| £ 1040 | | Individual Inco | IIIC I dx | Ketul | | | | MR NO. | 1545-0 | J/4 INSUSE | _ | o not write or staple in thi | |
|---------------------------------|----------------|--------------------------------------------------|------------------|--------------|----------------|------------|---------------|----------|------------------------------------------------|-------------------------------------|--------------|----------------------------------------------------------------|----------|
| For the year Jan. 1-De | | 3, or other tax year beginning | Last name | | | 2013, end | ing | | , 20 | | | e separate instructi ur social security nu | |
| _ | mutai | | Last Hallie | | | | | | | | 10 | Journal Gooding Hul | |
| If a joint return, spo | use's first | name and initial | Last name | | - | | | | | | Spo | ouse's social security n | umber |
| Tra joint retain, spe | 430 0 m ot | Tarro and muar | Edot Hamo | | | | | | | | , | | |
| Home address (num | nber and | street). If you have a P.O. b | ox. see instru | ctions. | | | | | | Apt. no. | | Make sure the SSN(s | above (|
| | _ | | | | | | | | | | | and on line 6c are o | |
| City, town or post offi | ce, state, a | nd ZIP code. If you have a fo | reign address, a | lso comp | lete spaces t | elow (see | instruc | tions). | _ | | P | residential Election Ca | mpaign |
| | | | | | | | | | | | | ck here if you, or your soous | |
| Foreign country nar | ne | | | Foreign | n province/s | state/cou | inty | | For | eign postal coo | | ly, want \$3 to go to this fund x below will not change you | |
| | | | | | | | | | | | refun | | Spouse |
| Ciling Ctatus | 1 | Single | | | | | 4 |] Head | of house | hold (with qu | alifying | person). (See instruction | ons.) If |
| Filing Status | 2 | Married filing jointly | (even if only | one ha | d income) | | | | | | | not your dependent, er | |
| Check only one | 3 | Married filing separa | | | | | | child's | s name h | ere. 🕨 | | | |
| box. | | and full name here. | > | | | | 5 |] Qualit | fying wi | dow(er) with | depen | dent child | |
| Exemptions | 6a | ☐ Yourself. If some | one can clai | m you a | ıs a depen | dent, d | o not | check l | box 6a | | . } | Boxes checked on 6a and 6b | |
| _xomptiono | b | Spouse | | | | | <u> </u> | • ; | | | <u>.</u> J | No. of children | |
| | C | Dependents: | | (2) Depen | | , , , | ependen | ١ ٠٠ | (4) ✓ if qualifying | child under age for child tax cr | 17 edit | on 6c who: • lived with you | |
| | (1) First | name Last name | , 50 | cial securit | y number | retatio | nship to | you | (sec | instructions) | | did not live with you due to divorce | |
| If more than four | | | | - | | | | | | <u> </u> | | or separation (see instructions) | |
| dependents, see | | | | | | | | | · | <u> </u> | | Dependents on 6c | |
| instructions and | | | | - | | 1 | | | | <u> </u> | | not entered above | _ |
| check here ► 📙 | d | Total number of ever | ntiona alaim | | | <u></u> | | | | | | Add numbers on lines above ▶ | |
| | 7 | Total number of exem | | | | • • | • • | • • | <u>· · · · </u> | | 7 | | 0 |
| Income | <i>1</i> 8а | Wages, salaries, tips, Taxable interest. Atta | | | | | | | | | 8a | | + |
| | b | Tax-exempt interest. | | | • | · · · | 86 | | | · · · · · | - Ou | | + |
| Attach Form(s) | 9a | Ordinary dividends. A | | | | · | | | | | 9a | | |
| W-2 here. Also | b | Qualified dividends | | | | | 9b | | | ` ' | 1 | | |
| attach Forms W-2G and | 10 | Taxable refunds, cred | | | te and loca | al incon | | es . | | | 10 | | |
| 1099-R if tax | 11 | Alimony received . | | | | | | | | | 11 | | |
| was withheld. | 12 | Business income or (I | oss). Attach | Schedu | lle C or C- | EZ . | | | | | 12 | | |
| | 13 | Capital gain or (loss). | Attach Sche | dule D i | if required | . If not r | equire | d, che | ck here | ▶ □ | 13 | | |
| If you did not | 14 | Other gains or (losses |). Attach Fo | rm 4797 | ' _. | ٠. | | | | | 14 | | |
| get a W-2, see instructions. | 15a | IRA distributions . | 15a | | | | b Taxa | able am | ount | | 15b | | |
| | 16a | Pensions and annuities | 16a | | | | b Taxa | able am | ount | | 16b | | |
| | 17 | Rental real estate, roy | alties, partn | erships, | S corpora | ations, t | rusts, | etc. At | tach So | chedule E | 17 | | |
| | 18 | Farm income or (loss) | | | | | | | | | 18 | | - |
| | 19 | Unemployment comp | 1 1 | | | | | | | | 19 | | |
| | 20a | Social security benefits | <u> </u> | | | | b Tax | able am | ount | | 20b | | |
| | 21 | Other income. List typ | | | | | | | | | 21 | | _ |
| | 22 | Combine the amounts in | | | | | | is your | total in | come P | 22 | | 0 |
| Adjusted | 23 | Educator expenses | | | | | 23 | | | | - | | |
| Gross | 24 | Certain business expens | | - | - | | | | | | | | 1 |
| Income | 05 | fee-basis government of | | | | | 24 | | | | ┨ | | ŀ |
| | 25 26 | Health savings accou | | | | | 25 | | | | - | | |
| | 26 27 | Moving expenses. At | | | | | 26 27 | | | | - | | |
| | 27 28 | Deductible part of self-e | | | | · SE . | 28 | | | | - | 1 | |
| | 26 29 | Self-employed SEP, Self-employed health | | | | | 29 | | | | 1 | | |
| | 30 | Penalty on early with | | | | • | 30 | | | | 1 | | |
| | 31a | Alimony paid b Reci | | | 11. | • | 31a | <u> </u> | | | 1 | | |
| | via | minimum paid b HCCl | PIOLIC & OOM | - | | _ | U I a | | | | | 1 | |

