

MATTHEW J. BOSSARD

November 13, 2018

~~IRS - AGS Correspondence~~
~~PO Box 24017~~
~~STOP 76101~~
~~Fresno, CA 93779~~

IRS
 ASFR UNIT STOP 654 Brookhaven
 PO Box 9013
 Holtsville, NY 11742-9013

Re: 2004 Federal tax return

To IRS Secretary or Representative,

Please notice enclosed 2004 Federal tax return consisting of exactly the following completed documents:

Page(s)	Description
1	This enclosure letter
2	State of Oregon Notarial Certificate
3-4	IRS Form 1040
5	IRS Form 4852 to rebut/correct an erroneous Form W-2 previously transmitted
6	Substitute Corrected Consolidated Form 1099-B to rebut/correct a similar form erroneously previously transmitted
7	Substitute Corrected Consolidated Form 1099-B / 1099-DIV to rebut/correct a similar form erroneously previously transmitted

I affirm the above statements, notices, and instruments to be true, correct, and complete to the best of my knowledge and belief.

Signed, this 13th day of November 2018, __

Matthew J. Bossard _____

State of Oregon Notarial Certificate (ORS Ch. 194.280, 194.285)

Witnessing or Attesting a Signature

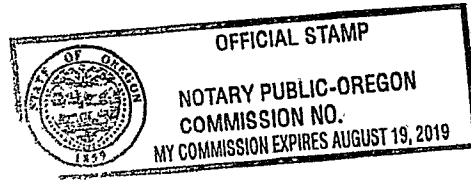
State of OREGON

County of JACKSON

Signed (or attested) before me on (date) November 13, 2018

by (name(s) of individual(s)) Matthew J. Bossard

Notary Public - State of Oregon



Official Stamp

Document Description

This certificate is attached to page 2 of 7 of a Tax Returns (title or type of document), dated November 13, 2018, consisting of 2 of 7 pages.

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2004

(99)

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions.)

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

Presidential Election Campaign (See instructions.)

Label Here

For the year Jan. 1—Dec. 31, 2004, or other tax year beginning 2004, ending 20
Your first name and initial Matthew J Last name Bossard
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

Your social security number
Spouse's social security number

Important! You must enter your SSN(s) above.

You Spouse
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No Yes No

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 instr.) If qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions.

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) X if qualifying child for child tax credit (see instr.)
d Total number of exemptions claimed 1

Income

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

If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Line number and Amount. Rows include 7 Wages, salaries, tips, etc.; 8a Taxable interest; 9a Ordinary dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13 Capital gain or (loss); 14 Other gains or (losses); 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 21 Other income; 22 Total income.

Adjusted Gross Income

Table with 2 columns: Line number and Amount. Rows include 23 Educator expenses; 24 Certain business expenses of reservists, performing artists, and fee-basis government officials; 25 IRA deduction; 26 Student loan interest deduction; 27 Tuition and fees deduction; 28 Health savings account deduction; 29 Moving expenses; 30 One-half of self-employment tax; 31 Self-employed health insurance deduction; 32 Self-employed SEP, SIMPLE, and qualified plans; 33 Penalty on early withdrawal of savings; 34a Alimony paid; 35 Total adjusted gross income; 36 Adjusted gross income.

KIA

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2004)

Tax and Credits

Standard Deduction for—

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)		37	
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 0 if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> checked 38a			
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here 38b <input type="checkbox"/>			
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		39	4,850
40	Subtract line 39 from line 37		40	-4,848
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions		41	3,100
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-		42	0
43	Tax (see instructions). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		43	0
44	Alternative minimum tax (see instructions). Attach Form 6251		44	0
45	Add lines 43 and 44		45	0
46	Foreign tax credit. Attach Form 1116 if required	46		0
47	Credit for child and dependent care expenses. Attach Form 2441	47		
48	Credit for the elderly or the disabled. Attach Schedule R	48		
49	Education Credits. Attach Form 8863	49		
50	Retirement savings contributions credit. Attach Form 8880	50		0
51	Child tax credit (see instructions)	51		
52	Adoption credit. Attach Form 8839	52		
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53		0
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify _____	54		0
55	Add lines 46 through 54. These are your total credits	55		0
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56		0

Other Taxes

57	Self-employment tax. Attach Schedule SE	57		0
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58		0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		0
60	Advance earned income credit payments from Form(s) W-2	60		0
61	Household employment taxes. Attach Schedule H	61		0
62	Add lines 56 through 61. This is your total tax	62		0

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63		7,529
64	2004 estimated tax payments and amount applied from 2003 return	64		
65a	Earned income credit (EIC)	65a		
b	Nontaxable combat pay election <input type="checkbox"/> 65b			
66	Excess social security and tier 1 RRTA tax withheld (see instructions)	66		0
67	Additional child tax credit. Attach Form 8812	67		
68	Amount paid with request for extension to file (see instructions)	68		0
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69		0
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70		7,529

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71		7,529
72a	Amount of line 71 you want refunded to you	72a		
b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number XXXXXXXXXXXXXXXXXXXX			
73	Amount of line 71 you want applied to your 2005 estimated tax	73		0

Amount You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see the instructions	74		
75	Estimated tax penalty (see instructions)	75		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following No.

