACTED]	
NJ DI 60.30		Employer ID number (EIN)	
NJ PLI 21.71		[REDACTED]	
		Contra 00178800007001	
Elias Agredo-Narvaez			
[REDACTED]			
Employee's name, address, and ZIP code			
15 St	Employee's state ID number	16 State wages, tips, etc.	17 State income tax
NJ	[REDACTED]	0	375.83
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
<b>Wage and Tax Statement</b> 39-2099e03 Form			
<b>Copy B</b> This information is being furnished to the IRS. <b>W-2</b>			
<b>To Be Filed With Employee's FEDERAL Tax Return.</b> <b>2015</b>			
OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service			
<b>5 W2PU</b> NTF 2578649			

NOTICE

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

The correcting form W-2 is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of gains, profits 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 the code.

THIS CORRECTING FORM ENDS ANY SUCH PRESUMPTION. Note however that the deducted amounts are/were correct.

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, profits or income" withing the meaning of relevant law.

Note however that the deducted amounts are/were correct.

Under penalty of perjury, I declare that these statements are true, correct and complete.

[REDACTED] 09/01/2016  
Elias Agredo-Narvaez

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**1** Name(s) shown on return  
Elias Agredo-Narvaez

**2** Your social security number  
[REDACTED]

**3** Address  
[REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2015,  
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  
[REDACTED]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

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<b>a</b> Wages, tips, and other compensation	<u>0</u>
<b>b</b> Social security wages	<u>0</u>
<b>c</b> Medicare wages and tips	<u>0</u>
<b>d</b> Advance EIC payment	<u>0</u>
<b>e</b> Social security tips	<u>0</u>
<b>f</b> Federal income tax withheld	<u>571.16</u>
<b>g</b> State income tax withheld	<u>399.87</u>
(Name of state)	<u>New Jersey</u>
<b>h</b> Local income tax withheld	<u></u>
(Name of locality)	<u></u>
<b>i</b> Social security tax withheld	<u>1790.00</u>
<b>j</b> Medicare tax withheld	<u>418.63</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution	<u></u>	<b>f</b> Federal income tax withheld	<u></u>
<b>b</b> Taxable amount	<u></u>	<b>g</b> State income tax withheld	<u></u>
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	<u></u>
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	<u></u>
<b>e</b> Capital gain (included in line 8b)	<u></u>	<b>j</b> Distribution codes	<u></u>

**9** How did you determine the amounts on lines 7 and 8 above?  
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**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
Notified my private employer since January 2013 that the amounts they (were) and are currently withholding from my private compensation are not within the category of "wages" described by 26 USC, IRC, or any relevant law

**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 ▶ [REDACTED]

Date ▶ 09/01/2016

**General Instructions**

Section references are to the Internal Revenue Code.

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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.

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**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,

0		571.16	
1 Wages, tips, other comp.	2 Fed. income tax withheld		1790.00
3 Social security wages	4 Soc. sec. tax withheld		418.63
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code [REDACTED] Suite 2 Lakewood NJ 08701			
7 Social security tips	8 Allocated tips		
9 [REDACTED]	10 Dependent care benefits		
11 Nonqualified plans		12a	
		12b	
13 Statutory employee	Retirement plan	Third-party sick pay	12c
			12d
14 NJ UI/HC/MD 122.70 NJ DI 72.18 NJ FLI 25.97		Employee's SSN [REDACTED] Employer ID number (EIN) [REDACTED] Control number 00543600029001	
Elias Agredo-Narvaez [REDACTED]			
Employee's name, address, and ZIP code [REDACTED]			
15 State wages, tips, etc.	16 State income tax	17 State income tax	
NJ [REDACTED]	0	399.87	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
<b>Wage and Tax Statement</b> 99-2009003 Form <b>Copy B</b> This information is being furnished to the IRS. <b>W-2</b> <b>To Be Filed With Employee's FEDERAL Tax Return.</b> <b>2015</b> OMB No. 1545-0048 Department of the Treasury - Internal Revenue Service			
5 W2PU NTF 2579649			

NOTICE

This statement includes a representation of a form W-2.

