

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE FRESNO, CA 93888-0002 Initial letter to IRS sent with 2017 initial filing (2017 Return)

RE: 2017 TAX RETURN

MARCH 20, 2018

Dear Sir or Madam;

Please find enclosed the original filing of our joint 2017 TAX YEAR 1040 Return. Additionally, enclosed are two forms of 4852 Substitute for Forms W-2, which documents and makes corrections to the inaccurate W-2 information returns two Payers ("""), and """, and "", and """, and "", and """, and "", and """, and """, and """, and """, and """, and """, and """,

Payer known as "was the only payer that accurately reported "wages" to you on their W-2 submission (as defined by IRC section 3401 (a) and 3121 (a)). Therefore, this payer's W-2 is included with this return.

Below is a summary table of the withholdings from all the aforementioned parties.

NON-TAXABLE EARNINGS FEDERAL TAX SOCIAL SECURITY TAX MEDICARE TAX TOTAL

0 86.16 20.15 106.31
1739.25 1547.45 361.9 3648.6

TOTAL WRONGFULLY WITHHELD 3754.91

WITHHOLDINGS

TAXABLE "INCOME" FEDERAL TAX SOCIAL SECURITY TAX MEDICARE TAX

TAXABLE "INCOME"

(Govit)

4,280.03

TOTAL WRONGFULLY WITHHELD 3754.91
ADDITIONAL FEDERAL INCOME TAX WITHHELD 4280.03
TOTAL TAX PAID 8034.94

3519.79

knew we paid tax on that "income" correctly

one of our employers 15 the

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We expect a full and complete refund within 30 days on the 2017 enclosed Return as dictated in IRC Sec. 66402(a), Sec 301.6402-3(a)(1)(5), & Sec. 6401 (b)(c).

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Thank you for your service to our great nation.

I declare under the penalty of perjury, these statements and accompanying documents, and to the best of my knowledge, belief, that they are true, correct, and complete.



Yelena LAST ATME
TAXPAYER ID: SS B

I declare under the penalty of perjury, these statements and accompanying documents, and to the best of my knowledge, belief, that they are true, correct, and complete.



Roman TAXPAYER ID:

Tay Joint return, apouse's first name and initial  ROMAN		nd initia	2017, or other tax year beginn	Last nan	ne	, 2017, ending		, 20		See separate instru	ctic
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	71	From social consist	equest for extension to	file	. 70						
		Credit for federal to	ty and tier 1 RRTA tax wi x on fuels. Attach Form	ithheld	71						
	73	Credits from Form: a [7]	AND LET	4136	. 72						
	74	Add lines 64 65 66	2439 b Reserved c 8	885 d 🗀	73						
Refund	75	If line 74 is more th	a, and 67 through 73. T	nese are your tota	l payments		<b>&gt;</b>	74	8,034	94	1
	76a	Amount of line 75 w	an line 63, subtract line	os from line 74. T	his is the an	nount you overpai	d	75	4.170	40	ĺ
Direct deposit?	<b>b</b>	Routing number	ou want refunded to yo	u. IT Form 8888 is	attached, ch	neck here 🗼 🕨		76a	4.170	94	İ
See		Account number		<del>┤                                    </del>	Type: 🔲 C	Checking 🔲 Saving	gs		11110		
instructions.	77	Amount of line 75 you	want applied to your 20	318 005	<del>  _</del>						
Amount	78	Amount you owe. S	Subtract line 74 from line	63 For details on	<u>▶   77  </u>						
You Owe		The state of the s	A race mendicitudes		l	1	<b>&gt;</b>	78			
Third Party	Do y	ou want to allow and	other person to discuss	this return with the	IRS /see in	octructions)2 [7]					
Designee	Desig name			Phone	(000 //	Personal	Yes. (	Complete	below.	0	
Sign	inder pena	afties of perjury, I declare tha	at I have examined this return and of income I received during the t	no. ▶	o oppletus.	number /	DIVI	<b>.</b>			
Here <sup>°</sup>	vourately i	ist all amounts and sources	at I have examined this return and of income I received during the t	ax year. Declaration of pro	parer (other than	s, and to the best of my ki n taxpayer) is based on all	nowledge interme	and belief, t	hey are true, correct, ar	10	
	Tody.	signature	!	Date You	ir occupation		1	avtime oh	preparer has any knowi One number	ledge.	
nstructions. (eep a copy for	SKA	e's signature # - :	return, both must sign.	3/20/2018	-			-y	-110 ETUI (1UE)		
our records.		Signature, ir a joint	recum, <b>both</b> must sign.	Date Spo	ouse's occupa	ation	lf	the IRS sent	you an Identity Protect	ion	
· · · · · · · · · · · · · · · · · · ·	Print/	ype preparer's name	Dronger	5/20/2018			1 '	IN, enter it ere (see inst.)		101	
Paid		A Transport of Hotels	Preparer's signatur	re		Date	T		PTINI		
Preparer	Firm's	Dama -						heck ∐ elf-employ	it i		
Jse Only		address >						rm's EIN			
a to conserve to	rums	avuress >					<del>-   -</del>	···· O I-1(4 )			

