

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial: **PAUL E** Last name: **ANDERSON**

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 instructions. _____ Apt. no. _____

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

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

See separate instructions.

Your social security number: _____

Spouse's social security number: _____

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign

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

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

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)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 1

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

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0
8a	Taxable interest. Attach Schedule B if required	8a	
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 ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	517
b	Taxable amount	16b	0
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	14,334
b	Taxable amount	20b	5,178
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	5,178

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	31a	
b	Recipient's SSN ▶		
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	5,178

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	5,178
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 1		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input checked="" type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,200
41	Subtract line 40 from line 38	41	0
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	3,950
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	0

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$5,200
 - Married filing jointly or Qualifying widow(er), \$12,400
 - Head of household, \$9,100

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: Individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ▶	63	

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	1,067
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election ▶ 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Rsvsd c <input type="checkbox"/> Rsvsd d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	1,067

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,067
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	1,067
b	Routing number ▶ <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number ▶		
77	Amount of line 75 you want applied to your 2015 estimated tax ▶	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	0
79	Estimated tax penalty (see instructions)	79	

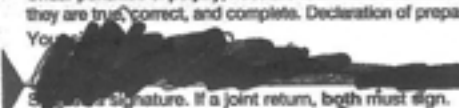
Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name **▶** Phone no. **▶** Personal identification number (PIN) **▶**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

You **▶**  Date **▶** 2/24/15 Your occupation **▶** RETIRED Daytime phone number **▶**

Spouse's signature. If a joint return, both must sign. Date **▶** Spouse's occupation **▶**

If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) **▶**

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.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return Paul E Anderson	2 Your social security number [REDACTED]
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3 Address [REDACTED] Utah 84014-9999
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4 Enter year in space provided and check one box. For the tax year ending December 31, 2014.

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] CT [REDACTED] FARMINGTON, UT 84205	6 Employer's or payer's identification number (if known) [REDACTED]
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	_____ 0	f State income tax withheld	_____ 0
b Social security wages	_____	(Name of state) .	UTAH
c Medicare wages and tips	_____	g Local income tax withheld	_____
d Social security tips	_____	(Name of locality)	_____
e Federal income tax withheld	_____ 0	h Social security tax withheld	_____ 865
		i Medicare tax withheld	_____ 202

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

a Gross distribution	_____ 517	f Federal income tax withheld	_____
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 line 8b)	_____	j Distribution codes	_____

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

I was provided one W-2 form, one 1099-MISC form and one 1099-R which erroneously alleged payments of IRC Section 3121 and 3401 wages, hereby DISPUTED.

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

None. W-2 form, 1099R and 1099-MISC forms were issued before "wage" errors were noted.

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code BNY MELLON DISBURSEMENT AGENT CITIGROUP PENSION PLAN P O BOX 569 PITTSBURGH, PA 15230		1 Gross distribution \$ 516.60 2a Taxable amount \$.00	OMB No. 1545-0119 2015 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy 1 For State, City, or Local Tax Department	
RECIPIENT'S name PAUL E ANDERSON Street address (including apt. no.) [REDACTED]		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
City or town, state or province, country, and ZIP or foreign postal code [REDACTED] UTAH [REDACTED]		7 Distribution code(s) [REDACTED]	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ _____ %	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions)		12 State tax withheld \$ _____ \$ _____	13 State/Payer's state no. [REDACTED]	14 State distribution \$ _____ \$ _____	
		15 Local tax withheld \$ _____ \$ _____	16 Name of locality	17 Local distribution \$ _____ \$ _____	