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Joint return? See instructions. Keep a copy for your records.

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.

Date 11-13-18 Your occupation private citizen Daytime phone number _____

Date _____ Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____

Phone no. _____

Form 4852 (Revised Oct. 1998)	Department of the Treasury - Internal Revenue Service 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	OMB No. 1545-0458
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1. Name (First, middle, last) Matthew J. Bossard	2. Social security number (SSN)
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3. Address

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I hereby notify the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year).

5. Employer's or payer's name, address and ZIP code <p style="text-align: center;">Hillsboro, OR, 97124</p>	6. Employer's or payer's identification number (if known) <p style="text-align: center;">93-</p>
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7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.) <u>0.00</u> b. Social security wages <u>0.00</u> c. Medicare wages <u>0.00</u> d. Advance EIC payments <u>-</u> e. Social security tips <u>-</u>	f. Federal income tax withheld <u>2,945.37</u> g. State tax withheld <u>Oregon</u> <u>3,722.24</u> (Name or state) h. Local tax withheld <u>-</u> (Name of locality) i. Social security tax withheld <u>3,714.99</u> j. Medicare tax withheld <u>868.83</u>
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7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution <u>-</u> 2a. Taxable Amount <u>-</u> 2b. Taxable Amount not determined <input type="checkbox"/> Total Distribution <input type="checkbox"/> 3. Capital Gains (included in 2a) <u>-</u>	4. Federal Income Tax Withheld <u>-</u> 5. State Income Tax Withheld <u>-</u> 6. Employee Contribution <u>-</u> 7. Net Unrealized Appreciation <u>-</u> 8. Enter Distribution Code <u>-</u>
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8. How did you determine the amounts in item 7 above?
 I discovered erroneous "wages" amounts in boxes 1, 3, and 5 of Form W-2 provided by "Employer" shown on line 5, so I corrected them hereon in above lines 7(A)a, 7(A)b, and 7(A)c in accordance with statutory language of IRC sections 3401, 3121, and others. "Tax withheld" amounts in "Employer's" provided Form W-2 boxes 2, 4, 6, and 17 were correct and accurate, so those same respective amounts were used hereon to complete lines 7(A)f, 7(A)g, 7(A)i, and 7(A)j.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.
 Efforts not feasible. But, since I am the worker and recipient of the payments, I am fully able to determine and report correct, true amounts in accordance with IRC section 3401, 3121, and others.

Importance Notice: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

Paperwork Reduction Act Notice:
 We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

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.

10. Y	11. Date (mmdyyyy) <p style="text-align: center;"><u>11/13/18</u></p>
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SUBSTITUTE CORRECTED CONSOLIDATED FORM 1099-B

STATEMENT OF RECORD

I, the party identified hereon as "Recipient", do hereby submit this substitute corrected consolidated Form 1099-B to rebut and correct information previously transmitted by party identified hereon as "Payer" which erroneously reported certain receipts by "Recipient" of amounts allegedly subject to income tax.

Said erroneous amounts were from dividends, interest, or stock sales of private companies not qualifying as a "trade or business", and did not result from exercise of any federal privilege, and therefore are not "gains, profit or income" within meaning of relevant law and are not subject to "income" tax and are not required to be reported, and are hereon corrected.

Under penalty of perjury, I declare that I have examined this statement and substitute corrected consolidated Form 1099-B, and to the best of my knowledge and belief, it is true, correct, and complete.

Matthew J. Bossard _____ 11-13-18
Date

**E*TRADE
FINANCIAL**

E*TRADE Clearing LLC
P.O. BOX 989030
West Sacramento, CA 95798-9030
(916) 864-8399
Federal I.D. No: 32-0012683

**CONSOLIDATED 1099
TAX YEAR 2004**

Copy B for Recipient

Department of the Treasury, Internal Revenue Service
(Keep for your records)

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 sanctions may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient's Tax Identification Number:	REP: 0001
	ACCOUNT:
	ISSUE DATE: 01/07/05
	PAGE: 1 OF 1

MATTHEW J BOSSARD

For questions regarding your form, please contact:

E*TRADE SECURITIES LLC
PO BOX 989030
WEST SACRAMENTO CA 95798-9030
800-838-0908

1099-B

PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

DESCRIPTION	DATE	ACTIVITY	QUANTITY	AMOUNT
CORP	07/22/04	SALE	100.0000	00.00
CUSIP: CORP	07/22/04	SALE	100.0000	00.00
CUSIP: CORP	07/22/04	SALE	40.0000	00.00
TOTAL PROCEEDS				\$0.00

