

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning

1-01, 2013, ending

12-31, 2013

See separate instructions.

Your first name and initial

Last name

Joseph F.

Davis

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

OK.

Foreign country name

Foreign province/state/county

Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

**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**1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☐ Spouse . . . . .

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed . . . . .

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you  
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	0	00
8a	Taxable interest. Attach Schedule B if required . . . . .	8a		
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b		
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a		
b	Qualified dividends . . . . .	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10		
11	Alimony received . . . . .	11		
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> . . . . .	13		
14	Other gains or (losses). Attach Form 4797 . . . . .	14		
15a	IRA distributions . . . . .	15a		
b	Taxable amount . . . . .	15b		
16a	Pensions and annuities . . . . .	16a		
b	Taxable amount . . . . .	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17		
18	Farm income or (loss). Attach Schedule F . . . . .	18		
19	Unemployment compensation . . . . .	19		
20a	Social security benefits . . . . .	20a		
b	Taxable amount . . . . .	20b		
21	Other income. List type and amount . . . . .	21		
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	0	00
23	Educator expenses . . . . .	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24		
25	Health savings account deduction. Attach Form 8889 . . . . .	25		
26	Moving expenses. Attach Form 3903 . . . . .	26		
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27		
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28		
29	Self-employed health insurance deduction . . . . .	29		
30	Penalty on early withdrawal of savings . . . . .	30		
31a	Alimony paid b Recipient's SSN ▶ . . . . .	31a		
32	IRA deduction . . . . .	32		
33	Student loan interest deduction . . . . .	33		
34	Tuition and fees. Attach Form 8917 . . . . .	34		
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35		
36	Add lines 23 through 35 . . . . .	36		
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	0	00

**Adjusted Gross Income**

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,100  
Married filing jointly or Qualifying widow(er), \$12,200  
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	0	00
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a			
	if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind.			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100	
41	Subtract line 40 from line 38	41	-6,100	
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0	
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44		
45	Alternative minimum tax (see instructions). Attach Form 6251	45		
46	Add lines 44 and 45	46	0	
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48		
49	Education credits from Form 8863, line 19	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit. Attach Schedule 8812, if required	51		
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54	0	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0	

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56		
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57		
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58		
59a	Household employment taxes from Schedule H	59a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b		
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60		
61	Add lines 55 through 60. This is your total tax	61	0	

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	2373	94
63	2013 estimated tax payments and amount applied from 2012 return	63		
64a	Earned income credit (EIC)	64a		
b	Nontaxable combat pay election <input type="checkbox"/> 64b			
65	Additional child tax credit. Attach Schedule 8812	65		
66	American opportunity credit from Form 8863, line 8	66		
67	Reserved	67		
68	Amount paid with request for extension to file	68		
69	Excess social security and tier 1 RRTA tax withheld	69		
70	Credit for federal tax on fuels. Attach Form 4136	70		
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71		
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	2373	94

**Refund**

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2373	94
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	2373	94
b	Routing number			
d	Account number			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
75	Amount of line 73 you want applied to your 2014 estimated tax	75	0	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0	
77	Estimated tax penalty (see instructions)	77		

**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  Daytime phone number

Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

**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.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

**1** Name(s) shown on returnJoseph F. Davis**2** Your social security number**3** Address**4** Enter year in space provided and check one box. For the tax year ending December 31, 2013,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 codeCTC, INC4701 NE 23<sup>rd</sup> St. Oklahoma City, OK 73121**6** Employer's or payer's

identification number (if known)

**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation0**g** State income tax withheld25**b** Social security wages0(Name of state) OK**c** Medicare wages and tips0**h** Local income tax withheld**d** Advance EIC payment0

(Name of locality)

**e** Social security tips**i** Social security tax withheld61.66**f** Federal income tax withheld2.00**j** Medicare tax withheld14.42**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/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 ☐**h** Local income tax withheld**d** Total distribution ☐**i** Employee contributions**e** Capital gain (included in line 8b)**j** Distribution codes**9** How did you determine the amounts on lines 7 and 8 above? Payer erroneously issued "wage" statements not in accordance with IRC 3401(a) + 3121(a). Bad payer data concerning amounts withheld are overpayment. 6401(c). Dealings between me & payer shouldn't have been reported but were anyway in error. I received no such "wages."**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.None as of yet. The original is in error.**Sign  
Here**

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.

