

Your first name and initial <b>Carmen R.</b>	Last name <b>Park</b>	OMB No. 1545-0074 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). ██████████ UT. 84074		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing status** Check only one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

**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"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

If more than six dependents, see instructions.

Boxes checked on 6a and 6b  
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

d Total number of exemptions claimed. Add numbers on lines above ▶ **0**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	--0--	00
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	--0--	
b Qualified dividends (see instructions).	9b		
10 Capital gain distributions (see instructions).	10	--0--	
11a IRA distributions.	11a	--0--	
11b Taxable amount (see instructions).	11b	--0--	
12a Pensions and annuities.	12a	--0--	
12b Taxable amount (see instructions).	12b	--0--	
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	--0--	
14a Social security benefits.	14a	--0--	
14b Taxable amount (see instructions).	14b	--0--	
15 Add lines 7 through 14b (far right column). This is your total income. ▶	15	--0--	00
<b>Adjusted gross income</b>			
16 Educator expenses (see instructions).	16		
17 IRA deduction (see instructions).	17		
18 Student loan interest deduction (see instructions).	18		
19 Tuition and fees. Attach Form 8917.	19		
20 Add lines 16 through 19. These are your total adjustments.	20	--0--	00
21 Subtract line 20 from line 15. This is your adjusted gross income. ▶	21	--0--	00

<b>Credits,</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	---0---	00
<b>Payments</b>	<b>23a</b>	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b>			
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here <b>23b</b> <input type="checkbox"/>			
<b>Standard Deduction for—</b> • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	<b>24</b>	Enter your <b>standard deduction</b> .	24	---0---	
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	---0---	
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,000 by the number on line 6d.	26	---0---	
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. <b>This is your taxable income.</b>	<b>27</b>	---0---	
	<b>28</b>	<b>Tax, including any alternative minimum tax (see instructions).</b>	28	---0---	
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	---0---	
	<b>30</b>	Add lines 28 and 29.	30	---0---	
	<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31		
	<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32		
	<b>33</b>	Education credits from Form 8863, line 19.	33		
	<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34		
	<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35		
	<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	---0---	
	<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	---0---	
	<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input type="checkbox"/>	38	---0---	
<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	---0---		
	<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	740.17	
	<b>41</b>	2015 estimated tax payments and amount applied from 2014 return.	41		
	<b>42a</b>	<b>Earned income credit (EIC).</b>	42a		
	<b>b</b>	Nontaxable combat pay election.	42b		
	<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43		
	<b>44</b>	American opportunity credit from Form 8863, line 8.	44		
	<b>45</b>	Net premium tax credit. Attach Form 8962.	45		
	<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	<b>46</b>	740	17
<b>Refund</b>	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. <b>This is the amount you overpaid.</b>	47	740	17
	<b>48a</b>	Amount of line 47 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	48a	740	17
Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.	<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number <input type="text"/>			
	<b>49</b>	Amount of line 47 you want applied to your <b>2016 estimated tax</b> .	49	---0---	
<b>Amount you owe</b>	<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	<b>50</b>	---0---	
	<b>51</b>	Estimated tax penalty (see instructions).	51		
<b>Third party designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No				
	Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>		
<b>Sign here</b>	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 accurately list 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 <i>Carmen Park</i>	Date 3-7-16	Your occupation	Daytime phone number 435-849-2136	
Joint return? See instructions. Keep a copy for your records.	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.) <input type="text"/>	
<b>Paid preparer use only</b>	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

4852

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](http://www.irs.gov/form4852).

OMB No. 1545-0074

1 Name(s) shown on return Carmen R. Park 2 Your social security number [REDACTED]

3 Address [REDACTED] UT. 84074

4 Enter year in space provided and check one box. For the tax year ending December 31, 2015  
 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 Wal-Mart Associates, Inc. 702 S.W. 8th St. Bentonville, AR. 72716-0135 6 Employer's or payer's identification number (if known) 710794409

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

a	Wages, tips, and other compensation	<u>0</u>	g	State income tax withheld	<u>0</u>
b	Social security wages	<u>0</u>		(Name of state) <u>UT.</u>	
c	Medicare wages and tips	<u>0</u>	h	Local income tax withheld	<u>0</u>
d	Advance EIC payment	<u>0</u>		(Name of locality) <u>NA</u>	
e	Social security tips	<u>0</u>	i	Social security tax withheld	<u>319.88</u>
f	Federal income tax withheld	<u>345.48</u>	j	Medicare tax withheld	<u>74.81</u>

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

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

9 How did you determine the amounts on lines 7 and 8 above?  
From records provided by payer on line 5

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
NONE

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.

Sign Here Signature Carmen Park Date 3-7-16

General Instructions

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://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](http://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,