Department of the Treasury Internal Revenue Service Name(s) shown on return

Before you begin:

## **Tuition and Fees Deduction**

► Attach to Form 1040 or Form 1040A. ► Go to www.irs.gov/Form8917 for the latest information. OMB No. 1545-0074

Attachment Sequence No. 60

Form **8917** (2017)

YELENA

Your social security number

same student for the same toy year	credit	from Forn	1 8863	and the	tuition	and for	ac daduation	£			
same student for the same tax year.				W. W.	Lantion	217G 166	ss deduction	irom ti	us tom	i for	the
,											

✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

1		nt's name (as shown on page 1 of your tax return)	(b) Student's social security	(c) Adjusted qualif	
٠	First name YELENA	Last name	number (as shown on page 1 of your tax return)	expenses (see instructions)	
	TLLUM			10,546	00
2	Add the amounts or	line 1, column (c), and enter the total	2	10,546	00
3	Enter the amount fro	om Form 1040, line 22, or Form 1040A, line 15	3 56,770 84		
4	Enter the total from	either:			
	<ul> <li>Form 1040, lines 2 entered on the dotte</li> </ul>	3 through 33, plus any write-in adjustments d line next to Form 1040, line 36, <b>or</b>			
	• Form 1040A, lines	16 through 18	4 0 00		
5	Subtract line 4 from stop; you cannot tak	line 3.* If the result is more than \$80,000 (\$160,00 to the deduction for tuition and fees	00 if married filling jointly),	56,770	84
	*If you are filing Form see Effect of the Ame 6, to figure the amou	m 2555, 2555-EZ, or 4563, or you are excluding in ount of Your Income on the Amount of Your Deduc nt to enter on line 5.	ncome from Puerto Rico, etion in Pub. 970, chapter		
6	Tuition and fees de filing jointly)?	duction. Is the amount on line 5 more than \$65,	000 (\$130,000 if married		
	Yes. Enter the sm	naller of line 2, or \$2,000.		•	
	No. Enter the sm	naller of line 2, or \$4,000.	· · · · ·	4,000	00
	Also enter this amou	nt on Form 1040, line 34, or Form 1040A, line 19.			
or Pa	perwork Reduction Act	Notice, see your tax return instructions.	Cat. No. 37728P	Form <b>8017</b> /2	

Cat. No. 37728P

		The state of the second section is	r Hhis one) is a feder
Employer's Identification Number (EIN) d. Control N Employer's Name, Address, and ZIP Code	lumber	50770.84	eation 2 Federal Income Tax withheld 4280.03
	1 Agency	3 Social Security Wages 56770.84	4 Social Security Tax withheld 3519.79
Paye	1 Agency	5 Medicare Wages and Tips 56770.84	6 Medicare Tax withheld 823.18
•	~ <b>~</b>	7 Social Security tips	8 Allocated Tips
Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
		12 See instructions for box 12 DD 273.94	14 See instructions for box 14 ,K 94.52
			V 68.48 Y 2600.00
State Employed See UD N		13 Statutory Employee	Retirement Third-party Sick pay
State Employer's State ID Number 16 State Wages, 56770.84	Tips, etc 17 State Inco	ome Tax 18 Local wages, tips, etc 19 Lo	ocal Income Tax  20 Locality name

Form W-2 Wage and Tax
Statement

2017

Department of the Treasury - Internal Revenue Service

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

# Form 4852

(Rev. September 2017)