Signature ▶

Date ▶ 3-23-14



Form

**4852**

(Rev. August 2013)

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

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

**1** Name(s) shown on returnJoseph Franklin Davis**2** Your social security number**3** AddressOK.**4** Enter year in space provided and check one box. For the tax year ending December 31, 2013,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 codePeopLease, LLC 210 Wingo Way Suite 400 Mt. Pleasant S.C. 29464-1805**6** Employer's or payer's  
identification number (if known)**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation0**g** State income tax withheld399.00**b** Social security wages0(Name of state) OK**c** Medicare wages and tips0**h** Local income tax withheld**d** Advance EIC payment0

(Name of locality)

**e** Social security tips0**i** Social security tax withheld801.52**f** Federal income tax withheld1025.28**j** Medicare tax withheld187.46**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/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☐**h** Local income tax withheld**d** Total distribution☐**i** Employee contributions**e** Capital gain (included in line 8b)**j** Distribution codes**9** How did you determine the amounts on lines 7 and 8 above?No taxable "wages" were received by me "recipient". Payer erroneously reported payment info and is bad payer data.(HOLK) The amounts withheld are overpayments. Payer's data is inconsistent with IRC 3401(a)+3121(a).**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.None as of yet.**Sign  
Here**

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.

Signature ▶

Date ▶

3-23-14

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

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

1 Name(s) shown on return

Joseph F. Davis

2 Your social security number

3 Address

OK

4 Enter year in space provided and check one box. For the tax year ending December 31, 2013.

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

Premium of North Carolina Inc

190 Highland Drive Medina, OH. 44256

6 Employer's or payer's  
identification number (if known)

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

a Wages, tips, and other compensation	0	g State income tax withheld	32.00
b Social security wages	0	(Name of state)	OK
c Medicare wages and tips	0	h Local income tax withheld	
d Advance EIC payment	0	(Name of locality)	
e Social security tips	0	i Social security tax withheld	228.19
f Federal income tax withheld	0	j Medicare tax withheld	53.36

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/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"/>	h Local income tax withheld	
d Total distribution	<input type="checkbox"/>	i Employee contributions	
e Capital gain (included in line 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above? Bad payer data. I wasn't involved in a "trade or business" IRC 7701 (a)(26) or 3401(a)+3121(a) or any relevant law.

I received no such "wages" and had no taxable "income". Amounts withheld are overpayments. 6401(c)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None as of yet.

Sign  
Here

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.

Signature ▶

Date ▶

3-23-14

<input type="checkbox"/> VOID <input checked="" type="checkbox"/> CORRECTED		OMB No. 1545-0115 <b>2013</b> Form 1099-MISC		<b>Miscellaneous Income</b>	
PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. <b>CTC, INC</b>  <b>4701 NE 23RD ST.</b> <b>OKLAHOMA CITY</b>		<b>1</b> Rents \$ <b>2</b> Royalties \$ <b>3</b> Other income \$ <b>4</b> Federal income tax withheld \$ <b>5</b> Fishing boat proceeds \$ <b>6</b> Med & health care payments \$ <b>7</b> Nonemployee compensation \$ <del>0</del> <del>20,000.00</del> <b>8</b> Substitute payments in lieu of dividends or interest \$ <b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> <b>10</b> Crop insurance proceeds \$ <b>11</b> Foreign tax paid \$ <b>12</b> Foreign country or U.S. possession \$ <b>13</b> Excess golden parachute payments \$ <b>14</b> Gross proceeds paid to an attorney \$ <b>15 a</b> Section 409A deferrals \$ <b>15 b</b> Section 409A income \$ <b>16</b> State tax withheld \$ <b>17</b> State/Payer's state no. \$ <b>18</b> State income \$		<b>OK 73121</b>	<b>Copy 1 For State Tax Department</b>
PAYER'S federal identification number  RECIPIENT'S identification number  RECIPIENT'S name <b>JOSEPH DAVIS</b> Street address (including apartment number)  City or town, province or state, country, and ZIP or foreign postal code <b>OK</b> Account number (see instructions)  <b>15 a</b> Section 409A deferrals \$ <b>15 b</b> Section 409A income \$		<b>16</b> State tax withheld \$ <b>17</b> State/Payer's state no. \$ <b>18</b> State income \$		<b>Copy 1 For State Tax Department</b>	

BAA Form 1099-MISC

FDEA0302 07/03/13

www.irs.gov/form1099misc

Department of the Treasury — Internal Revenue Service

Said payments are not reportable under IRC §6041A as CTC, Inc. is a private-sector company. As such, they are not described within the definition of "trade or business" in § 7701(a)(26) and the payments made to me cannot, therefore, be characterized as "salaries,...wages,...compensations, remunerations,...or other fixed or determinable gains, profits, and income..." (IRC 6041(a)). Sections 6041(a) and 6041A(a) only apply to a "person" or "service-recipient" engaged in a "trade or business". The reporting requirement applies only to those individuals or entities when the payments described within these two sections are made to "another person" or "any person", respectively, in the course of a "trade or business". The above is true and correct to the best of my knowledge and belief and sign under penalties of perjury.

3-23-14