Tuition and fees. Attach Form 8917

Domestic production activities deduction. Attach Form 8903

Add lines 23 through 35

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

IRA deduction

Student loan interest deduction.

32 33

34

35

36

37

36

37

0 Form **1040** (2013)

32

33

34

35

| Tax and | 38 | Amount from line 37 (adjusted gross income) | | | | | .] | 38 | | 0 | |
|----------------------------------------------------|-------------|------------------------------------------------------------------------------|--------------|-----------|-------------|--------------------|-------------|----------------------|----------------|-------------------|-------------|
| Credits | 39a | Check ∫ ☐ You were born before January 2, 1949, | | Blind. | | | | | | | |
| Oreula | | if: Spouse was born before January 2, 1949, | □ B | Blind. J | checke | ed ▶ 39a | | | | İ | |
| Standard | b | If your spouse itemizes on a separate return or you were a du | ual-statu | ıs alien, | , check | chere▶ 39 | 9b□ | | | | |
| Deduction for— | 40 | Itemized deductions (from Schedule A) or your standard | deduc | tion (se | ee left i | margin) . | . | 40 | | | |
| • People who | 41 | Subtract line 40 from line 38 | | | | | | 41 | | | |
| check any box on line | 42 | Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the nur | mber on li | ine 6d. C |)therwise | e, see instructio | ns | 42 | | 0 | |
| 39a or 39b or who can be | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is | s more t | than lin | ne 41, e | nter -0 | . | 43 | | 0 | |
| claimed as a | 44 | Tax (see instructions). Check if any from: a Form(s) 8814 | b 🗌 F | orm 49 | 972 c | □ | | 44 | | \longrightarrow | |
| dependent, see | 45 | Alternative minimum tax (see instructions). Attach Form | 6251 . | | | | | 45 | | | |
| instructions. | 46 | Add lines 44 and 45 | | | | | > | 46 | | 0 | |
| All others: Single or | 47 | Foreign tax credit. Attach Form 1116 if required | | 47 | | | | | | | |
| Married filing | 48 | Credit for child and dependent care expenses. Attach Form 24 | 141 | 48 | | | | | | | |
| separately, 5 \$6,100 | 49 | Education credits from Form 8863, line 19 | . L | 49 | | | | | | | |
| Married filing | 50 | Retirement savings contributions credit. Attach Form 88 | 380 | 50 | | | | | | | |
| jointly or Qualifying | 51 | Child tax credit. Attach Schedule 8812, if required | . L | 51 | | | | | | | |
| widow(er), \$12,200 | 52 | Residential energy credits. Attach Form 5695 | . [| 52 | | | | | | | |
| Head of | 53 | Other credits from Form: a 3800 b 8801 c | L | 53 | | | | | | | |
| household, \$8,950 | 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 | 56 | Self-employment tax. Attach Schedule SE | | | | | | 56 | | | |
| Taxes | 57 | Unreported social security and Medicare tax from Form: | a 🗌 4 | 137 | b [|] 8919 . | | 57 | | | |
| Iaves | 58 | Additional tax on IRAs, other qualified retirement plans, etc. | Attach F | Form 53 | 329 if re | equired . | | 58 | | | |
| | 59a | Household employment taxes from Schedule H | | | | | | 59a | | | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if | | | | | | 59b | | | |
| | 60 | Taxes from: a Form 8959 b Form 8960 c Instruc | ctions; e | nter co | ode(s) | | | 60 | | | |
