### **Sworn Statement**

Gerald	J.	Langwell	and	Vicki	A.	Langwell
SSNs:						

Certified Mail Tracking Number:

Tax Year: 2023

Dear Madam or Sir,

The enclosed Form 4852 submitted with my 2023 1040 form is to rebut and correct information on a document known to have been submitted to the IRS by the party listed on line 5 of enclosed form 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 2023 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 this "Payer" 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 this "payer" did not result from any Federal taxable activity and did not constitute any taxable income under relevant tax law.

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

There is no evidence whatsoever that "payer" was 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 "payer" 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 browning.

Signed: Date: 3/3/2024

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

Signed: Date: 3/3/2024
Vicki A. Langwell (joint filer), of my wan right and without representation, with explicit reservation of all my rights and without prejudice.

<sup>&</sup>quot;wages" defined in 26 USC section 3401(a) and section 3121(a)

<sup>&</sup>quot;trade or business" defined in 26 USC section 7701(26)

<sup>&</sup>quot;employee" defined in 26 USC 3401(c)

<sup>&</sup>quot;privileged activities" defined in 7701(a)(26)

£1040	-S	Department of the Treasury—internal Rev U.S. Tax Return for S		2023	OMB No. 1545-00	174 IRS Use Only	y—Da not v	write or staple in this space.		
For the year Jan.	1-Dec	. 31, 2023, or other tax year beginning		, 2023, ending		, 20	See se	parate instructions.		
Your first nam	e and	middle initial	Last name	****			Your s	ocial security number		
Gerald J			Langwel	1						
-	spous	e's first name and middle initial	Last name				Spouse	's social security number		
Vicki A		-Landa A. K	Langwel		p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TAnt no				
	-	nber and street). If you have a P.O. b	oox, see instru	ictions.		Apt. no.	1	ential Election Campaigr here if you, or your		
		sin ST NE ffice. If you have a foreign address, a	lso complete s	paces below. St	tate Z	IP code	spouse	if filing jointly, want \$3		
								o this fund. Checking a low will not change		
Foreign count	ry nar	ne	Foreign	province/state/co	unty For	eign postal code	your ta	your tax or refund.		
							<u> </u>	☐ You ☐ Spouse		
Filing		Single 🛛 Married filing jo					d filing	separately (MFS)		
Status		Head of household (HOH)			• •	•	000 -			
Check only one box.		ou checked the MFS box, enter ne if the qualifying person is a c			nt.					
				<u> </u>						
Digital		any time during 2023, did perty or services); or (b) se								
Assets		a financial interest in a dig						☐ Yes 🔀 No		
Standard		meone can claim: 🔲 Yo					endent			
Deduction		Spouse itemizes on a sepa	arate retur	n or you were	e a dual-statu	ıs alien				
	Age	e/Blindness { You: Spouse:	☐ Were b ☑ Was be	oorn before Ja orn before Ja	anuary 2, 195 nuary 2, 1959	59				
Dependent			(2) Sc	ocial security numbe	r (3) Relationship to	(4) Check the t	box if qua	lifies for (see instructions):		
(see instructions)	): <b>(1)</b> F	First name Last name			you	Child tax	credit	Credit for other dependents		
If more than four dependents, see					<del> </del>	<del>                                     </del>		<u> </u>		
instructions and	,					1 5	***************************************			
check here										
Income	1a	Total amount from Form	(s) W-2, bo	ox 1 (see insti	ructions)		. 1	a		
Attach Form(s) W-2	þ	Household employee wa	ges not re	ported on Fo	rm(s) W-2 .		. 11	b		
attach Forms							. 10	C		
w-2G and 1099-R if tax	V-2G and 099-R if tax d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d		
was withheld.	е									
If you did not get a Form								f		
W-2, see instructions.	g	Wages from Form 8919, line 6						9		
	h	Other earned income (se	e instructi	ons)			. 11	h		
	ì	Nontaxable combat pay	election (s	ee instruction	ns) . <b>1i</b>					
	Z	Add lines 1a through 1h					. 1	z		
Attach Schedule B	2a	Tax-exempt interest .	2a		<b>b</b> Taxable in	nterest .	. 2	<b>b</b> 285		
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> Ordinary	dividends	. 31	b		
	4a	IRA distributions	4a		<b>b</b> Taxable a	ımount .	. 4	<b>5</b>		
	5a	Pensions and annuities	5a	53,012.	<b>b</b> Taxable a	imount .	. 5	<b>b</b> 0.		
	6a	Social security benefits .	6a	49,595.	<b>b</b> Taxable a		. 6	<b>b</b> 0.		
	C	If you elect to use the					_ [			
		instructions)			<i>.</i>					