IRS BOX	FORM 1099-B - PROCEEDS FROM BROKER & BARTER EXCHANGES OMB #1545-0715
TOTALS FOR TAX YEAR 2004	
2. GROSS PROCEEDS LESS COMMISSIONS ON STOCKS, BONDS, ETC. ...	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00

SUBSTITUTE CORRECTED CONSOLIDATED FORM 1099-B / 1099-DIV

STATEMENT OF RECORD

I, the party identified hereon as "Recipient", do hereby submit this substitute corrected consolidated Form 1099-B / 1099-DIV to rebut and correct information previously transmitted by party identified hereon as "Payer" which erroneously reported certain receipts by "Recipient" of amounts allegedly subject to income tax.

Said erroneous amounts were from dividends, interest, or stock sales of private companies not qualifying as a "trade or business", and did not result from exercise of any federal privilege, and therefore are not "gains, profit or income" within meaning of relevant law and are not subject to "income" tax and are not required to be reported, and are hereon corrected.

Under penalty of perjury, I declare that I have examined this statement and substitute corrected consolidated Form 1099-B / 1099-DIV, and to the best of my knowledge and belief, it is true, correct, and complete.

Matthew J. Bossard

11-13-18

Date

Payer:
AMERITRADE  **Apex**

PO Box 733
Bensalem, PA 19020-0733

2004 Consolidated Forms 1099

Please do not send correspondence or deposits to the above address

Tax Identification Number:
Account Number:
User Name:

Your Representative:
AMERITRADE
DIVISION OF AMERITRADE INC
PO BOX 2209
OMAHA, NE 68103-2209

Recipient:
MATT J BOSSARD

For 1099 questions, please call:
888-871-9007

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.
Ameritrade, Inc., Federal Tax Identification Number: 47-0533629

Form 1099-B Proceeds From Broker & Barter Exchange Transactions (OMB No. 1545-0715) Form 1099-DIV Dividends and Distributions (OMB No. 1545-0110)

Line #	Category	Amount	Line #	Category	Amount
1a	Date of Sale or Exchange	various	1a	Total Ordinary Dividends	\$ 1.97
1b	CUSIP No.	various	1b	Qualified Dividends	0.00
2	Stocks, Bonds, Etc. Reported To IRS		2a	Total Capital Gain Distributions (Includes Line 2b, 2c, 2d)	0.00
	- Gross Proceeds Less Commissions and Options Premiums	0.00	2b	Unrecaptured Section 1250 Gain	0.00
4	Federal Income Tax Withheld	0.00	2c	Section 1202 Gain	0.00
5	No. of Shares Exchanged	500	2d	Collectibles (28% Gain)	0.00
6	Classes of stock exchanged	various	3	Nontaxable Distributions	0.00
7	Description	various	4	Federal Income Tax Withheld	0.00
	REGULATED FUTURES CONTRACTS		5	Investment Expenses	0.00
8	Profit or (loss) realized in 2004	0.00	6	Foreign Tax Paid	0.00
9	Unrealized profit or (loss) on open contracts - 12/31/03	0.00	7	Foreign Country Or U.S. Possession	
10	Unrealized profit or (loss) on open contracts - 12/31/04	0.00	8	Liquidation Distribution - Cash	0.00
11	Aggregate profit or (loss)	0.00	9	Liquidation Distribution - Noncash	0.00

Details of Form 1099-B - Proceeds From Broker and Barter Exchange Transactions (OMB No: 1545-0715)

LINE #2 STOCKS, BONDS, ETC. REPORTED TO IRS - GROSS PROCEEDS LESS COMMISSIONS AND OPTIONS PREMIUMS

DATE (LINE #1A)	DESCRIPTION (LINE #7)	CUSIP (LINE #1B)	INFORMATION	# SHARES EXCHANGED (LINE #5)	CLASS (LINE #6)	AMOUNT (LINE #2)	FEDERAL INCOME TAX WITHHELD (LINE #4)	NO LOSS IF CHECKED (LINE #12)
11/15/04	CORP COM		SELL	500	C	\$ 0.00	\$ 0.00	
TOTALS				600	\$	0.00	\$ 0.00	

Details of Form 1099-DIV - Dividends and Distributions (OMB No: 1545-0110)
* Indicates the amount includes all or a portion of a payment received in January 2005. Please refer to the enclosed insert for more details.

LINE #1a ORDINARY DIVIDENDS (INCLUDING QUALIFIED DIVIDENDS)

DESCRIPTION	CUSIP	INFORMATION	AMOUNT
INTEL CORP COM	458140100	QUALIFIED DIVIDEND	\$ 0.00
MICROSOFT CORP COM	594918104	QUALIFIED DIVIDEND	0.00
ALLIANCE MONEY RESERVES		NONQUALIFIED DIVIDEND	1.97
TOTAL LINE #1a			\$ 1.97