

March 30, 2009

To: Internal Revenue Service  
Re: 2008 Tax Filing

Dear Sir/Madam,

Included in this filing are form 1040EZ and corrected forms 4852, submitted to rebut Documents (1099R) known to have been submitted by the party identified as "PAYER" Which erroneously alleges a payment or payments to the party identified as the "RECIPIENT" of "gains, profit or income", within the meaning of relevant law.

I have never been in a "trade or business". As I'm sure you are aware, the term "trade or business" has a custom definition for the purposes of Title 26 U.S.C. which is found at § 7701(a) (26)). The code defines a "trade or business" as "the performance of the functions of a public office" I am a **Private sector person with no Federal connections**

Also none of the brokers who sent 1099Bs' to me is engaged in the "performance of the functions of a public office" and as I am also not so engaged, the "income" they reported was reported in error. It was not generated in "the ordinary course of a trade or business", nor is it income generated from any revenue taxable activity. It is therefore not subject to reporting by them or I. Neither is it subject to taxation by your agency.

Sincerely,

*Sue G. Warren*

## Label

(See page 9.)

Use the  
IRS label.Otherwise,  
please print  
or type.Presidential  
Election  
Campaign  
(page 9)L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

Sue A

Last name

Warren

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 9.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 9.

Your social security number

Spouse's social security number

You must enter  
your SSN(s) above.Checking a box below will not  
change your tax or refund.Check here if you, or your spouse if a joint return, want \$3 to go to this fund ☐ You ☐ Spouse

## Income

Attach  
Form(s) W-2  
here.Enclose, but  
do not  
attach, any  
payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	0	
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	161	95
3	Unemployment compensation and Alaska Permanent Fund dividends (see page 11).	3	0	
4	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	4	161	95
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,950 if <b>single</b> ; \$17,900 if <b>married filing jointly</b> . See back for explanation.	5	8950	00
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	6	0	
7	Federal income tax withheld from box 2 of your Form(s) W-2.	7	602	02
8a	Earned income credit (EIC) (see page 12)	8a	0	
b	Nontaxable combat pay election.	8b	0	
9	Recovery rebate credit (see worksheet on pages 17 and 18).	9	0	
10	Add lines 7, 8a, and 9. These are your <b>total payments</b> .	10	602	02
11	<b>Tax.</b> Use the amount on line 6 above to find your tax in the tax table on pages 28-36 of the booklet. Then, enter the tax from the table on this line.	11	0	

## Refund

Have it directly  
deposited! See  
page 18 and fill  
in 12b, 12c,  
and 12d or  
Form 8888.

12a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	12a	602	02
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number			

Amount  
you owe

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the <b>amount you owe</b> . For details on how to pay, see page 19.	13		
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Third party  
designeeDo you want to allow another person to discuss this return with the IRS (see page 20)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
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Sign  
here

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Sue A. Warren	3-30-09	Retired	(830) 837-9980
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Joint return?  
See page 6.Keep a copy for  
your records.

**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 104K, 1040A, 1040-EZ, or 1040X.

OMB No. 1545-0074

1 Type or print your first name and middle initial. Last name:  
Sue A Warren

2 Social security number (SSN)  
[REDACTED]

3 Address  
[REDACTED]

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]

6 Employer's or payer's identification number (if known)  
[REDACTED]

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

a Wages, tips, and other compensation	_____	g State income tax withheld	_____
b Social security wages	_____	(Name of state)	_____
c Medicare wages and tips	_____	h Local income tax withheld	_____
d Advance EIC payment	_____	(Name of locality)	_____
e Social security tips	_____	i Social security tax withheld	_____
f Federal income tax withheld	_____	j Medicare tax withheld	_____

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

a Gross distribution	11133.69	f Federal income tax withheld	553.37
b Taxable amount	0	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 8b)	_____	j Distribution codes	_____

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

Payer provided records, Statutory language behind Internal Revenue Code, Section 3401, 3121 and others

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

None. Payers are generally unfamiliar with the correct application of the Internal Revenue Code and are fearful of IRS retaliation.

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 ▶

*Sue A. Warren*

Date ▶

3-30-09

**Sign  
Here**

**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 1041, 1040A, 1040-EZ, or 1040X.

OMB No. 1545-0074

**1** Type or print your first name and middle initial. **Last name:**  
Sue A. Warren

**2** Social security number (SSN)  
[REDACTED]

**3** Address  
[REDACTED]

**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]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

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

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

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

<b>a</b> Gross distribution	_____	<b>f</b> Federal income tax withheld	_____
<b>b</b> Taxable amount	_____	<b>g</b> State income tax withheld	_____
<b>c</b> Taxable amount not determined <input type="checkbox"/>	_____	<b>h</b> Local income tax withheld	_____
<b>d</b> Total distribution <input type="checkbox"/>	_____	<b>i</b> Employee contributions	_____
<b>e</b> Capital gain (included in 8b)	_____	<b>j</b> Distribution codes	_____

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

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

None. Payers are generally unfamiliar with the correct application of the Internal Revenue Code and are fearful of IRS retaliation.

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 ▶ Sue A. Warren

Date ▶ 3-30-09

**Sign Here**

**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.

OMB No. 1545-0074

1 Type or print your first name and middle initial. Last name  
Sue A. Warren

2 Social security number (SSN)  
[REDACTED]

3 Address  
[REDACTED]

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

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5 Employer's or payer's name, address, and ZIP code  
[REDACTED]

6 Employer's or payer's  
identification number (if known)  
[REDACTED]

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

a Wages, tips, and other compensation	g State income tax withheld
b Social security wages	(Name of state)
c Medicare wages and tips	h Local income tax withheld
d Advance EIC payment	(Name of locality)
e Social security tips	i Social security tax withheld
f Federal income tax withheld	j Medicare tax withheld

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

a Gross distribution	243.26	f Federal income tax withheld	48.65
b Taxable amount	0	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 8b)		j Distribution codes	

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

Payer provided records, Statutory language behind Internal Revenue Code, Section 3401, 3121 and others

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

None. Payers are generally unfamiliar with the correct application of the Internal Revenue Code and are fearful of IRS retaliation.

**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 ▶

*Sue A. Warren*

Date ▶ 3-30-09