

Filing Status [ ] Single [x] 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: Lori-An; Last name: Baker; Your social security number: [redacted]
If joint return, spouse's first name and middle initial: Michael L.; Last name: Cozad; Spouse's social security number: [redacted]
Home address (number and street): [redacted]; Apt. no.: [redacted]
City, town, or post office: [redacted]; State: FL; ZIP code: 32958
Foreign country name: [redacted]; Foreign province/state/county: [redacted]; Foreign postal code: [redacted]
Presidential Election Campaign: [ ] 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 [x] 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): Table with columns for (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 Table with rows 1a through 15. Includes sub-rows for 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Total taxable income on line 15 is 0.

<b>Tax and Credits</b>	<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0
<b>24</b>	Add lines 22 and 23. This is your total tax	<b>24</b>	0	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	
	<b>b</b>	Form(s) 1099	<b>25b</b>	
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	19,331
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
<b>32</b>	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	<b>32</b>		
<b>33</b>	Add lines 25d, 26, and 32. These are your total payments	<b>33</b>	19,331	

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	<b>34</b>	19,331
	<b>35a</b>	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
	<b>b</b>	Routing number <span style="background-color: black; color: black;">XXXXXXXXXX</span> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <span style="background-color: black; color: black;">XXXXXXXXXXXXXXXXXXXX</span>		
<b>36</b>	Amount of line 34 you want applied to your 2023 estimated tax	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	<b>37</b>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 <i>Loni da Baker</i>	Date 3/27/23	Your occupation Herbalife Independent Distributor	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign. <i>Michael L Baker</i>	Date 3/27/23	Spouse's occupation Retired	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

**Paid Preparer Use Only**

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

Nonemployee Compensation  
Form 1099 - NEC

OMB No. [Redacted]

2022

HERBALIFE INTERNATIONAL  
P.O. Box 80210  
Los Angeles CA 90080-0210  
(866)866-4744 - Domestic  
(310)216-9661 - International

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.

DUPLICATE

LORI BAKER  
[Redacted]  
FL 32958-8402

Herbalife identification number: [Redacted]  
Recipient tax identification number: [Redacted]

Country	Non-Employee compensation	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	Federal Income Tax Withheld	State tax withheld	State/Payer's state no.	State Income	Foreign Tax paid
US	0.00	X			FL		
TT	0.00				FL		
UK	0.00				FL		
TOTAL FOR THE ALL ENTITIES: 0.00							

PAYER: HERBALIFE INTERNATIONAL OF AMERICA INC (FEIN: 953954565)  
US X

PAYER: HERBALIFE INTERNATIONAL LUXEMBOURG SARL (FEIN: 980400261)  
TT

PAYER: HERBALIFE (UK) LTD (FEIN: 980415713)  
UK

TOTAL FOR THE ALL ENTITIES: 0.00

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified as "RECIPIENT" of "gains profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of 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, complete and correct.

*Lori Baker* 3/27/23

**Miscellaneous Income  
Form 1099 - MISC  
OMB No. [REDACTED]  
2022**

**HERBALIFE INTERNATIONAL**  
P.O. Box 80210  
Los Angeles CA 90080-0210  
(866)866-4744 - Domestic  
(310)216-9661 - International

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

**LORI BAKER**  
[REDACTED]  
FL 32958-8402

**DUPLICATE**

Herbalife identification number: [REDACTED]  
Recipient tax identification number: [REDACTED]

Country	Rents	Other Income	Federal Income Tax Withheld	Medical and health care payments	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	Gross proceeds paid to an attorney	State tax withheld	State/Payer's state no.	State income	Foreign Tax paid
Box (1)	Box (3)	Box (4)	Box (5)	Box (6)	Box (7)	Box (10)	Box (15)	Box (16)	Box (17)	

PAYER: HERBALIFE INTERNATIONAL OF AMERICA INC (FEIN: 953954565)  
US 0.00  
GRAND TOTAL: 0.00

FL-

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified as "RECIPIENT" of "gains profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of 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, complete and correct.

*Lori-An Baker 3/27/23*

March 27, 2023

Internal Revenue Service  
P.O. Box 1300  
Charlotte, NC 28201-1300

Tax Year: 2022

SSN #: [REDACTED]

Greetings,

Herbalife International have not paid me any money for any services performed by me as defined in 26 U.S. Code, and is further confirmed as neither federally privileged "wages" nor "income" as indicated in the attached email from said Payer.

§ 7701 (a)(26). This individual and/or corporation have nothing to do with the performance of the functions of a public office. They were not required to report my private-sector payment. Their erroneous information on their submission of Form 1099-NEC & 1099-MISC do not match my submitted corrections herein.

If the IRS has firsthand knowledge of any amounts reported other than what I have claimed and sworn to under penalty of perjury, I will require 26 U.S. Code § 6201 (d) verification to support your position.

Sincerely,

*Lori-An Baker 3/27/23*  
Lori-An Baker

*Michael L. Cozad 3/27/23*  
Michael L. Cozad