

MATTHEW J. BOSSARD

November 27, 2018

Department of the Treasury
 Internal Revenue Service
 Fresno, CA 93888-0002

Re: 2017 Federal tax return

To IRS Secretary or Representative,

Please notice enclosed 2017 Federal tax return consisting of exactly the following completed documents:

Page(s)	Description
1	This enclosure letter
2	State of Oregon Notarial Certificate
3-4	IRS Form 1040
5	IRS Form 4852 to rebut/correct an erroneous Form W-2 previously transmitted
6	Substitute Corrected Form 1099-MISC to rebut/correct erroneous information return(s) previously transmitted

I affirm the above statements, notices, and instruments to be true, correct, and complete to the best of my knowledge and belief.

Signed, this 27 day of November 2018, _____

State of Oregon Notarial Certificate (ORS Ch. 194.280, 194.285)

Witnessing or Attesting a Signature

State of OREGON

County of JACKSON

Signed (or attested) before me on (date) November 27th, 2018

by (name(s) of individual(s)) Matthew J. Bossard

Notary Public - State of Oregon



Official Stamp

Document Description

This certificate is attached to page 2 of a 2017 Federal Tax Return (title or type of document), dated November 27, 2018, consisting of 6 pages.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2017

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20 **See separate instructions.**

Your first name and initial **MATTHEW J** Last name **BOSSARD** Your social security number _____

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. _____ Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). _____ **Presidential Election Campaign**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ 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.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____ 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } **Boxes checked on 6a and 6b** 1
 b Spouse } **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**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
(i) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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

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

1 Name(s) shown on return MATTHEW J BOSSARD	2 Your social security number
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3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2017,
I have been unable to obtain (or have received an incorrect) Form W-2 **OR** Form 1099-R.
I hereby notify 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	6 Employer's or payer's identification number (if known)
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0.00	f State income tax withheld	5,805.68
b Social security wages	0.00	(Name of state) .	OREGON
c Medicare wages and tips	0.00	g Local income tax withheld	-
d Social security tips	-	(Name of locality)	
e Federal income tax withheld	14,133.02	h Social security tax withheld	4,704.36
		i Medicare tax withheld	1,100.22

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or 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?
Employer or payer issued an incorrect Form W-2 which reports erroneous "wages" amounts in boxes 1, 3, and 5. Corrected amounts are entered hereon in lines 7a, 7b, and 7c in accordance with statutory language of IRC sections 3401, 3121, and others. Please note, "tax withheld" amounts in boxes 2, 4, 6, and 17 of Form W-2 provided by employer or payer are correct and accurate, so those very same amounts are entered here on lines 7e, 7h, 7i, and 7f, respectively.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
Efforts to obtain corrected Form W-2 were not feasible. Nevertheless, being that I myself am the subject of all payments and withholdings, I am fully capable to determine and report hereon the corrected and true amounts of payments and withholdings, in accordance with IRC sections 3401, 3121, and others.

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 www.irs.gov/Form4852.

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:

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	OMB No. 1545-0115 2017 Form 1099-MISC		Miscellaneous Income	
		\$				
		2 Royalties				
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld	Copy C For Payer		
		\$	\$			
93- PAYER'S federal identification number		5 Fishing boat proceeds	6 Medical and health care payments	For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns.		
RECIPIENT'S identification number		\$	\$			
RECIPIENT'S name, address, ZIP/postal code & country Matthew Bossard		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest			
		\$ 0.00	\$			
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds			
		\$	\$			
FATCA filing requirement <input type="checkbox"/>		2nd TIN not <input type="checkbox"/>	11	12		
13 Excess golden parachute payments		\$	14 Gross proceeds paid to an attorney			
15a Section 409A deferrals		15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income	
\$		\$	\$		\$	

Form 1099-MISC Department of the Treasury - Internal Revenue Service

SUBSTITUTE CORRECTED FORM 1099-MISC STATEMENT

I, the party identified hereon as "Recipient", do hereby submit this Form 1099-MISC to **REBUT AND CORRECT** information known to have been previously transmitted by party identified hereon as "Payer" which erroneously reported certain receipts by "Recipient" of amounts allegedly subject to income tax.

Said erroneous amounts were payments for work not qualifying as a "trade or business", and did not result from exercise of any federal privilege, and therefore are not "gains, profit or income" within meaning of relevant law and are not subject to "income" tax and are not required to be reported, and are hereon corrected.

Under penalty of perjury, I declare that I have examined this statement and substitute corrected Form 1099-MISC, and to the best of my knowledge and belief, it is true, correct, and complete.

Matthew J. Bossard

11-27-18
Date