

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning 1/1, 2013, ending 12/31, 2013 See separate instructions.

Your first name and initial **MATTHEW F** Last name **WOLTERS** Your social security number **[REDACTED]**
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. **[REDACTED] SW 47th Court** Apt. no. **203**
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **DAVIE FL 33314**
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 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. ▶
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 1
b ☐ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here ☐ 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 ▶ **1**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **-0-**
8a Taxable interest. Attach Schedule B if required 8a **-0-**
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 ▶ ☐ 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-**

Adjusted Gross Income 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 **-0-**
37 Subtract line 36 from line 22. This is your adjusted gross income 37 **-0-**

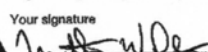


Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	-0-
	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. checked <input checked="" type="checkbox"/> 39a		
Standard Deduction for—	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100.00
• All others: Single or Married filing separately, \$5,100	41	Subtract line 40 from line 38	41	6,100 -0-
Married filing jointly or Qualifying widow(er), \$12,200	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
Head of household, \$8,950	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3,900 -0-
	44	Tax (see instructions). Check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4872 <input type="checkbox"/>	44	-0-
	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: <input type="checkbox"/> 3800 <input type="checkbox"/> 8801 <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: <input type="checkbox"/> 4137 <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: <input type="checkbox"/> Form 8959 <input type="checkbox"/> Form 8960 <input type="checkbox"/> Instructions; enter code(s)	60	-0-
	61	Add lines 55 through 60. This is your total tax	61	-0-

Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	13,170	61
	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	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: <input type="checkbox"/> 2439 <input checked="" type="checkbox"/> Reserved <input type="checkbox"/> 8885 <input type="checkbox"/>	71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	13,170	61

Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	13,170	61
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	13,170	61
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number			
	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	-0-	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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.	
Joint return? See instructions. Keep a copy for your records.	Your signature  Spouse's signature. If a joint return, both must sign.	Date 3/28/14 Your occupation PRIVATE FLORIDA CITIZEN Spouse's occupation
	Daytime phone number  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	Daytime phone number  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

MATTHEW F. WOLTERS

2 Your social security number

~~XXXXXXXXXX~~

3 Address

~~XXXX~~ SW 47th Court APT 203 DAVIE FL 333144 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

GLASSWALL LLC3550 NW 49th STREET MIAMI, FL 331426 Employer's or payer's
identification number (if known)65-1148855

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

a Wages, tips, and other compensation

-0-

g State income tax withheld

(Name of state)

b Social security wages

-0-

h Local income tax withheld

(Name of locality)

c Medicare wages and tips

-0-

d Advance EIC payment

-0-

e Social security tips

-0-

i Social security tax withheld

3058.31

f Federal income tax withheld

7811.76

j Medicare tax withheld

715.25

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 PROVIDED A W2 WHICH ERRONEOUSLY ALLEGES PAYMENTS UNDER IRC SECTION 3401(a) AND 3121(a) "WAGES". I HEREBY DISPUTE PAYER'S DATA. I RECEIVED NO SUCH WAGES. THE WITHHOLDINGS ARE CORRECT.

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

NONE. PAYER ISSUED A W-2 BEFORE "WAGES" ERRORS WERE NOTED THE PAYER'S "WAGES", ORIGINALLY ISSUED, IS BAD PAYER DATA

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.

**Sign
Here**

Signature ▶

Matthew F. Wolters

Date ▶

3/28/14

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.

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

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

OMB No. 1545-0074

1 Name(s) shown on return

MATTHEW F WOLTERS

2 Your social security number

3 Address

SW 47th Court APT 2034 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

CONTINENTAL GLASS SYSTEMS LLC326 WEST 74th PLACE, HIALEAH FL 33014

6 Employer's or payer's

identification number (if known)

45-2761211

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

a Wages, tips, and other compensation	<u>- 0 -</u>	g State income tax withheld	_____
b Social security wages	<u>- 0 -</u>	(Name of state)	_____
c Medicare wages and tips	<u>- 0 -</u>	h Local income tax withheld	_____
d Advance EIC payment	<u>- 0 -</u>	(Name of locality)	_____
e Social security tips	<u>- 0 -</u>	i Social security tax withheld	<u>465.00</u>
f Federal income tax withheld	<u>\$1011.54</u>	j Medicare tax withheld	<u>108.75</u>

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? PAYER PROVIDED A W-2 WHICH ERRONEOUSLY ALLEGES PAYMENTS UNDER IRC SECTION 340(a) AND 3121(a) "WAGES" I HEREBY DISPUTE PAYER'S DATA. I RECEIVED NO SUCH WAGES. THE WITHHOLDINGS ARE CORRECT.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. NONE. PAYER ISSUED A W-2 BEFORE "WAGES" ERRORS WERE NOTED. THE PAYER'S "WAGES", ORIGINALLY ISSUED, IS BAD PAYER DATA

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.

Sign HereSignature ▶ Matthew WoltersDate ▶ 3/28/14