05/22/2014

Department of the Treasury Internal Revenue Service Fresno, CA 93888-0422

RE: Revised 2010 Tax Return

Please find enclosed the second revised/corrected, 1040X filing of my 2010 tax return. The original 1040 was filed on or about 10/15/2011, and the first revised 1040X was filed on or about 02/24/2013. The numbers used are from the revised 1040X filed 2/24/13. Also enclosed is form 8082 to rebut any previous erroneous claims of alleged payments made or received on the K-1 form. The "Payer" performed no "trade or business" activities as defined in USC Title 26 Section 7701(a)(26). Therefore no "trade or business" income was produced as erroneously reported on the K-1 and Schedule C by my tax preparer.

Additionally any private sector payments are not reportable under IRC 6041(a), or 6041A as the "Payers" are private sector companies. As such, any payments made cannot be characterized as "salaries, wages, compensations, remunerations, or other fixed or determinable gains, profits, or income". IRC 6041(a), Sections 6041(a), and 6041A(a) only apply to a person or service recipient engaged in a "trade or business".

Please process immediately, and provide the indicated refund within 30 days as dictated by IRC Section 6402(a) and Section 6401(b)(c).

Without Prejudice,



₽ 1040X

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. December 2013) ► Information about Form 1040X and its separate instruction	ns is a	at www.irs.gov/for	m1040x.				
This return is for calendar year □ 2013 □ 2012 □ 2011 ☑ 2010							
Other year. Enter one: calendar year or fiscal year (month and year	ende	d):					
Your first name and initial Last name				social security number			
RA B		17.1-2	1000	The man and the second			
ff a journeum, spouse's first name and initial			opouse	S SOCIAI SEC	urrey number		
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.	Your pho	one number	-		
and the state and 710 and a life you have a favoire address also assemble anaesa hale	/200	instructions)	- 100	N. C.	·		
City, LOWIL or post office, state, and ZIP code. If you have a foreign address, also complete spaces belo	w (see	instructions).					
NEWPORT BEACH, CA 92663 Foreign country name Foreign province/stat	e/cour	ntv	F	oreign postal	code		
ologii odinay namo	0,000,	,					
Amended return filing status. You must check one box even if you are not char	nging	your filing status	· ·				
Caution. In general, you cannot change your filing status from joint to separate re							
✓ Single							
Qualifying widow(er) Head of household (If the qualifying person is a child but	not yo	our dependent, see	instructi	ons.)			
Use Part III on the back to explain any changes		A. Original amount		hange-			
ose rait in on the back to explain any changes		or as previously adjusted	or (decr	f increase rease) —	C. Correct amount		
Income and Deductions		(see instructions)	explain i	n Part III			
1 Adjusted gross income. If net operating loss (NOL) carryback is							
included, check here	1	73,447		(73,447)	0		
2 Itemized deductions or standard deduction	2	5,700			5700		
3 Subtract line 2 from line 1	3	67,747		(67,747)	0		
4 Exemptions. If changing, complete Part I on page 2 and enter the							
amount from line 28	4	3,650			3,650		
5 Taxable income. Subtract line 4 from line 3	5	64,097		(64,097)	0		
Tax Liability							
6 Tax. Enter method used to figure tax (see instructions):							
TABLE	6	34,311		(34,311)	0		
7 Credits. If general business credit carryback is included, check	_						
8 Subtract line 7 from line 6. If the result is zero or less, enter -0	8	24.244		(04.044)	-		
	34,311		(34,311)	0			
9 Other taxes	9	539 34,850		0			
Payments	10	34,850		(34,850)	0		
11 Federal income tax withheld and excess social security and tier 1 RRTA							
tax withheld (if changing, see instructions)	11						
12 Estimated tax payments, including amount applied from prior year's							
return	12						
13 Earned income credit (EIC)	13						
14 Refundable credits from Schedule(s) ☐ 8812 or ☑ M or Form(s) ☐ 2439							
□ 4136 □ 5405 □ 8801 □ 8812 (2010 or 2011) □ 8839 □ 8863							
8885 or Other (specify):	14	220		0	220		
15 Total amount paid with request for extension of time to file, tax paid with	orig	inal return, and a	dditiona	al			
tax paid after return was filed				15	34,850		
16 Total payments. Add lines 11 through 15				16	34,850		
Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 10							
17 Overpayment, if any, as shown on original return or as previously adjusted				17	34,850		
18 Subtract line 17 from line 16 (If less than zero, see instructions)				18			
19 Amount you owe. If line 10, column C, is more than line 18, enter the different				19			
20 If line 10, column C, is less than line 18, enter the difference. This is the ar					34,850		
21 Amount of line 20 you want refunded to you		1 1		21	34,850		
22 Amount of line 20 you want applied to your (enter year): estimate	ted t		lata and	nieus Alein d	orm on Page 2		

Part I Exemptions

Complete this part only if you are increasing o	r decreasing the number	of exemptions	(personal and	dependents)	claimed	on line	e 6d of
the return you are amending.							

