

**Amended U.S. Individual Income Tax Return**

▶ See separate instructions.

This return is for calendar year ▶ **2002** , or fiscal year ended ▶

Please print or type	Your first name and initial <b>M</b>	Last name <b>L</b>	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number [REDACTED]
	Home address (no. and street) or P.O. box if mail is not delivered to your home [REDACTED]		Apt. no. ( )
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 2 of the instructions. [REDACTED]		Phone number ( ) ( ) ( )
			For Paperwork Reduction Act Notice, see page 6.

**A** If the address shown above is different from that shown on your last return filed with the IRS and you would like us to change it, check here . . . . .

**B** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.  
 On original return ▶  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)  
 On this return ▶  Single  Married filing jointly  Married filing separately  Head of household\*  Qualifying widow(er)  
 \* If the qualifying person is a child but not your dependent, see page 2 of the instructions.

Use Part II on the back to explain any changes		A. Original amount or as previously adjusted (see page 3)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
<b>Income and Deductions (see instructions)</b>				
	1 Adjusted gross income (see page 3)	1 See Form 4549	-119,185.	0.
	2 Itemized deductions or standard deduction (see page 3)	2 See Form 4549	3,925.	3,925.
	3 Subtract line 2 from line 1	3 See Form 4549	-123,110.	0.
	4 Exemptions. If changing, fill in Parts I and II on the back (see page 3)	4	3,000.	3,000.
	5 Taxable income. Subtract line 4 from line 3	5 See Form 4549	-126,110.	0.
Tax Liability	6 Tax (see page 4). Method used in col. C	6		0.
	7 Credits (see page 4)	7		0.
	8 Subtract line 7 from line 6. Enter the result but not less than zero	8		0.
	9 Other taxes (see page 4)	9		0.
	10 Total tax. Add lines 8 and 9	10		0.
Payments	11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 4	11		1,500.
	12 Estimated tax payments, including amount applied from prior year's return	12		0.
	13 Earned income credit (EIC)	13		0.
	14 Additional child tax credit from Form 8812	14		0.
	15 Credits from Form 2439, Form 4136, or Form 8885	15		0.
	16 Amount paid with request for extension of time to file (see page 4)	16		0.
	17 Amount of tax paid with original return plus additional tax paid after it was filed	17		0.
	18 Total payments. Add lines 11 through 17 in column C	18		1,500.

INTERNAL REVENUE SERVICE  
RECEIVED  
MAR 27 2006  
Weggs & Investment  
Tucson, Arizona 8570

Refund or Amount You Owe			
19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	19	0.
20	Subtract line 19 from line 18 (see page 5)	20	1,500.
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 5	21	0.
22	If line 10, column C, is less than line 20, enter the difference	22	1,500.
23	Amount of line 22 you want refunded to you	23	1,500.
24	Amount of line 22 you want applied to your estimated tax	24	

**Sign Here** Under penalties of perjury, I declare that I have filed as original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 2. Keep a copy for your records.  Your signature **[Signature]** Date **3/22/06** Spouse's signature. If a joint return, both must sign. Date

**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, 1040A, 1040-EZ or 1040X.

1 Type or print your first name and middle initial. Last name  
**M** **L**

2 Social security number (SSN)  
 [Redacted]

3 Address  
 [Redacted]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2002, 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 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 identification number (if known)  
 [Redacted]

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

a Wages, tips, and other compensation	<u>0.00</u>	g State income tax withheld	<u>0.00</u>
b Social security wages	<u>0.00</u>	(Name of state) <u>FLORIDA</u>	
c Medicare wages and tips	<u>0.00</u>	h Local income tax withheld	<u>0.00</u>
d Advance EIC payment	<u>0.00</u>	(Name of locality)	
e Social security tips	<u>0.00</u>	i Social security tax withheld	<u>465.00</u>
f Federal income tax withheld	<u>1500.00</u>	j Medicare tax withheld	<u>108.00</u>

7(B) Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

1 Gross distribution	_____	4 Federal income tax withheld	_____
2a Taxable amount	_____	5 State income tax withheld	_____
2b Taxable amount not determined <input type="checkbox"/>		6 Local income tax withheld	_____
Total distribution <input type="checkbox"/>		7 Employee contributions	_____
3 Capital gain (included in 2a)	_____	8 Distribution codes	_____

8 How did you determine the amounts in lines 7(A) and 7(B) above?  
 Person provided records and the statutory language behind IRC sections 3401 and 3121 and others.

9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
 Request, but the company refuses to issue forms correctly listing payments of "wages as defined in 3401(a) and 3121(a) for fear of IRS retaliation. The amounts listed as withheld on the W-2 if submitted are correct however

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.



1 Rents

\$

2 Royalties

\$

3 Other income

\$

OMB No. 1545-0115

2002

Form 1099-MISC

Miscellaneous Income

4 Federal income tax withheld

\$

Copy B For Recipient

PAYER'S Federal identification number



RECIPIENT'S identification number



5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

RECIPIENT'S name

M L

7 Nonemployee compensation

\$ 0.00

8 Substitute payments in lieu of dividends or interest

\$

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.

Street address (including apt. no.)



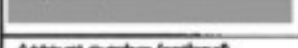
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

\$

10 Crop insurance proceeds

\$

City, state, and ZIP code



11



12



Account number (optional)



13 Excess golden parachute payments

\$

14 Gross proceeds paid to an attorney

\$

15

16 State tax withheld

\$

17 State/Payer's state no.

\$

18 State income

\$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

This corrected form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as PAYER, erroneously alleges a payment to the party above identified as the RECIPIENT of 'Gains, Profit or Income' made in the course of a "Trade or Business". Under Penalty 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.

M L

Date