| | 61 | Add lines 55 through 60. This is your total tax | | | | <u>.</u> | > | 61 | | 0 | |
| Payments | 62 | Federal income tax withheld from Forms W-2 and 1099 | [| 62 | | 2636 | 66 | | | | |
| | 63 | 2013 estimated tax payments and amount applied from 2012 re | eturn 📙 | 63 | | | | | | | |
| If you have a | <u>64</u> a | Earned income credit (EIC) | | 64a | | | | | | | |
| qualifying child, attach | b | Nontaxable combat pay election 64b | <u></u> | | | | | | | | |
| Schedule EIC. | 65 | Additional child tax credit. Attach Schedule 8812 | [| 65 | | | | | | İ | |
| | 66 | American opportunity credit from Form 8863, line 8 | [| 66 | | | | | | | |
| | 67 | Reserved | [| 67 | | | | | | | |
| | 68 | Amount paid with request for extension to file | [| 68 | | | | Į | | | |
| | 69 | Excess social security and tier 1 RRTA tax withheld | [| 69 | | 3423 | 87 | | | | |
| | 70 | Credit for federal tax on fuels. Attach Form 4136 | | 70 | | | | | | | |
| | 71 | Credits from Form: a 2439 b Reserved c 8885 d | | 71 | | | | | | | |
| | 72 | Add lines 62, 63, 64a, and 65 through 71. These are your t | total pa | yment | s . | | | 72 | | 6060 | 53 |
| Refund | 73 | If line 72 is more than line 61, subtract line 61 from line 72 | 2. This i | is the a | amount | you overp a | aid | 73 | | 6060 | 53 |
| | 74a | Amount of line 73 you want refunded to you. If Form 8888 | | | | | | 74a | | 6060 | 53 |
| Direct deposit? | ▶ b | Routing number | ► c Ty | pe: 🔲 | Checki | ng 🔲 Savi | ngs | 1 | | | |
| See instructions. | ► d | Account number | | | | | | | | | |
| | 75 | Amount of line 73 you want applied to your 2014 estimated | | 75 | | | L | - | | | |
| Amount | 76 | Amount you owe. Subtract line 72 from line 61. For detail | ls on ho | w to p | ay, see | instructions | ; ▶ | 76 | | | |
| You Owe | 77 | Estimated tax penalty (see instructions) | <u> </u> | 77 | | | L | <u> </u> | | | |
| Third Party | Do | you want to allow another person to discuss this return wit | th the IF | RS (see | instru | ctions)? | Yes | . Com | plete below | v. 🔽 | No |
| Designee | De | signee's Phone | | | | Personal | identif | ication | | | |
| | | ne ▶ no. ▶ | | | | number (| |) | | | Ш |
| Sign | Un | der penalties of perjury, I declare that I have examined this return and acc | companyi | ng sched | dules an | d statements, | and to t | he best | of my knowled | dge and be | lief, |
| Here | the | vare true, correct, and complete. Declaration of preparer (other than taxp | payer) is t | oased on | n all intor | mation of whic | n prepa | 1 | | | |
| Joint return? See | Yo | ur signature Date | Your o | occupati | ion | | | Daytii | me phone nu | ımber | |
| instructions. | | | N/A | | | | | | | | |
| Keep a copy for your records. | Sp | ouse's signature. If a joint return, both must sign. Date | Spous | e's occ | upation | | | If the it PIN, er | RS sent you an | Identity Prot | ection |
| your records. | | | N/A | | | | | | see inst.) | | |
| Paid | Pri | nt/Type preparer's name Preparer's signature | | | Ţt | Date | | Chec | sk □if | PTIN | |
| Preparer | £ | | | | | | | | employed | | |
| Use Only | Fire | n's name ▶ | | | | Firm's EIN | <u> </u> | | | | |
| Jac Offig | | n's address ▶ | | | | Phone no. | | | | | |