See F	form 1040 or Form 1040	A instructions and Form		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount		
23			e can claim you as a yourself	23				
24				24				
25			due to divorce or separation	25				
26				26				
27	Total number of exem	ptions. Add lines 23 thro	ugh 26	27				
28	amount shown in the amending. Enter the re	e instructions for line a sesult here and on line 4 c	line 27 by the exemption 28 for the year you are n page 1 of this form	28				
29	List ALL dependents (c	hildren and others) claime	ed on this amended return. If	more	than 4 dependent	s, see instruction	ns.	
(a)	(a) First name	First name Last name (b) Dependent's social security number			(c) Dependent's relationship to you			
Par		ection Campaign Fu						
_		ase your tax or reduce y						
			go to the fund, but now do.		as to the final by	it now door		
			se did not previously want \$ ovided below, tell us why ye					
Part								

Lines 1,3,5,6,8,10, and 14 changed based on corrections to erroneous information returns.

performed no "trade or business" activities as defined in USC Title 26 Section 7701 (a)(26). Therefore no "trade or business" income was produced as erroneously reported on K-1 by tax preparer. See attached form 8082 for corrected K-1.

Sign Here

For forms and publications, visit IRS.gov.				Form	1040X (Rev. 12-2013)				
PTIN			Phone number	EIN					
	Check if self-	employed							
Print/type preparer's name		Firm's add	ress and ZIP code						
Preparer's signature	Date	Firm's name (or yours if self-employed)							
Paid Preparer Use Only									
Your signal	5/24/9 Date	Spouse's signature. If a joint return, both must sign. Date							
Under penalties of perjury, I declare that I have schedules and statements, and to the best of my cher than taxpayer) is batter than taxpayer is batter.		this amend	ed return is true, correct, a						
Remember to keep a copy of this form for	your records.								
3									

Form **8082**

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs.)

► See separate instructions.

OMB No. 1545-0790

Attachment Sequence No. **84**

Name(e) shown on return						dentifying	numbe	r	Montestano	
R/)B							-			9
Part I General Information				4180		Statistics.		Name of Street	The Party	
1 Check boxes that apply: (a) ✓ No	tice of inc	onsistent	treatment (b) 🗆 /	Administrat	ive adjus	tment	t reque	est (AAF	R)
2 Identify type of pass-through entity:										
(a) ☐ Partnership (b) ✓ S corpor	ration	(c) 🗆 Es	state (d) 🗌 Tr	ust	(e) RE	MIC				
3 Employer identification number of pass			Internal Revenue S				throug	h entity	y filed its	return
4 Name, address, and ZIP code of pass-	through e	ntity 6	Tax year of pass-	throu	igh entity					
	oug o		rat your or page		/ 01 /	2010	to 1	12 /	31 /	2010
VPORT BEAC	H. CA 926	663 7	Your tax year							
				01		2010	to 1	12 /	31 /	2010
Part II Inconsistent or Administrati			Request (AAR) It	ems						
(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	or AAR is	stency is in, to correct es that apply) Treatment of item	(c) Amount as shown Schedule K-1, Schedule similar statement, a for trust statement, or your whichever applies (s instructions)	Q, or reign return,	(d) Amount y	ou are repor	rting		ference be (c) and (d)	tween
Part 3, line 1, ordinary business incom	,									
8	*		164,209			0			164,20	09
9										
10							-		4-1-2-1-1	
11										
Part III Explanations—Enter the Par	t II item	number	before each ex	plan	ation. If n	nore sp	ace i	s nee	ded,	
continue your explanations	on the ba	ack.								
performed NO "tr	ade or bus	iness" ac	tivities as defined in	usc	Title 26 Se	ction 770	1 (a)(2	6).		
Therefore NO "trade or business" income was p	roduced a	s erroneo	usly reported on K-	1 by t	ax preparer	. This for	m is s	ubmitte	ed to reb	out
and correct information on the K-1 originally su	bmitted wi	th the 201	0 return on or abou	t Octo	ober of 2011	. Any pay	ment	s made	to me b	y
this Payer did not result from any taxable activit	ty and do n	ot constit	tute taxable income	as pe	er (IRC) 604	I(a) or IR(C 6041	Α.		
					3					