# 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.

Manng Plans, IKAS, Insurance Contracts, etc. OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return	2 Your social security number	
YELENA		
3 Address		~~~~
JANUARY, MIN		
4 Enter year in space provided and check one box. For the tax year ending December 3	31. 2017	
I have been unable to obtain (or have received an incorrect)  Form W-2 OR  Form	m 1099-R.	
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best es-		
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	6 Employer's or payer's	
Payer 2	identification number (if	known
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.		
	thheld	668.4
b Social security wages (Name of state) .	MINNESOTA	
c Medicare wages and tips ,	thheld	
d Social security tips (Name of locality)		
	vithheld1	547.4
i Medicare tax withhe	eld	361.96
8 Form 1099-R. Enter distributions from pensions, appuities, retirement or profit-sharing	minum IDA	
Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing a Gross distribution	i pians, imas, insurance contracts, e	etc.
		<del></del>
g otato moone tax wil	thheld	
	thheld	
e Capital gain (included in line 8b) j Distribution codes .	ons	
J Distribution codes .	· · · · · · · · · · · · · · · · · · ·	
9 How did you determine the amounts on lines 7 and 8 above?		
.INE 7 (a) WERE CORRECTED AS I DID NOT RECIEVE ANY "WAGES" AS DEFINED IN SECTION 340 h), and (i) WERE DERIVED FROM THE W-2 SENT TO ME BY "PAYER."	01(a) AND SECTION 3121(a). LINE 7 (	e), (f),
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage a	nd Tax Statement	
	The same of the sa	

#### NONE. PAYER ISSUED W-2 BEFORE "WAGES" ERROR WAS NOTED.

#### General Instructions

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at <a href="https://www.irs.gov/Form4852">www.irs.gov/Form4852</a>.

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 doesn't 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 your 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 the end of February, 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. You must also provide 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 will also send you a Form 4852. If you don't 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 your 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 you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

# Form 4852

(Rev. September 2017)

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.

► Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

4 En I h I h ma	nter year in space provided and check of ave been unable to obtain (or have received ave notified the IRS of this fact. The amount of the armound of the arm	unts shown on line 7	Form W-2 OR For		1.11
	ployers of payers hame, address, and 2	aperl ayer		6 Employer's identificatio	or payer's π number (if known)
b c d	Wages, ups, and other compensation Social security wages Medicare wages and tips Social security tips Federal income tax withheld No federal Naw withheld	0.00	f State income tax wit (Name of state) . g Local income tax wit (Name of locality) h Social security tax w i Medicare tax withhel	ithheld	0.00 on W 86.16 W/N 86.16 FIC
b d e	Total distribution		g State income tax with h Local income tax with	nheld	——————————————————————————————————————
(h), and	did you determine the amounts on lines ERE CORRECTED AS I DID NOT RECEIVE A d (i) WERE DERIVED FROM TEH W-2 SENT ain your efforts to obtain Form W-2, Form YER ISSUED W-2 BEFORE SOCIAL SECUR	NY "WAGES" AS DEI TO ME BY "PAYER"	FINED BY USC SECTION 3	(a) "( 4016-AND SESCTION 3121	d'∕ LINE 7(e),

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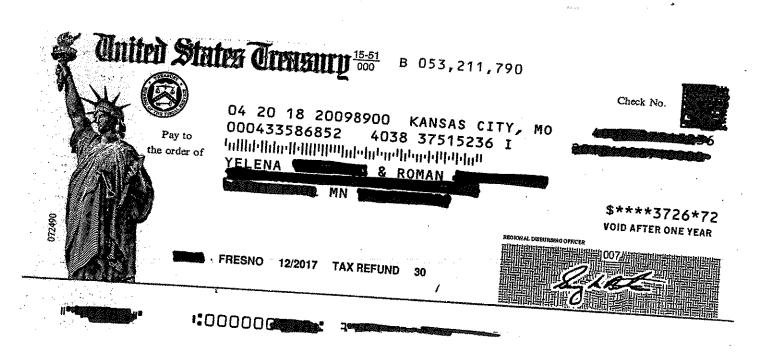
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8 4,170.94 444.22

Refund due 3,726.72 Refund recieved We owed for last year (2016)