Form 1040 (2013)

Page 2

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.

OMB No. 1545-0074

| 1 | Name(s | s) shown on return | | | 2 Your soc | cial security number |
|------|-------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------|---------------|----------------------------------------------------------|
| Ross | | | | | | |
| 3 | Addres | S | | | | |
| | | | | | | |
| | - | year in space provided and check o | - | • | | |
| | I have I | been unable to obtain (or have receive | ed an incorrect) 🗹 Fo | rm W-2 OR Forr | n 1099-R. | |
| | | notified the IRS of this fact. The amou | | | imates for a | II wages or payments |
| | | o me and tax withheld by my employe | | ne 5. | | Lo Familia de manada |
| 5 | Employ | er's or payer's name, address, and Zi | IP code | | | 6 Employer's or payer's identification number (if known) |
| | | | | | | Tachanication named (in this my |
| | | W O February the other second | | -11-1 | | |
| 7 | | W-2. Enter wages, tips, other compe | | | لمام مامان | |
| | | /ages, tips, and other compensation | <u>0</u> g | | inneia | , , , |
| | | | 0 | (Name of state) . | | |
| | | ledicare wages and tips | <u>o</u> h | | inneia | |
| | | | | (Name of locality) | | |
| | | ocial security tips | 0 i | Social security tax w | | |
| | t Fe | ederal income tax withheld | 2636.66 j | Medicare tax withhe | ld | 587.71 |
| 8 | | 1099-R. Enter distributions from pens | sions, annuities, retiren | | | |
| | | | f | Federal income tax | | |
| | | axable amount | g | | | |
| | | axable amount not determined . | h | | | |
| | | otal distribution | i | | | |
| | e C | apital gain (included in line 8b) . | j | Distribution codes . | | |
| | | | 7 10 10 | | | |
| 9 1 | Statuto paymer | d you determine the amounts on lines ry language found in IRC Sections 3401 nt of IRC Sections 3401 and 3121 "wage: | , 7 and 8 above? , 3121, and others. Com s" hereby disputed. | npany listed in Box 5 pi | rovided W-2 v | which erroneously alleged |
| 10 | Explain | your efforts to obtain Form W-2, Forn | m 1099-R, or Form W-2 | 2c, Corrected Wage a | nd Tax State | ement. |
| | Payer li | isted in Box 5 believes it is required to v | vithhold taxes no matter | what, for fear of IRS b | ullying. | |
| | | | | | | |
| | _ | Under penalties of perjury, I declare the correct, and complete. | hat I have examined this | statement, and to the | best of my l | knowledge and belief, it is true, |
| Si | ign | Correct, and complete. | | | | |
| H | ere | Signature ▶ | | | Date | ∍ ▶ |
| | | - | | | - | |

General Instructions

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at *www.irs.gov/form4852*. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

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.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note. Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit www.ssa.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form 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,

Form **4852**

Department of the Treasury

Internal Revenue Service

(Rev. August 2013)

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.

