

From the desk of Neil Joseph: Streber:  
c/o [REDACTED]  
Lewistown, Montana  
Zip Exempt Near [59457]

March 19, 2023

Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0002  
Registered Mail # \_\_\_\_\_

Regarding: This One's (represented by the letter "I"), personal and private 2020 1040 tax return.

The private sector entity I worked for falsely characterized my payments as "wages" and in error filed an incorrect tax information document known as a W-2. I rebut their incorrect information.

In researching the definition of:

"employee": I was an un-privileged worker in private and not an "employee" as defined in USC Title 26. IRC Section 3401. I have never been a government official, nor held any public office of any kind.

"wages": as clearly defined in the IRC Sections 3401 and 3121 it is certain that I did not receive "wages" in 2020.

"trade or business": I was not involved in any "trade or business as defined in IR.

"Person": I am not a "person: as defined in IRC

See form 4852 which I have included to correct a falsely documented W-2 issued.

The Department of the Treasury needs to refund back to me the true and correct amounts indicated as it is my rightful property and belongs to me. Please process and send my full refund without any further delay.

I declare under penalty of perjury that I have closely examined the law. These statements contained in this letter represent the facts and, to the best of my knowledge and beliefs all herein is factual, true and correct.

Respectfully,

\_\_\_\_\_

Date: \_\_\_\_\_

:Neil-Joseph:Streber: without prejudice UCC 1-308

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

[REDACTED]

Filing Status [ ] Single [ ] Married filing jointly [X] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: Neil
Last name: [redacted]
If joint return, spouse's first name and middle initial: [redacted]
Last name: [redacted]
Spouse's social security number: [redacted]

Home address: [redacted]
City, town, or post office: Lewistown
State: Montana
ZIP code: 59457
Foreign country name: [redacted]
Foreign province/state/country: [redacted]
Foreign postal code: [redacted]
Presidential Election Campaign: [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction: [ ] Spouse itemizes on a separate return or you were a dual-status alien
Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent

Age/Blindness: You: [ ] Were born before January 2, 1956 [ ] Are blind
Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes a 'Dependents' section with instructions.

Main income table with 15 rows. Columns include line numbers, descriptions (e.g., Wages, salaries, tips, etc.), and amounts. Includes a 'Standard Deduction for-' box on the left with details for different filing statuses.

<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"/>		16	0
<b>17</b>	Amount from Schedule 2, line 3		17	
<b>18</b>	Add lines 16 and 17		18	0
<b>19</b>	Child tax credit or credit for other dependents		19	
<b>20</b>	Amount from Schedule 3, line 7		20	
<b>21</b>	Add lines 19 and 20		21	0
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-		22	-0-
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10		23	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>		24	0
<b>25</b>	Federal income tax withheld from:			
	a Form(s) W-2	25a		3613.47
	b Form(s) 1099	25b		
	c Other forms (see instructions)	25c		
	d Add lines 25a through 25c		25d	3613.47
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return		26	
<b>27</b>	Earned income credit (EIC)	27		
<b>28</b>	Additional child tax credit. Attach Schedule 8812	28		
<b>29</b>	American opportunity credit from Form 8863, line 8	29		
<b>30</b>	Recovery rebate credit. See instructions	30		
<b>31</b>	Amount from Schedule 3, line 13	31		
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>		32	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>		33	3613.47
<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 <b>overpaid</b>		34	3613.47
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		35a	3613.47
Direct deposit? See instructions.	<b>b</b> Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number			
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36		
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>		37	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
	<b>38</b> Estimated tax penalty (see instructions)	38		

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<i>Thill Stubbs without prejudice USC 1-308</i>	3-19-2023	Registered Nurse	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**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 address				Firm's EIN

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

*Neil J. Streber*

Identification number

to [redacted]

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C . . . . .	3	
4	Other gains or (losses). Attach Form 4797 . . . . .	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F . . . . .	6	
7	Unemployment compensation . . . . .	7	
8	Other income. List type and amount ▶ <i>Gambling/Lottery</i>	8	<i>1500.00</i>
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	9	<i>1500.00</i>

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	
12	Health savings account deduction. Attach Form 8889 . . . . .	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	
16	Self-employed health insurance deduction . . . . .	16	
17	Penalty on early withdrawal of savings . . . . .	17	
18a	Alimony paid . . . . .	18a	
b	Recipient's SSN . . . . . ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction . . . . .	19	
20	Student loan interest deduction . . . . .	20	
21	Tuition and fees deduction. Attach Form 8917 . . . . .	21	
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

**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](http://www.irs.gov/Form4852) for the latest information.

**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 NEIL JOSEPH STREBER 2 Your secondary number [REDACTED]

3 Address P.O. [REDACTED] Lewistown, Montana 59457

4 Enter year in space provided and check one box. For the tax year ending December 31, 2020.  
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 State of Montana, PO BOX 200127 Helena, MT. 59620-0127 6 Employer's or payer's TIN (if known) 81-0302402

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

a Wages, tips, and other compensation	_____	f State income tax withheld	_____ <u>2571.00</u>
b Social security wages	_____	(Name of state)	<u>Montana</u>
c Medicare wages and tips	_____	g Local income tax withheld	_____
d Social security tips	_____	(Name of locality)	_____
e Federal income tax withheld	<u>3613.47</u>	h Social security tax withheld	<u>4154.86</u>
		i Medicare tax withheld	<u>971.70</u>

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

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

9 How did you determine the amounts on lines 7 and 8 above?  
Records provided 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](http://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.

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code <b>Montana Lottery 2525 North Montana Avenue Helena, MT 59601</b>		1 Reportable winnings \$ <b>1500.00</b>	2 Date won <b>8/13/2020</b>
		3 Type of wager <b>ONL</b>	4 Federal income tax withheld \$
		5 Transaction	6 Race
PAYER'S federal identification number <b>81-0302402</b>	PAYER'S telephone number (406) 444-5925	7 Winnings from identical wagers \$	8 Cashier
WINNER'S name, address (including apt. no.), and ZIP or foreign postal code <b>NEIL STREBER [REDACTED] LEWISTOWN, MT 59457</b>		9 Winner's address on this payment [REDACTED]	10 Window
		11 Winner's ID	12 Second I.D.
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		13 State/Payer's state identification no. <b>MT 4004581-171-WTFS</b>	14 State winnings
		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality
Signature ▶ <i>Neil Streber</i>		Date ▶ <i>3-9-2023</i>	

OMB No. 1545-0238

**2020**  
Form W-2G

**Certain  
Gambling  
Winnings**

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.

**Copy C**  
For Winner's Records