

James

October 15, 2013

Affidavit of Non "Federally Privileged" Statement

Department of The Treasury
Internal Revenue Service
Kansas City MO 64999-0002

Dear Sir or Madam,

This document serves to answer for myself, James [REDACTED], recipient of a W-2, and as the President of [REDACTED], Inc. (ID# [REDACTED]), the issuer of the W-2, items No. 9 and 10 on the accompanying Form 4852- Substitute for Form W-2 for the Tax Year ending 12-31-12.

Item #9

The income amount of zero is ascertained by the fact that [REDACTED] Inc. is not involved in any Federally privileged activity including any "trade or business" or the "performance of the functions of a public office" as defined in IRC Sec. 7701(a)(26). In turn, my service to [REDACTED] Inc. is not so privileged. Therefore my work and labor does not constitute "wages" or "compensation" as defined in the IRC, so the excise tax does not apply.

Item # 10

As [REDACTED] Inc. is my payer, and I am the President of the company, the issuing of W-2s is my responsibility. The incorrect W-2 was formed in my ignorance of the law and thus must now be corrected.

I attest, under penalty of perjury, that to the best of my knowledge and belief this document is true, correct and complete.

W-2 Recipient and President of [REDACTED], Inc.

Date

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20

See separate instructions.

Your first name and initial **JAMES** Last name [redacted] Your social security number [redacted]

If a joint return, spouse's first name and initial Last name [redacted] Spouse's social security number [redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. [redacted] **Make sure the SSN(s) above and on line 6c are correct.**

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

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

1 ☒ Single

2 ☐ 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

(i) First name	Last name	(ii) Dependent's social security number	(iii) Dependent's relationship to you	(iv) ☒ If child under age 17 qualifying for child tax credit (see instructions)
				☐
				☐
				☐
				☐

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

d Total number of exemptions claimed

Bones 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 ▶ **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15b Taxable amount

16a Pensions and annuities 16b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	0
	39a	Check ☐ You were born before January 2, 1948, ☐ Blind. Total boxes checked ☐ 30a		
		If ☐ Spouse was born before January 2, 1948, ☐ Blind. checked ☐ 30a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 30b		
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5950 00
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	(5950 00)
• All others:	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3800 00
Single or Married filing separately, \$5,950	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
Married filing jointly or Qualifying widow(er), \$11,900	44	Tax (see instructions). Check if any from: ☐ Form(s) 9814 b ☐ Form 4972 c ☐ 982 election	44	0
Head of household, \$6,700	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
	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 ☐ 3800 b ☐ 8801 c ☐	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	0
	57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	0
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	0
	59a	Household employment taxes from Schedule H	59a	0
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	0
	60	Other taxes. Enter code(s) from instructions	60	0
	61	Add lines 56 through 60. This is your total tax	61	0
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	780 00
	63	2012 estimated tax payments and amount applied from 2011 return	63	1560
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	0
	b	Nontaxable combat pay election ☐ 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	0
	66	American opportunity credit from Form 8863, line 8	66	0
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	0
	69	Excess social security and tier 1 RRTA tax withheld	69	0
	70	Credit for federal tax on fuels. Attach Form 4136	70	0
	71	Credits from Form: a ☐ 2439 b ☒ Rued c ☐ 8801 d ☐ 8885	71	0
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	2340 00
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2340 00
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐	74a	2340 00
Direct deposit? See instructions.	b	Routing number		
	d	Account number		
	75	Amount of line 73 you want applied to your 2013 estimated tax ☐ 75		
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 DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ NoDesignee's name Phone no. Personal identification number (PIN) **Sign Here**

Under penalty 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

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

10-11-12

LANASCAP GARDENER

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

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return

JAMES [REDACTED]

2 Your social security number

3 Address

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

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

[REDACTED] INC

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

b Social security wages

0

c Medicare wages and tips

0

d Advance EIC payment

0

e Social security tips

0

f Federal income tax withheld

780.00

g State income tax withheld

\$ 457.60

(Name of state)

NY

h Local income tax withheld

0

(Name of locality)

i Social security tax withheld

\$ 873.60

j Medicare tax withheld

\$ 301.60

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

a Gross distribution

0

b Taxable amount

0

c Taxable amount not determined

☐

d Total distribution

☐

e Capital gain (included in line 8b)

0

f Federal income tax withheld

g State income tax withheld

h Local income tax withheld

i Employee contributions

j Distribution codes

9 How did you determine the amounts on lines 7 and 8 above?

SEE AFFIDAVIT

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

SEE AFFIDAVIT

**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 ▶ 10-15-13