

Sworn Statement

Gerald J. Langwell and Vicki A. Langwell

SSNs: [REDACTED]

Tax Year: 2022

Certified Mail Tracking Number:

70210350000191558988

Dear Madam or Sir,

The enclosed Forms 4852 submitted with my 2022 1040 form are to rebut and correct information on documents known to have been submitted to the IRS by the parties listed on line 5 of enclosed forms 4852 referred to as "payer," who erroneously alleged that I, Gerald J. Langwell, received "wages" from them connected to a "trade or business."

At no time during the 2022 tax year did I, Gerald J. Langwell, work in an occupation that would meet the definition of an "employee" as defined in 26 USC 3401(c). I was also not involved in any privileged activities as defined in 7701(a)(26). Therefore, the payments made to me by these "Payers" did not result in "taxable income" or "wages" as defined in 26 USC 3401(a). These allegations are erroneous, as payments made to me by these "payers" did not result from any Federal taxable activity and do not constitute any taxable income under relevant tax law.

W2's are explicitly confined to reports of only statutorily defined "wage" payments, and the reports made by the "payers" showed "wages" that did not qualify under 26 USC section 3401(a) and section 3121(a) and are therefore erroneous.

The withheld amount shown is correct and provided to me by the "payers" and should already be part of the IRS record as provided to you by the "payers."

Note: Social Security tax withheld and Medicare tax withheld are included in line 25a, 25b, and 25d of Form 1040 as these monies were withheld from non-taxable payments, I am requesting full refund in the amount listed on line 35a.

There is no evidence whatsoever that "payers" are involved in any activities or a status what would consider payments made to me subject to Federal income excise tax. I do not know why these "payers" would report these payments as "income."

Social Security retirement benefit payments received by myself, Gerald J. Langwell and Vicki A. Langwell are included in the amount entered on Line 6a of Form 1040.

Under penalty of perjury, I declare these statements and accompanying documents 4852 true, correct, and complete, to the best of my knowledge.

Signed: [REDACTED]

Date: 03/23/2023

Gerald J. Langwell, of my own right and without representation, with explicit reservation of all my rights and without prejudice.

Signed: [REDACTED]

Date: 03/23/2023

Vicki A. Langwell (joint filer), of my own right and without representation, with explicit reservation of all my rights and without prejudice.

"wages" defined in 26 USC section 3401(a) and section 3121(a)

"trade or business" defined in 26 USC section 7701(26)

"employee" defined in 26 USC 3401(c)

"privileged activities" defined in 7701(a)(26)

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. 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:

| | | |
|---|------------------------------|---------------------------------|
| Your first name and middle initial Gerald J | Last name Langwell | Your social security number |
| If joint return, spouse's first name and middle initial Vicki A | Last name Langwell | |

Home address (number and street). If you have a P.O. box, see instructions.
2517 Wisconsin St. NE Apt. no.
 City, town, or post office. If you have a foreign address, also complete spaces below. State **NM** ZIP code **87110**
Albuquerque Foreign country name Foreign province/state/county Foreign postal code
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$9 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 Are blind
Spouse: Was born before January 2, 1958 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 |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|--------------------------|----------|
| 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 | 0 |
| | i Nontaxable combat pay election (see instructions) | 1i | |
| | z Add lines 1a through 1h | 1z | 0 |
| | 2a Tax-exempt interest | 2a | |
| | 3a Qualified dividends | 3a | |
| 4a IRA distributions | 4a | | |
| 5a Pensions and annuities | 5a | 212,066.71 | |
| 6a Social security benefits | 6a | 31,157 | |
| 2b Taxable interest | 2b | 475 | |
| 3b Ordinary dividends | 3b | | |
| 4b Taxable amount | 4b | | |
| 5b Taxable amount | 5b | 0 | |
| 6b Taxable amount | 6b | 0 | |
| c If you elect to use the lump-sum election method, check here (see instructions) | | <input type="checkbox"/> | |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | 7 | <input type="checkbox"/> | |

Standard Deduction
See Standard Deduction Chart on the last page of this form.

| | | | |
|-----------|---|-----------|---------------|
| 8 | Other income from Schedule 1, line 10 | 8 | 0 |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 475 |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | 11 | 475 |
| 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 27,300 |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 | Add lines 12 and 13 | 14 | 27,300 |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 0 |

Tax and Credits

| | | | |
|-----------|---|-----------|----------|
| 16 | Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____ | 16 | 0 |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0 |
| 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 | 0 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0 |
| 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 | 3549.40 |
| b | Form(s) 1099 | 25b | 34,925.41 |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 38,474.81 |
| 26 | 2022 estimated tax payments and amount applied from 2021 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 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 38,474.81 |

If you have a qualifying child, attach Sch. EIC.