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OMB No. 1545-0074

| 1 1 | lame(s | s) shown on return | 2 Your so | cial security number |
|------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|
| Ross | | | | |
| 3 A | ddres | S | | |
| | | | | |
| | | year in space provided and check one box. For the tax year ending December 3 | | |
| 1 | have | been unable to obtain (or have received an incorrect) 🛮 Form W-2 OR 🔲 For | n 1099-R. | |
| - 1 | have | notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best es | timates for a | all wages or payments |
| | | to me and tax withheld by my employer or payer named on line 5. | | |
| 5 E | mploy | ver's or payer's name, address, and ZIP code | | 6 Employer's or payer's |
| | | | | identification number (if known) |
| | | | | |
| 7 | | W-2. Enter wages, tips, other compensation, and taxes withheld. | | |
| | | | thheld | · · · |
| | | ocial security wages (Name of state) . | | |
| | | | thheld | |
| | | dvance EIC payment (Name of locality) | | |
| | | ocial security tips i Social security tax v | | |
| | f F | ederal income tax withheld j Medicare tax withhe | eld | 61.23 |
| 8 | | 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plants of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st | | surance contracts, etc. |
| | | ross distribution f Federal income tax | | |
| | | axable amount | thheld | |
| | | axable amount not determined . h Local income tax wi | | |
| | | otal distribution i Employee contributi | | |
| | e C | apital gain (included in line 8b) j Distribution codes . | | , |
| 9 H | low die Statuto Daymer | d you determine the amounts on lines 7 and 8 above? ry language found in IRC Sections 3401, 3121, and others. Company listed in Box 5 p it of IRC Sections 3401 and 3121 "wages" hereby disputed. | rovided W-2 | which erroneously alleged |
| | | your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage a | | ement. |
| F | Payer li | sted in Box 5 believes it is required to withhold taxes no matter what, for fear of IRS b | ullying. | |
| | | | | |
| | | Under penalties of perjury, I declare that I have examined this statement, and to the | best of my | knowledge and belief, it is true, |
| Sig | gn | correct, and complete. | | |
| He | _ | | | |
| 110 | ,ı C | Signature > | Date | • ▶ |
| | | | | |

General Instructions

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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.

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Will I need to amend my return? If you receive a Form W-2, Form 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,



<u>Home</u> **Get Refund Status** Refund Help Log Out Take Survey

Your Personal **Tax Data**

Refund Status Results

N A

Social Security Number or IRS Individual Taxpayer Identification Number:

Filing Status: Married-Filing Joint Return

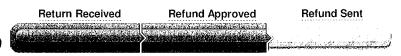
> Tax Period Ending: December 31, 2013

> > Your Expected Refund Amount: \$6,060.53

Adjusted Refund Amount: \$2,636.66

> Refund Date: April 11, 2014

You Will Receive a Notice Dated: April 7, 2014



We made changes to your tax return that changed the amount of your refund.

The balance of your refund, \$2,636.66, will be mailed by April 11, 2014. You will receive a notice dated April 7, 2014 that explains in more detail the changes made to your tax return

For more details about the changes we made to your tax return, please select the "Details" button.

Details

If you have questions or need additional information, please have the following on hand when you call:

- A copy of this page.
- · A copy of your tax return.
- The notice we sent you.
- . If you disagree with this change or the way we processed your return, please contact us.

Please mention reference number to the IRS Customer Service Representative.

IRS Hours of Service:

Monday through Friday, from 7 a.m. to 7 p.m.

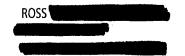
1-800-829-0582, when asked for an extension, enter 332. From outside the US call 267-941-1000.

TTY/TDD: 1-800-829-4059.

IRS Privacy Policy

| Notice | CP12 |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tax Year | 2013 |
| Notice date | April 14, 2014 |
| Social Security nur | mber The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of |
| To contact us | 1-800-829-0922 |
| Your Caller ID | |
| Page 1 of 3 | 18H |





039688

Changes to your 2013 Form 1040

Adjusted refund: \$2,636.66

We believe there's a miscalculation on your 2013 Form 1040, which affects the following area of your return:

Tax Payments

We made changes to your return that correct this error. As a result, you are due a refund of \$2,636.66.

| Summary | |
|-------------------|-------------|
| Payments you made | -\$2,636.66 |
| Tax you owed | 0.00 |
| Refund due | \$2,636.66 |

What you need to do

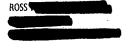
Review this notice, and compare our changes to the information on your tax return.

If you agree with the changes we made

• If you haven't received a refund for \$2,636.66, you should receive it within 4-6 weeks as long as you don't owe other tax or debts we're required to collect.