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	7	Capital gain or (loss). Attach Schedule D if required. If check here		7	
	8	Additional income from Schedule 1, line 10		8	0.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your to	9	285.	
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross	income	11	285.
Standard Deduction	12	Standard deduction or itemized deductions (from Sch	nedule A)	12	29,200.
See Standard	13	Qualified business income deduction from Form 8995 or	Form 8995-A .	13	
Deduction Chart on the last page	14	Add lines 12 and 13		14	29,200.
of this form.	15	Subtract line 14 from line 11. If zero or less, enter taxable income		15	0.
Tax and	16	Tax (see instructions). Check if any from:		3.52	
Credits		<b>1</b> ☐ Form(s) 8814 <b>2</b> ☐ Form(s) 4972 <b>3</b> ☐		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 Sch	edule 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 Sched	ule 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:			
	а	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	С	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
	26	2023 estimated tax payments and amount applied from	2022 return	26	
If you have a qualifying child, attach	27	Earned income credit (EIC)	27		
Sch. EIC.	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 refundable credits	payments and	32	
	33	Add lines 25d, 26, and 32. These are your total paymer	nts	33	

BAA

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Refund	34	If line 33 is more tha amount you overpaid				ne 33. This	is the	34	
	35a	Amount of line 34 you check here	u want <b>ref</b>	unded to	you. If Form	8888 is atta	ached,	35a	W. School and Control of the Artifact Control of the A
Direct deposit?	b	Routing number   x   x   :	x   x   x   x	$x \mid x \mid x$	<b>c</b> Type: □ (	Type:			
See instructions.	d	Account number xxx:	x   x   x   x	$ \mathbf{x} \mathbf{x} \mathbf{x}$	<u> </u>	$\mathbf{x}   \mathbf{x}   \mathbf{x}$			
	36	Amount of line 34 y estimated tax				36			
Amount You Owe	37	Subtract line 33 from For details on how to					ctions	37	0.
	38	Estimated tax penalty				38			
Third Party Designee		o you want to allow another structions				? See . □ <b>Ye</b>	s. Complete	e belov	v. 🗵 No
•		esignee's ame		Phone no.			onal identific per (PIN)	cation	
Sign Here	of	nder penalties of perjury, I declar imy knowledge and belief, they formation of which preparer has	are true, corre	ct, and compi	return and accomp ete. Declaration of	eanying schedu preparer (other	ies and state than taxpa	tement y <b>e</b> r) is	ts, and to the best based on all
Joint return?	Yo	Your signature		Date 3/3/24	F		Prote	f the iRS sent you an Identity Protection PIN, enter it here see inst.)	
See instructions Keep a copy for your records.	Spouse's signature if dioint return, both must sign. Date Spouse's occupation 3/3/7 Retired		ldenti	ne IRS sent your spouse an ntity Protection PIN, enter it here e inst.)					
	PF	none no.		Email address					
Paid Proparer	Pr	reparer's name	Preparer's s	gnature		Date	PTIN		Check if:  Self-employed
Preparer	Ci.	rm's name Self-Pre	pared				Phon	e no.	
<b>Use Only</b>	7-11	7717 0 11001110							

# 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

2 Your social security number

## 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) snown on return	2 Tour books accounty harrise.
Gerald J Langwell	
3 Address	
2517 Wisconsin St. NE, Albuquerque, NM 87110	
4 Enter year in space provided and check one box. For the t	ax year ending December 31,,
I have been unable to obtain (or have received an incorrect)	☐ Form W-2 <b>OR</b>
I have notified the IRS of this fact. The amounts shown on line	e 7 or line 8 are my best estimates for all wages or payments
made to me and tax withheld by my employer or payer name	
5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's
The Northern Trust Company, Benefit Payment Services WB-38	TIN (if known)
50 S. LaSalle St., Chicago, IL 60603 6770 NTESP, Sandia, NTESS Re	etirement Income Plan
7 Form W-2. Enter wages, tips, other compensation, and taxe	
Wages, tips, and other compensation	f State income tax withheld
<b>b</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	
	g State income tax withheld
c Taxable amount not determined .	(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
	j Distribution codes
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 (l) 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.

**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.

You should always 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.