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34** **38,474.81**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a** **38,474.81**

Direct deposit? **b** Routing number [redacted] **c** Type: Checking Savings
See instructions. **d** Account number [redacted]

36 Amount of line 34 you want **applied to your 2023 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**

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) [redacted]

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.**

| | | | |
|-------------------------------|------------------|--------------------------------|---|
| Preparer's name [redacted] | Date 03/23/23 | Your occupation Retired | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's name [redacted] | Date 03/23/23 | Spouse's occupation Retired | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Ph [redacted] | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|----------------------|------|------------|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| Firm's name Self-prepared. | | | Phone no. | |
| Firm's address | | | Firm's EIN | |

Form **4852**

(Rev. September 2020)

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, 1040-SR, or 1040-X.
▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 04

You must take the following steps before filing Form 4852

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide 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 will also send you a Form 4852. If you don't 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 to file with your return.

| | |
|---|--|
| 1 Name(s) shown on return Gerald J Langwell | 2 Your social security number [REDACTED] |
|---|--|

3 Address
2517 Wisconsin St. NE, Albuquerque, NM 87110

4 Enter year in space provided and check one box. For the tax year ending December 31, 2022,
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 NTESS, LLC - 1515 Eubank SE, Albuquerque, NM 87123-1381 | 6 Employer's or payer's TIN (if known) [REDACTED] |
|---|---|

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>0</u> |
| b Social security wages | <u>0</u> | (Name of state) New Mexico | |
| c Medicare wages and tips | <u>0</u> | g Local income tax withheld | <u>0</u> |
| d Social security tips | <u>0</u> | (Name of locality) | |
| e Federal income tax withheld | <u>0</u> | h Social security tax withheld | <u>2876.64</u> |
| | | i Medicare tax withheld | <u>672.76</u> |

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or 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"/> | (Name of state) | <u> </u> |
| d Total distribution | <input type="checkbox"/> | h Local income tax withheld | <u> </u> |
| e Capital gain (included on line 8b) | <u> </u> | (Name of locality) | <u> </u> |
| | | i Employee contributions | <u> </u> |
| | | j Distribution codes | <u> </u> |

9 How did you determine the amounts on lines 7 and 8 above?
None

Lines 7(a)(b)(c)(d) are corrected as I did not receive any "wages" as defined in 3401(a) and 3121(a) in 26USC. I was also not involved in any privileged activities as defined in 7701(a)(26). Lines 7(e), (f), (h), (i) were derived from the erroneous W-2 sent to me by the "payer" on line 5.

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.

None

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't 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.

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Substitute for Form W-2, Wage and Tax Statement
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

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| | |
|---|--|
| 1 Name(s) shown on return Gerald J Langwell | 2 Your social security number [REDACTED] |
|---|--|

3 Address
2517 Wisconsin St. NE, Albuquerque, NM 87110

4 Enter year in space provided and check one box. For the tax year ending December 31, 2022,
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 The Northern Trust Company, Benefit Payment Services WB-38 50 S. LaSalle St., Chicago, IL 60603 | 6 Employer's or payer's TIN (if known) [REDACTED] |
|--|---|

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

| | | | |
|---------------------------------------|-------|--------------------------------|-------|
| a Wages, tips, and other compensation | _____ | f State income tax withheld | _____ |
| b Social security wages | _____ | (Name of state) | _____ |
| c Medicare wages and tips | _____ | g Local income tax withheld | _____ |
| d Social security tips | _____ | (Name of locality) | _____ |
| e Federal income tax withheld | _____ | h Social security tax withheld | _____ |
| | | i Medicare tax withheld | _____ |

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

| | | | |
|--------------------------------------|--------------------------|-------------------------------|------------|
| a Gross distribution | 39759.21 | f Federal income tax withheld | 473.74 |
| b Taxable amount | 0 | g State income tax withheld | 388.77 |
| c Taxable amount not determined | <input type="checkbox"/> | (Name of state) | New Mexico |
| d Total distribution | <input type="checkbox"/> | h Local income tax withheld | _____ |
| e Capital gain (included on line 8b) | 0 | (Name of locality) | _____ |
| | | i Employee contributions | 0 |
| | | j Distribution codes | 7 |

9 How did you determine the amounts on lines 7 and 8 above?

Line 8(b) is corrected as I did not receive any "wages" as defined in 3401(a) and 3121(a) in 26 USC. I was also not involved in any privileged activities as defined in 7701(a)(26). Lines 8(f)(g) and (i) were derived from the erroneous 1099-R provided by the payer listed on Line 5.

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.

None

General Instructions

Section references are to the Internal Revenue Code.
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Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your employer or payer if (a) 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.

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(Rev. September 2020)

Department of the Treasury
Internal Revenue Service

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Form 1099-R, Distributions From Pensions, Annuities, Retirement
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| | |
|---|--|
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|---|--|

| |
|--|
| 3 Address 2517 Wisconsin St. NE, Albuquerque, NM 87110 |
|--|

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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 FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW1C. COVINGTON, KY 41015-1987 | 6 Employer's or payer's TIN (if known) [REDACTED] |
|--|---|

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

| | | | |
|---------------------------------------|-------|--------------------------------|-------|
| a Wages, tips, and other compensation | _____ | f State income tax withheld | _____ |
| b Social security wages | _____ | (Name of state) | _____ |
| c Medicare wages and tips | _____ | g Local income tax withheld | _____ |
| d Social security tips | _____ | (Name of locality) | _____ |
| e Federal income tax withheld | _____ | h Social security tax withheld | _____ |
| | | i Medicare tax withheld | _____ |

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

| | | | | | |
|--------------------------------------|--------------------------|------------|-------------------------------|------------|-----------|
| a Gross distribution | _____ | 172,307.71 | f Federal income tax withheld | _____ | 34,451.67 |
| b Taxable amount | _____ | 0 | g State income tax withheld | _____ | 7,856.00 |
| c Taxable amount not determined | <input type="checkbox"/> | | (Name of state) | New Mexico | |
| d Total distribution | _____ | | h Local income tax withheld | _____ | |
| e Capital gain (included on line 8b) | _____ | 0 | (Name of locality) | _____ | |
| | | | i Employee contributions | _____ | 49.38 |
| | | | j Distribution codes | _____ | 7 |

9 How did you determine the amounts on lines 7 and 8 above?
None

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