Continued on back...





| Notice | CP12 | |
|------------------------|----------------|--|
| Notice date | April 14, 2014 | |
| Social Security number | | |

Contact information

If your address has changed, please call 1-800-829-0922 or visit www.irs.gov.

□ Please check here if you've included any correspondence. Write your Social Security number (1040) on any correspondence.

| от торина и по | □ a.m. □ p.m. | | | □ a.m. □ p.m. |
|----------------|-------------------|-----------------|-------------------|------------------|
| Primary phone | Best time to call | Secondary phone | Best time to call | |

INTERNAL REVENUE SERVICE AUSTIN, TX 73301-0025

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| 2013 | |
| April 14, 2014 | |
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| What you need to d | o continued |
|--------------------|-------------|
|--------------------|-------------|

If you don't agree with the changes

- Call 1-800-829-0922 to review your account. You can also contact us by mail. Fill out the Contact information section, detach, and send it to us with any correspondence or documentation.
- If we don't hear from you, we'll assume you agree with the information in this

Changes to your 2013 tax return

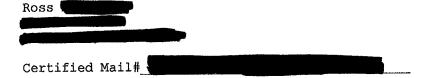
Information was changed because of the following:

• We changed the amount claimed as excess social security tax withheld or tier 1

| | RRTA withheld on Line 69 of Form | | |
|---------------------------|----------------------------------------|-------------------|------------------|
| Your tax calculations | Description | Your calculations | IRS calculations |
| | Adjusted gross income, line 37 | \$0.00 | \$0.00 |
| | Taxable income, line 43 | 0.00 | 0.00 |
| | Total tax, line 61 | \$0.00 | \$0.00 |
| Your payments and credits | Description | | IRS calculations |
| | Income tax withheld, line 62 | | \$2,636.66 |
| | Estimated tax payments, line 63 | | 0.00 |
| | Other credits, lines 64a, 65-67, 69-71 | | 0.00 |
| | Other payments | | 0.00 |
| | Total payments and credits | | \$2,636.66 |

Additional information

- Visit www.irs.gov/cp12
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).



April 7, 2014

Internal Revenue Service Austin, TX 73301-0010

This is in response to your Notice CP12 (copy enclosed).

You do not have the authority to disregard or alter my 2013 Form 1040. If you disagree, please <u>cite the specific IRC Section</u> authorizing you to alter the Form 1040 filing of a non-privileged private sector American citizen. I expect to receive your answer within (10) days of the date on my USPS Return Receipt. If I do not receive it by that time, I will know that you realize there is no such authorization to be found.

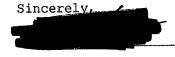
The change you made subtracted withholdings labeled **Social Security** tax withheld and Medicare tax withheld. I had no "income" to be taxed, and I owe no taxes measured by "income". Therefore, all monies withheld for that purpose are to be returned to me along with any applicable interest, since the language of 26 USC \$6402(a) relevantly states rather ambiguously that:

(a) General rule

In the case of any overpayment, the Secretary, within the applicable period of limitations, may credit the amount of such overpayment, including any interest allowed thereon, against any liability in respect of an internal revenue tax on the part of the person who made the overpayment and shall, subject to subsections (c), (d), (e), and (f) refund any balance to such person.

Promptly remit to me the remaining balance of \$3,423.87 along with any and all applicable interest. If you are unable to do this yourself, please forward my file to someone with authority to do so. As a public servant, I expect and demand that you uphold the rule of law.

I request and demand any and all due process to which I am entitled or which is in any way appropriate and/or available to me under any provision or practice of common, statutory, and/or administrative law or protocol including, but not limited to, that to which your notice refers; and incorporate by reference into this request and demand all relevant information included on or in that notice (copy enclosed). Be advised that it is my intention to audio-record any and all proceedings for which such an option is lawfully available to me. I declare that I make no admissions as to my status, the legitimacy of your implicit or explicit assertions, or the fitness of any particular legal or administrative protocol by responding to your notice or by requesting and demanding the due process referenced above. Prior to any formal or informal due process hearing, I expect and require meaningful clarification as to the nature of— and reason for— any alleged assessment, the process by which any and all relevant determinations reflected in and by your office were arrived at, and anything else pertinent to the matter.



Ross

04/07/2014