The form/representation is not intended to represent a corrected form W-2 filed by the party identified therein as the "PAYER".

The correcting form W-2 presented herein is submitted to "rebut" a document known to have been submitted by the party identified therein as the "PAYER" which or who erroneously alleges a payment or payments made to the party identified therein as the "RECIPIENT" of gains, profits or incomes 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 the code.

THIS CORRECTING FORM W-2 ENDS ANY SUCH PRESUMPTION.

Note however that the amounts deducted are/were correct.

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, profits or incomes" within the meaning of relevant law.

Note however that the deducted amounts are correct.

Under penalty of perjury, I declare that these statements are true, correct and complete.

[REDACTED] 09/01/2016  
Elias Agredo-Narvaez

PAYER'S name, address, ZIP/postal code, country & phone no. [REDACTED] SUITE 2 LAKEWOOD NJ 08701 [REDACTED]	
PAYER'S federal ID number	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ [REDACTED]	
Account number <b>537703940367</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
12	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. <b>PA/</b>	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0115	

STATEMENT

This statement includes a 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 the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT. If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions..

In accordance with 26 U.S.C. sec 6201(d) I am asserting a reasonable dispute with respect to items of income reported on information returns filed with the secretary under subpart (d) of 26 U.S.C. sec 6041.

I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable request by IRS and its agents in that regard.

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

[REDACTED] 09/01/2016  
Elias Agredo-Narvaez

PAYER'S name, address, ZIP/postal code, country & phone no. [REDACTED] SUITE 2	
PAYER'S federal ID number	RECIPIENT'S ID number
RECIPIENT'S name, address, ZIP/postal code & country ELIAS AGREDO-NARVAEZ [REDACTED]	
Account number <b>664930940713</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
12	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. [REDACTED]	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy B - For Recipient	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0115	

**STATEMENT**

This statement includes a representation of a form 1099-MISC.

The form is NOT INTENDED to represent a corrected form 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 the "PAYER" which, or who erroneously alleges a payment or payments to the party identified therein as the "RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they ARE NOT.

If the IRS or any of its agents has first hand knowledge of taxable activities or transactions performed by me during the year 2015, or other information that differs from what I am declaring and swearing to herein under penalty of perjury, I hereby request and demand clarification as to the nature of and reason of such information and all other pertinent information regarding those assertions.

In accordance with 26 U.S.C. sec 6201(d) I am asserting a reasonable dispute with respect to items of income reported on information returns filed with the secretary under subpart (d) of 26 U.S.C. sec 6041.

I am cooperating with the secretary in this matter, and I am providing timely access and response to reasonable requests by the IRS and its agents.

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

[REDACTED]  
Elias Agredo-Narvaez 09/01/2016

PAYER'S name, address, ZIP/postal code, country & phone no. [REDACTED] <b>SUITE 2</b> [REDACTED]	
PAYER'S federal ID number [REDACTED]	RECIPIENT'S ID number [REDACTED]
RECIPIENT'S name, address, ZIP/postal code & country <b>ELIAS AGREDO-NARVAEZ</b> [REDACTED]	
Account number <b>574914045899</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
12	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. [REDACTED]	18 State income <b>0</b>
<b>1099-MISC Miscellaneous Income 2015</b>	
Copy 2 - To be filed with Recipient's State Tax Return	
<input checked="" type="checkbox"/> CORRECTED (if checked)	<input type="checkbox"/> FATCA filing requirement
Dept. of Treasury - IRS OMB No. 1545-0115	

STATEMENT

This statement includes a representation of a form 1099-MISC.

The form is not intended to represent a corrected form 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 the "PAYER" which or who erroneously alleges a payment or payments to the party identified therein as the " RECIPIENT" of "gains, profits or incomes" within the meaning of relevant law; which they are not.

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[REDACTED] 09/01/2016