

Affidavit

I, Andrew E. MacTaggart, a man, being of sound mind and upon my oath, depose and state as follows: I came to exist at the moment of fertilization. My Godly origin is fertilization and anything outside of that is trafficking. I came to be at the zygote, the divine spark was in me 9 months before I came through the port of entry. In line with the Organic Laws of the United States of America, I am endowed by my Creator with unalienable rights. Among these inalienable rights, is the property which every man has in his own labor, as it is the original foundation of all other property, so it is the most sacred, inviolable, and a fundamental Right.

The form 4852 submitted is to rebut and correct information on a document known to have been submitted to the IRS and other tax collectors by the party on line 5 of form 4852 referred to as "PAYER" thereby erroneously alleging that I (RECIPIENT) received payments from them in the course of or connected to a "trade or business", federal or federally connected employment, federally privileged activities, investment or other taxable activities.

I did not have any "gross income" from the payer listed in form 4852. I did not receive income, nor did I engage in federally privileged or federally connected activities with said "Payer". I was not an "employee" or engaged in "trade or business". I did not receive "wages", state "wages", local "wages" "salary", or "compensation" for services. "Payer" is not an "employer" as defined in IRC for sections 3401 and 3121. Velaspan is not federal corporation and not engaged in "trade or business". Federal form 4852 does not have a line item to correct state "wages" block, box 16 or local "wages" block, box 18, I have indicated on form 4852 that these erroneous "wages" are also rebutted and corrected as per the law.

Payers had erroneously characterized payments to me as "wages", which clearly were not "wages" as defined in IRC sections 3401(a) and 3121(a). "Payer" submitted "information return(s)" that made erroneous allegations of payments of "wages", "non-employee-compensation" or other revenue purportedly in connection with the conduct of an "income-taxable" activity. I hereby submit substitute W-2 form(s) 4852 to rebut said erroneous allegations and provide the correct amounts. I submit the rebuttal instrument substitute W-2 form 4852 as a replacement for the erroneous "information returns" and the correct information from the rebutting instrument to complete my return for the year 2019.

Under penalty of perjury. I declare these statements and accompanying documents to are true, correct and complete.

[Redacted Signature]

Andrew E. MacTaggart

3-9-20
Date

Subscribed and sworn before me this 7th day of March, 2020.

[Redacted Notary Name]

Notary Public



PA-40
 Pennsylvania Income
 Tax Return

1900110055

OFFICIAL USE ONLY

PA-40 05-19 (F)
 PA Department of Revenue
 Harrisburg, PA 17129

2019

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.

START
 ↗

Your Social Security Number _____ Spouse's Social Security Number (even if filing separately) _____

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE
 Last Name _____ Suffix _____

Your First Name **MI** **OVERSEAS MAIL -**
Andrew **E** See Foreign Address Instructions in PA-40 booklet.
 Spouse's First Name **MI** _____ Suffix _____

Spouse's Last Name - Only if different from Last Name above _____ Suffix _____

First Line of Address _____
 Second Line of Address _____

City or Post Office _____ State _____ ZIP Code _____

Daytime Telephone Number _____ School Code _____

Extension. See the instructions.

Amended Return. See the instructions.

Residency Status. Fill in only one oval.
 R Pennsylvania Resident
 N Nonresident
 P Part-Year Resident from 1/1 /2019 to 8-26 /2019

Filing Status.
 S Single
 J Married, Filing Jointly
 M Married, Filing Separately
 F Final Return. Indicate reason:

 D Deceased

Taxpayer
 Date of death ___ / ___ /2019

Spouse
 Date of death ___ / ___ /2019

Farmers. Fill in this oval if at least two-thirds of your gross income is from farming.

