

Bishop Vargas

AK

04/04/25

Department of The Treasury
Internal Revenue Service
Ogden, Utah 84201-0052

Dear Sir or Madam

Please find enclosed my Individual Tax Return for 2024, one form 1040x and 3 form 4852 and correct erroneous information on documents known to have been submitted to the IRS "payer" listed on Line 5 of Form 4852. "Payers" erroneously alleges that I "Recipient" received payments in the course of or connected to a "Trade or Business", Federal or Federally connected employment, investment or other federal taxable activities as defined in 26 USC 7701(a)26 At no time in tax year 2024 did I, Bishop Vargas, work an occupation meeting the definition "Employee" as defined in 26 USC 3401(c). The "Payers" are private sector companies. Any made were purely private and not report-able as "salaries, wages, compensations, remunerations other fixed or determinable gains, profits or income" under 26 USC 3401(a) and 3121(a). IRC 6041A(a) only applies to a person or service recipient engaged in "Trade or Business". Please process immediately, and provide the indicated refund of Federal, Social Security and medicare tax withheld totaling 7970.00 for the year of 2024 within 30 days as dictated by IRC 6402 6401(b)(c).

Under penalty of perjury, I declare these statements & documents are correct & complete to my knowledge & accuracy.

Without Prejudice,

Bishop Vargas

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20

See separate instructions.

Your first name and middle initial

BISHOP

Last name

VARGAS

Your social security number

[REDACTED]

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

[REDACTED]

State

AK

ZIP code

[REDACTED]

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

☒ Single☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☐ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1960☐ Are blind

Spouse:

☐ Was born before January 2, 1960☐ Is blind

Dependents

(see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	0
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions)		☐
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	0
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	0
12	Standard deduction or itemized deductions (from Schedule A)	12	0
13	Additional business deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	0
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	0	
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3714
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	3714	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3714
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	3714
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	0
	38	Estimated tax penalty (see instructions)	38	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ 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 		Date 4-4-25	Your occupation Private worker
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
	Phone no.		Email address	
	Preparer's name		Preparer's signature	Date
	Firm's name		PTIN	Check if: ☐ Self-employed
Firm's address		Firm's EIN		

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Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

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3 Address [REDACTED]															
4 Enter year in space provided and check one box. For the tax year ending December 31, _____, 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 CENTRAL RECYCLING SERVICES 229 E WHITNEY ROAD STE 200, ANCHORAGE, AK, 99501	6 Employer's or payer's TIN (if known) 26-4620605														
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table style="width: 100%;"><tr><td style="width: 50%;">a Wages, tips, and other compensation <u>0</u></td><td style="width: 50%;">f State income tax withheld</td></tr><tr><td>b Social security wages <u>0</u></td><td>(Name of state)</td></tr><tr><td>c Medicare wages and tips <u>0</u></td><td>g Local income tax withheld</td></tr><tr><td>d Social security tips <u>0</u></td><td>(Name of locality)</td></tr><tr><td>e Federal income tax withheld <u>963</u></td><td>h Social security tax withheld <u>2275</u></td></tr><tr><td></td><td>i Medicare tax withheld <u>532</u></td></tr></table>		a Wages, tips, and other compensation <u>0</u>	f State income tax withheld	b Social security wages <u>0</u>	(Name of state)	c Medicare wages and tips <u>0</u>	g Local income tax withheld	d Social security tips <u>0</u>	(Name of locality)	e Federal income tax withheld <u>963</u>	h Social security tax withheld <u>2275</u>		i Medicare tax withheld <u>532</u>		
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5 Employer's or payer's name, address, and ZIP code COLVILLE INC, POUCH 340008, PRUDHOE BAY, AK, 99734		6 Employer's or payer's TIN (if known) 92-0085033	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
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