April 13, 2016 Dept. of the Treasury Internal Revenue Service Kansas City, MO 64999-0015

Re: 2015 Tax Return

Dear Sir/Madam:

Enclosed is my 2015 tax return. Please note that I have enclosed an attached 4852(s), corrected W-2 form properly documented, due to the fact that my company provided a W-2 which erroneously alleged payments of Internal Revenue Code, Sections 3401 and 3121 as "wages", that are hereby disputed.

They have listed payments as "wages" as defined in the Internal Revenue Code Sections 3401(a) and 3121(a). I am rebutting their claim, stating that I am a private-sector citizen (non-federal employee), employed by a private-sector company (non-federal entity) as defined in 3401(c)(d). I am not employed in a "trade or business", nor am I an "officer of a corporation". I did not engage in any Federally privileged taxable activity. The amounts listed as withheld an the W-2 are correct, however.

I expect a full and complete refund within 30 days on my 2015 return as dictated in the Internal Revenue Code Sections 6402(a), 26 CFR Section 6402-3(a)(1)(5), and Section 6401(b)(c).

Sincerely,

Erik S. Clark

1040A		rtment of the Treasury-				004	<b>-</b> -						
		S. Individual I			(99)	201	<u>5</u>	IRS	3 Use On	ly	Do nat	write or staple in	this space
Your first name and ini	tial		Last name	•							<u> </u>	OMB No. 1545-0	074
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ERIK S.  If a joint return, spouse	Va final in	nana and initial	CLARK										
ir a joint return, spouse	es instr	iame and initial	Last name	•							Spou	se's social security	y number
Home address (numbe	r and st	reet). If you have a P.O.	hox see instri	ctions					Apt. no		<del> </del>		
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one box.		full name here. ▶	•	•			Qualifying v	vido	w(er) wit	h de	epend	ent child (see ins	tructions)
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Attach	*******		<del></del>		`								1
Form(s) W-2	8a	Taxable interest. Attach Schedule B if required.							0				
here. Also attach	b	Tax-exempt in					)				_		
Form(s)	9a	Ordinary divide			if requir	ed.					<b>9</b> a		0
1099-R if tax		Qualified divide				9b	)				-		
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instructions.	120	annuities.	12a								106		
		amonos.	120		1		(see inst	iuc	uons).		12b	, 42	151 (
	13	Unemployment	compens	ation and Ala	ska Perr	nanent	Fund di	vid	ende		13		o
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		1 (000 mondodotto). 170 0											
	15	Add lines 7 thro	ough 14b (f	ar right colur	nn). This	s is you	r total ir	100	me. I	>	15	44	151
Adjusted			<u>-</u>		·	·····							
gross 16 Educator expenses (see instructions). 16 0													
income	17	IRA deduction				17			0		_		
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	19	Tuition and fee				19			0				,
	20	Add lines 16 th	rough 19.	hese are you	ur <b>total</b> a	adjustr	nents.				20		0

21 Subtract line 20 from line 15. This is your adjusted gross income. ▶ 21 4451 0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11327A Form 1040A (2015)

