

SHALEESE L WRIGHT

[REDACTED]

[REDACTED]

MARCH 7, 2024

To Whom it May Concern,

Please find enclosed my Individual Tax Return for the year 2023. You will find (one) Form 1040 and (two) Form 4852, which serves to rebut and correct erroneous information on documents known to have been submitted to the IRS by the "Payer" listed on Line 5 of Form 4852.

"Payer" erroneously alleges that I, "Recipient", received payments from "Payer" in the course of or connected to a "Trade or Business", Federal or Federally connected employment, investment, or other Federal taxable activities.

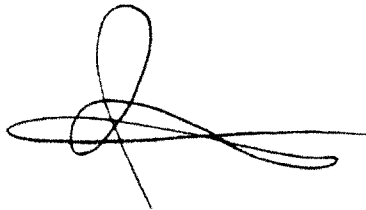
Please also find enclosed (one) corrected 1099-NEC which serves as a correction to an erroneous 1099-NEC that was submitted by MAYEISHA FINE ARTS STUDIO LLC. The payments do not constitute any taxable income under relevant income tax law.

At no time during the 2023 tax year did I, Shaleese L Wright, work in an occupation that would meet the definition of an "Employee" as defined in *26 USC 3401(c)*. Any payments made to me were purely private in nature. They do not constitute any taxable income under relevant Income Tax Law, specifically *Section 3401(a) and Section 3121 (a) of IRC Title 26*.

I hereby request a full refund of Federal, Social Security and Medicare tax withheld during the calendar year of 2023, totaling \$3,769.

Under penalty of perjury, I declare these statements and documents are correct and complete to the best of my knowledge and accuracy.

Sincerely,  
Shaleese L Wright



3/7/24

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 2023, See separate instructions.

Your first name and middle initial <b>SHALEESE L</b>		Last name <b>WRIGHT</b>	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]	ZIP code [REDACTED]
Foreign country name		Foreign province/state/country	Foreign postal code

Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  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: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Income**

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	
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	
6a Social security benefits	6a	
b Taxable interest	2b	
b Ordinary dividends	3b	
b Taxable amount	4b	
b Taxable amount	5b	
b Taxable amount	6b	
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	
8 Additional income from Schedule 1, line 10	8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	0
10 Adjustments to income from Schedule 1, line 26	10	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	0
12 Standard deduction or itemized deductions (from Schedule A)	12	13850
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	13850
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0

<b>Tax and Credits</b>	16	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
	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	0
	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	
24	Add lines 22 and 23. This is your total tax	24	0	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3769
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3769
	26	2023 estimated tax payments and amount applied from 2022 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	3769	


<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3769
	35a	Amount of line 34	35a	3769
	b	Routing number	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

<b>Amount You Owe</b>	37	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	37	0
	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) \_\_\_\_\_

**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 8-07-24	Your occupation Instructor	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)
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.)
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

**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.**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-X.

Attachment  
Sequence No. 04

▶ 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.

<b>1 Name(s) shown on return</b> SHALEESE L SWRIGHT	<b>2 Your social security number</b> [REDACTED]
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**3 Address**  
[REDACTED]

**4 Enter year in space provided and check one box.** For the tax year ending December 31, 2023  
 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.

<b>5 Employer's or payer's name, address, and ZIP code</b> CP EUGENE LLC 440 COBURG ROAD SUITE 100 EUGENE OR 97401	<b>6 Employer's or payer's TIN (if known)</b> 84-2123086
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**7 Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	1206.94
b Social security wages	0	(Name of state) . Oregon	
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	996.73	h Social security tax withheld	1032.80
		i Medicare tax withheld	241.54

**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?**  
 Lines 7(a)(b)(c) are credited as I did not receive any "wages" as defined in 26 USC sections 3401(a) and 3121(a). I was not involved in any Federally privileged activities. Lines 7(h)(i) are corrected and shall be credited as per 26 USC section 3503

**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.

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.  
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OMB No. 1545-0074

Attachment  
Sequence No. 04

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**3 Address**  
[REDACTED]

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<b>5 Employer's or payer's name, address, and ZIP code</b> InnovaFlex Charlottesville LLC 1143 Emmet Street North, Charlottesville, VA 22903	<b>6 Employer's or payer's TIN (if known)</b> 88-1242499
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**7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.**

a Wages, tips, and other compensation	0	f State income tax withheld	393.22
b Social security wages	0	(Name of state) .	Virginia
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	729.48	h Social security tax withheld	623.07
		i Medicare tax withheld	145.72

**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	

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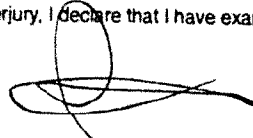
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VOID  CORRECTED

MATEISHA FINE ARTS STUDIO LLC 4444 GERMANNA HWY STE 160 LOCUST GROVE VA 22508-203		24986993 (540)920-7011	1099-NEC	Nonemployee Compensation
80-0907903	[REDACTED]	\$	0.00	Copy 2
SHALEESE L WRIGHT				To be filed with recipient's state income tax return, when required.
[REDACTED]				
[REDACTED]				
000105 RB 8B7 A		\$	VA30800907503F001	0.00
1099-NEC				

**NOTE:** **EDITED to 1099-NEC on 4/11/2024**  
This statement is submitted to rebut a document 1099-MISC known to have been submitted by the Party identified below 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 public office, or otherwise constitute gains, profits, 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 believe it is true complete and correct



3.07.24

Search here