

Vincent T
Shelly T

Parsippany, NJ 07054

April 17, 2016

Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0002

RE: 2015 Tax Return

To Whom It May Concern:

Enclosed please find our 2015 Form 1040, Form 4852 (total of two), a corrected Form 1099-MISC and a Form 8889.

PLEASE NOTE

Form 4852 is provided by the Internal Revenue Service to serve as a substitute for Form W-2 if an employer or payer has issued an incorrect Form W-2.

I have not filed any copies of Form(s) W-2 I deem incorrect with our 2015 Form 1040. However, I have filed Form(s) 4852 to replace and/or rebut incorrect Form(s) W-2 I received.

Any requests made by your agency for original Form(s) W-2 already deemed incorrect, in addition to Form(s) 4852 already filed, would render my 2015 Tax Return "frivolous". Every employer engaged in a trade or business who pays remuneration is required to file information returns (Form W-2 and Form W-3) with the Internal Revenue Service. Your agency can use these information returns to accurately calculate any refund due to us.

We expect a full and complete refund of our overpayment shown on our 2015 Form 1040.

Sincerely,

Vincent T

Shelly T

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 **See separate instructions.**

Your first name and initial Vincent Last name T Your social security number

If a joint return, spouse's first name and initial Shelly Last name T Spouse's social security number

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

Parsippany, NJ 07054 Foreign country name Foreign province/state/county Foreign postal code **Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

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
d Total number of exemptions claimed **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 7
8a Taxable interest. Attach Schedule B if required 8a
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19 5030
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** 22 5030

Adjusted Gross Income
23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN **▶** 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36 0
37 Subtract line 36 from line 22. This is your adjusted gross income **▶** 37 5030

38		Amount from line 37 (adjusted gross income)	38	5030
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1951. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951. <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12600
	41	Subtract line 40 from line 38	41	(7570)
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	16000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
	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
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	0
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55	0	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	10949
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	10949	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	10949
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	10949
	b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number			
77	Amount of line 75 you want applied to your 2016 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions)	79	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" 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.			
	Your signature	Date	Your occupation	Daytime phone number
		4/17/16	Private Sector Engineer	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	4/17/16	Homemaker		
Paid Preparer Use Only	Print/preparer's name	Preparer's signature	Date	PTIN
	Firm's name ▶			Check <input type="checkbox"/> if self-employed
	Firm's address ▶			Firm's EIN ▶
				Phone no.

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.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return Vincent T	2 Your social security number
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3 Address
Parsippany, NJ 07054

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 Babylon NY 11702	6 Employer's or payer's identification number (if known)
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	2774
b Social security wages	0	(Name of state)	NJ
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	4225	h Social security tax withheld	5427
		i Medicare tax withheld	1269

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?
Line 7 (a), (b) and (c) were corrected as I did not receive any "wages" as defined in Section 3401 (a) and Section 3121 (a). Line 7 (e), (f), (h) and (i) were derived from the W-2 sent to me.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None. W-2 was issued before "wages" error was noted.

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.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return	2 Your social security number
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Vincent T 3 Address Parsippany, NJ 07054

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 Atlanta, GA 30328 Road	6 Employer's or payer's identification number (if known)
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>6</u>
b Social security wages	<u>0</u>	(Name of state) .	<u>NJ</u>
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	<u></u>
d Social security tips	<u></u>	(Name of locality)	<u></u>
e Federal income tax withheld	<u>0</u>	h Social security tax withheld	<u>23</u>
		i Medicare tax withheld	<u>5</u>

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

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

9 How did you determine the amounts on lines 7 and 8 above?
Line 7 (a), (b) and (c) were corrected as I did not receive any "wages" as defined in Section 3401 (a) and Section 3121 (a). Line 7 (e), (f), (h) and (i) were derived from the W-2 sent to me.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None. W-2 was issued before "wages" error was noted.

This corrected Form 1099-MISC is submitted to rebut, and correct information on, a document known to have been submitted to IRS by the party below as "Payer", erroneously alleging that I received payment of Gross proceeds paid to an attorney from them in the course of a trade or business or other taxable activity. The payment made to me by this payer did not result from any taxable activity and does not constitute any taxable income under relevant law.

Under penalty 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.

Vincent T.

4/17/16
Date

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANS UNION, LLC 555 WEST ADAMS CHICAGO, IL 60661 312-985-3296		1 Rents \$ 0.00		OMB No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income
2 Royalties \$ 0.00		3 Other income \$ 0.00			
PAYER'S federal identification number 364262739		RECIPIENT'S identification number *****			
RECIPIENT'S name VINCENT T. Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code PARSIPPANY, NJ 07054		4 Federal income tax withheld \$ 0.00		Copy B For Recipient	
Account number (see instructions) 0000119243		5 Fishing boat proceeds \$ 0.00			
15a Section 409A deferrals \$ 0.00		6 Medical and health care payments \$ 0.00		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.	
15b Section 409A income \$ 0.00		7 Nonemployee compensation \$ 0.00			
16 State tax withheld \$ 0.00		8 Substitute payments in lieu of dividends or interest \$ 0.00			
17 State Payer's state no. NJ/34		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>			
Form 1099-MISC (keep for your records)		www.irs.gov/form1099misc		Department of the Treasury - Internal Revenue Service	

Name(s) shown on Form 1040 or Form 1040NR

Vincent T and Shelly T

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions).	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2		0
3	If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others , see the instructions for the amount to enter.	3		6650
4	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs.	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		6650
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter.	6		6650
7	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions).	7		333
8	Add lines 6 and 7	8		6983
9	Employer contributions made to your HSAs for 2015	9		885
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		885
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		6098
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13		0

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2015 from all HSAs (see instructions)	14a		458
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b		
c	Subtract line 14b from line 14a	14c		458
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		458
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16		0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>			
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b		

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	