Form 1040A (	201	5)								P:	age <b>2</b>
Tax, credits,	22	2	Enter the amount from line 21 (	adjuste	d gross inco	ome).			22	4451	
and	23		Check				boxes		<b>7</b>		
payments			if: { Spouse was born before					1			
paymone		b	If you are married filing separat						#		
Standard			deductions, check here	•	•		▶ 23b	Г	1		
Deduction for—	24	1	Enter your <b>standard deductio</b>	n.					24	6300	0
• People who	25	5	Subtract line 24 from line 22. If	line 24	is more that	n line 22, er	nter -0		25	0	<del></del>
box on line	26		Exemptions. Multiply \$4,000 b						26	4000	0
23a or 23b or who can be	27		Subtract line 26 from line 25. If				nter -0				
claimed as a			This is your taxable income.			,		•	27	o	
dependent, see	28		Tax, including any alternative mini	mum tax	(see instruct	ions). 28		ol			1
instructions.	29		Excess advance premium tax of					1	_		
Ali others:     Single or			Form 8962.		. ,	29		0			
Married filing	30	)	Add lines 28 and 29.							ol	
separately, \$6,300	31		Credit for child and dependent	care ex	penses. Att	ach		T			L
Married filing			Form 2441.		•	31		o			
jointly or Qualifying	32	2	Credit for the elderly or the disa	abled. A	ttach			1-			
widow(er), \$12,600			Schedule R.			32		o			
Head of	33	3	Education credits from Form 8	863. line	19.	33		0	_		
household, \$9,250	34		Retirement savings contributions				· A	0	_		
40,200	35		Child tax credit. Attach Schedu					0			
	36		Add lines 31 through 35. These						<sup></sup> 36	ol	ĺ
	37		Subtract line 36 from line 30. If				nter0		37	0	
	38		Health care: individual responsit				r coverage	7	38		
	39		Add line 37 and line 38. This is			<u></u>			39	0	
	40		Federal income tax withheld fro			099, 40	816	<del></del>			<u> </u>
( <del>K</del> )	41		2015 estimated tax payments a					T	-		
If you have a qualifying			from 2014 return.			41		o			
child, attach	42	2a	Earned income credit (EIC).			42a		o			
Schedule [			Nontaxable combat pay election	n. 42b	************	0	<del></del>				
	43		Additional child tax credit. Atta		dule 8812.	43		ol			
	44		American opportunity credit fro					0	-		
	45		Net premium tax credit. Attach			45		o	_		
	46		Add lines 40, 41, 42a, 43, 44, a			our total pa	vments.	<b>-</b>	46	8160	l o
D. C	47		If line 46 is more than line 39, s				,				
Refund			This is the amount you overpai						47	8160	0
Direct	48		Amount of line 47 you want refund		u. If Form 88	88 is attache	d, check her	e▶ſ	148a	8160	
deposit?	_		Routing [ ] [ ] [ ] [ ]								L
See instructions	•		number		c Type:	Checking	☐ Saving	S			
and fill in	_	d	Account TITITI		1 1 1						
48b, 48c, and 48d or		<u>.</u>	number	$\bot \bot \bot \bot$							
Form 8888.	49	)	Amount of line 47 you want ap	plied to	your			T	_		
			2016 estimated tax.		_	49		0			
Amount	50	)	Amount you owe. Subtract line	e 46 froi	m line 39. F	or details or	n how to pa	٧.			
you owe			see instructions.				•	-	50	o	
you owe	51		Estimated tax penalty (see insti	ructions	).	51		0			L
Third party		Doy	ou want to allow another person to dis	cuss this	return with the	IRS (see instr	uctions)?	es. Co	mplete th	ne following.	No
designee			gnee's		Phone	•			• entification		
uesignee		nam	<b>▶</b>		no. 🕨		numi	oer (PIN	l) i	<b>&gt;</b>	
Cian		Unde	er penalties of perjury, I declare that I have e pelief, they are true, correct, and accurately	examined th	ils return and ac	companying sch	edules and state	ments,	and to the	best of my know	wiedge
Sign		than	the taxpayer) is based on all information of	which the p	reparer has any	knowledge.	ceived during th	e tax y	ar. Declar	ation of preparer	r (otner
here		Your	signature		Date	Your occupation	n	D	aytime pho	one number	
Joint return? See instructions.											
Кеер а сору	7	Spot	ise's signature. If a joint return, <b>both</b> must si	ign.	Date	Spouse's occu	pation	H O	the IHS sent N, enter it	you an Identity Prote	ection
for your records.	7								ere (see inst.)		77
Paid		Print	type preparer's name	Preparer's	signature		Date	Che	ck ▶ ☐ if	PTIN	
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preparer		Firm	s name ▶			;	· <b></b>	Firm	's EIN ▶		
use only		Firm	s address ▶				· · · · · · · · · · · · · · · · · · ·	Pho	ne no.		-

(Rev. September 2014)