Name of school district where you lived on 12/31/2019: N/A

Your occupation _____ Spouse's occupation _____

1a. Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.	1a.	\$0.00
1b. Unreimbursed Employee Business Expenses.	1b.	\$0.00
1c. Net Compensation. Subtract Line 1b from Line 1a.	1c.	\$0.00
2. Interest Income. Complete PA Schedule A if required.	2.	\$0.00
3. Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. . .	3.	\$0.00
4. Net Income or Loss from the Operation of a Business, Profession or Farm.	LOSS 4.	\$0.00
5. Net Gain or Loss from the Sale, Exchange or Disposition of Property.	LOSS 5.	\$0.00
6. Net Income or Loss from Rents, Royalties, Patents or Copyrights.	LOSS 6.	\$0.00
7. Estate or Trust Income. Complete and submit PA Schedule J.	7.	\$0.00
8. Gambling and Lottery Winnings. Complete and submit PA Schedule T.	8.	\$0.00
9. Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.	9.	\$0.00
10. Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.	10.	\$0.00
11. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.	11.	\$0.00

Side 1



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START

Social Security Number (shown first)

Name(s)

12. PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12.	\$0.00
13. Total PA Tax Withheld. See the instructions.	13.	\$0.00
14. Credit from your 2018 PA Income Tax return.	14.	\$0.00
15. 2019 Estimated Installment Payments. Fill in oval if including Form REV-459B.	15.	\$0.00
16. 2019 Extension Payment.	16.	\$0.00
17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17.	\$0.00
18. Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18.	\$0.00
Tax Forgiveness Credit, submit PA Schedule SP		
19a. Filing Status: <input type="checkbox"/> Unmarried or Separated <input checked="" type="checkbox"/> Married <input type="checkbox"/> Deceased	19b. Dependents, Section II, Line 2, PA Schedule SP.	\$0.00
20. Total Eligibility Income from Section III, Line 11, PA Schedule SP.		\$0.00
21. Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	21.	\$0.00
22. Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22.	\$0.00
23. Total Other Credits. Submit your PA Schedule OC.	23.	\$0.00
24. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24.	\$0.00
25. USE TAX. Due on internet, mail order or out-of-state purchases. See the instructions.	25.	\$0.00
26. TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.	26.	\$0.00
27. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630/REV-1630A	27.	\$0.00
28. TOTAL PAYMENT DUE. See the instructions.	28.	\$0.00
29. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27 enter the difference here. The total of Lines 30 through 36 must equal Line 29.	29.	\$0.00
30. Refund - Amount of Line 29 you want as a check mailed to you. REFUND	30.	\$0.00
31. Credit - Amount of Line 29 you want as a credit to your 2020 estimated account.	31.	\$0.00
32. Refund donation line. Enter the organization code and donation amount. See the instructions.	32.	\$0.00
33. Refund donation line. Enter the organization code and donation amount. See the instructions.	33.	\$0.00
34. Refund donation line. Enter the organization code and donation amount. See the instructions.	34.	\$0.00
35. Refund donation line. Enter the organization code and donation amount. See the instructions.	35.	\$0.00
36. Refund donation line. Enter the organization code and donation amount. See the instructions.	36.	\$0.00

SIGNATURE(S). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Signature	Date: 03/10/20	E-File Opt Out See the instructions.	Preparer's PTIN
Spouse's Signature, if filing jointly	Preparer's Name and Telephone Number		Firm FEIN

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE. Side 2



PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE

**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.**

Department of the Treasury
Internal Revenue Service

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

1 Name(s) shown on return
Andrew E. MacTaggart

2 Your social security number
[REDACTED]

3 Address
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2019,
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
[REDACTED]

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)	<u>Pennsylvania</u>
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)	[REDACTED]
e Federal income tax withheld	<u>0</u>	h Social security tax withheld	<u>7891.27</u>
		i Medicare tax withheld	<u>1845.51</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	<u> </u>	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?
Party identified as "Payer" on Line 5 provided a W-2 that erroneously alleged payment of an IRC Section 3121 and 3401 transaction(s) hereby disputed and rebutted. I deny that said "Payer" and I had any IRC Section 3121 or 3401 transactions in 2019. I did not receive "gross income" nor income, nor did I engage in federally-privileged or federally-connect activities with said "Payer". Boxes 16 and 18 also contain "Bad Payer Data" and are disputed and rebutted. Withheld amounts were correct. IRS is hereby notified.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
Payer was informed verbally and in writing about the erroneous W-2.

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.

[REDACTED]
Andrew E. MacTaggart

2-28-20
Date

Subscribed and sworn before me this 28th day of February, 2020.

[REDACTED]
Notary Public