Department of the Treasury

## 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.

OMB No. 1545-0074

Internal	Revenue Service	► Information about i	Form 4852 is ava	aila	ble at www.irs.gov/for	m4852.		
	Name(s) shown	on return				2 Your s	ocial security nu	mber
	6. Clark							
3 /	Address							
					-			
4	Enter year in s	pace provided and check one bo	ox. For the tax	yea	ar ending December 3	1, 2015		
		able to obtain (or have received an						
	I have notified t	he IRS of this fact. The amounts si	hown on line 7	or	line 8 are my best es	timates for	r all wages or payr	nents
		d tax withheld by my employer or p		n I	ine 5.			
5	Employer's or p	ayer's name, address, and ZIP coo	de				6 Employer's or p	
				-	-		identification nu	imber (if knowi
					· · · · · · · · · · · · · · · · · · ·			
7		ter wages, tips, other compensation						
	• • •	s, and other compensation	0	f	State income tax wi	hheid .		213
		urity wages	0		(Name of state) .	Maryland		
		wages and tips	0	g	Local income tax wi			
		urity tips	0		(Name of locality)	n/a		
	e Federal in	come tax withheld	2520		Social security tax v	ithheld .	· · · · -	385
				i	Medicare tax withhe	id		90
	c Taxable and Total distr	mount		g h i j	State income tax wi Local income tax wi Employee contributi Distribution codes .	thheld .		
Com	pany provided in Explain your effort	termine the amounts on lines 7 and formation and statutory language orts to obtain Form W-2, Form 109 unts are correct.	in IRC Sections				atement.	
	neral Instruc	ctions e to the Internal Revenue Code.		sh	If you received an inco ould always attempt to prected form before fili	have your	employer or payer	
Futur inform about legista Purpe	re developments nation about Fon t any future deve ation enacted aft ose of form. For	s. The IRS has created a page on IRS m 4852, at www.irs.gov/form4852. Ir lopments affecting Form 4852 (such er we release it) will be posted on the m 4852 serves as a substitute for Fod is completed by you or your repres	nformation as at page. orms W-2,	No yo be qu ye	ote. Retain a copy of F.  Brur social security ber  gin receiving social security  ber  gestion about your worl  ar. After September 30  ay use a my Social Sec	orm 4852 f effts, keep curity bene crecord an following	or your records. To o a copy of Form 48 fits, just in case the id/or earnings in a p the date shown on	352 until you are is a particular line 4, you
when Form Form	(a) your employed 1099-R or (b) an W-2 or Form 10	er or payer does not issue you a Forr e employer or payer has issued an inc 99-R. Attach this form to the back of fore any supporting forms or schedul	m W-2 or correct your	re Or by	ported by your employ , you may contact you your employer.	ers. Please local SSA	visit www.ssa.gov/ office to verify wag	<i>myaccount.</i> ges reported

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and 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 also will send you a Form 4852. If you do not 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.

W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- · Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid.
- · Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

DAVEDIO	LOCKECTE
PAYER'S name, street address, city, state,	and ZIP code
RETIREMENT SERVICES	~
CENTURYLINK DOLLARS & SE	NSE 401(K)
733 MARQUETTE AVE, N9306-0-	42
MINNEAPOLIS, MN 55479	
PAYER'S federal identification number	RECIPIENT'S identification number
41-6257133	
RECIPIENT'S name, street address (includ	ling apt. no.), city, state, and ZIP code
ERIK S CLARK	
10 Amount allocable to IRR within 5 years	s 11 1st year of desig. Roth contrib.
Account number (see instructions)	Tracking #
WF000CTD	65000008516703T1
EOPM 1000 P Department of	the Treesum Internal Revenue Service

ескеа)		2015		
Gross distribution	2b Taxable amount	Form 1099-R		
4451.11	not determined	Distributions		
a Taxable amount	Total	From Pensions,		
4451.11	distribution 🔯	Annuities, Retirement or		
Capital gain (included in	4 Federal income tax	Profit-Sharing		
box 2a)	withheld	Plans, IRAs,		
	\$ 890.22	insurance		
Employee contributions	6 Net unrealized	Contracts, etc.		
/Designated Roth contributions or insurance premiums	appreciation in employer's securities	This information is being furnished to the Internal		
or modrance premiums	\$	Revenue Service		
Distribution IRA/SEP/SIMPL		COPY 2		
code(s)	8 Other			
1	\$ %	File this copy with your		
Your percentage of total	9b Total employee	state, city, or local income		
distribution %	contributions	tax return when required.		
State tax withheld	13 State/Payer's state no.			
344.96	[] a			
344.70		14 State distribution  \$ 4451.11		
Local tax withheld	16 Name of locality	\$ 17 Local distribution		
	<b> </b>	\$		
		\$ \$		