

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN F-1

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-593-3182. Or, you can visit our website at www.hab-inc.com.

Berkheimer is not the appointed tax hearing officer for your taxing district and will not accept any petitions for appeal. Petitions for appeal must be filed with the appropriate appeals board for your County. Berkheimer can provide you with the proper procedures and forms necessary to file an appeal with the appeals board for your Tax Collection District.



F1

RESIDENT JURISDICTION:

To file online, visit www.berk-e.com

TAX YEAR **2018**

Did you move during the year? If yes, check here and see back of form

John H Jones III
[redacted] **Paet**
Pennsylvania

DAYTIME PHONE NUMBER		RESIDENT PSD CODE		ACCOUNT #	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	(inter FM)		
[] [] [] [] [] [] [] []		[] [] [] [] [] []							
The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted. ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM! DO NOT STAPLE				if you had NO EARNED INCOME, check the reason why: <input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed				ENTER SPOUSE'S NAME Enter spouse's Social Security # [] [] [] [] [] [] [] [] If you had NO EARNED INCOME, check the reason why: <input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed	
* There will be a \$29.00 fee for returned payments. * Penalty, interest and additional fees will be assessed if no payment is enclosed for tax due at time of filing. <input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input checked="" type="checkbox"/> Married, Filing Separately									
1. Gross Compensation as Reported on W-2(s). (Enclose W-2(s))				000				000	
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)				000				000	
3. Other Taxable Earned Income *				000				000	
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)...				000				000	
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>				000				000	
6. Net Loss (Enclose PA Schedules*)				000				000	
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero).....				000				000	
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)				000				000	
9. Total Tax Liability (Line 8 multiplied by)				000				000	
10. Total Local Earned Income Tax Withheld (MAY NOT EQUAL W-2 - SEE INSTRUCTIONS)*				54000				000	
11. Quarterly Estimated Payments/Credit From Previous Tax Year				000				000	
12. Out of State or Philadelphia credits* (include supporting documentation).....				000				000	
13. TOTAL PAYMENTS and CREDITS (Add lines 10 through 12)				54000				000	
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) If you calculate a refund due, you may be denied. Please see Line 10 instructions.				54000				000	
15. Credit Taxpayer/Spouse (Amount of Line 14 you want as a credit to your account)..... <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse				000				000	
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)				000				000	
17. Penalty after due date (multiply line 16 by 0 x number of months (or a fraction of) late).....				000				000	
18. Interest after due date (multiply line 16 by 0.00246 x number of months (or a fraction of) late).....				000				000	
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) Payable to HAB-EIT				000				000	
*See Instructions Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.									
YOUR SIGNATURE <i>John H Jones III</i>		SPOUSE'S SIGNATURE (if Filing Jointly)		DATE (MM/DD/YYYY)					
PREPARER'S PRINTED NAME & SIGNATURE				02/06/2019					
				PHONE NUMBER					

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 or 1040X.

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

1 Name(s) shown on return John Howard Jones III	2 Your social security number [REDACTED]
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3 Address
[REDACTED] street, [REDACTED], Pennsylvania

year provided and check one box. For the tax year ending December 31, 2018, 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] Inc. [REDACTED] Road, Old Forge, Pennsylvania	6 Employer's or payer's TIN (if known) 23-1995582
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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
b Social security wages 0	(Name of state)
c Medicare wages and tips 0	g Local income tax withheld 540.00
d Social security tips	(Name of locality) <u>Leak Run, PA</u>
e Federal income tax withheld 0	h Social security tax withheld 3346.73
	i Medicare tax withheld 782.70

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"/>	(Name of state)
d Total distribution <input type="checkbox"/>	h Local income tax withheld
e Capital gain (included in line 8b)	(Name of locality)
	i Employee contributions
	j Distribution codes

9 How did you determine the amounts on lines 7 and 8 above?
Line 7 (a), (b), (c) were corrected as I did not receive any "Wages" as defined in 26 USC 3401(a) and 26 USC 3121(a). Line 7 (e), (h), and (i) were derived from the W-2 sent to me.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
none. W-2 was issued before "Wages" error was noted.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to 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 don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You also must 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 also will 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 indicates that the information reported on your original return is incorrect, 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:

CORRECTED (if checked)

**Miscellaneous
Income**

**Copy B
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LYFT 548 Market Street Suite 68514 San Francisco, California		1 Rents \$	OMB No. 1545-0115 2018 Form 1099-MISC	
PAYER'S TIN 20-8809830		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN 		3 Other income \$	5 Fishing boat proceeds \$	
RECIPIENT'S name John Howard Jones III		7 Nonemployee compensation \$ 0	6 Medical and health care payments \$	
Street address (including apt. no.) 		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$	
Province, country, and ZIP or foreign postal code Pennsylvania		10 Crop insurance proceeds \$	11	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	12	
15a Section 409A deferrals \$	15b Section 409A income \$	14 Gross proceeds paid to an attorney \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service



The correcting 1099-MISC above is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified as "RECIPIENT" of "gains, profits or income" made in the course of a "Trade or Business",

Neither the "PAYER" nor the "RECIPIENT" engaged in any transaction(s) with each other that were made in the course of a "Trade or Business" as those terms are defined. This correcting form ends any such presumption.

Under Penalty 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.

John Howard Jones III (private-sector Pennsylvanian)

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. UBER 1455 Market Street San Francisco, California		1 Rents \$	OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
		2 Royalties \$		
		3 Other Income \$	4 Federal income tax withheld \$	
PAYER'S TIN 45-2647441	RECIPIENT'S TIN 	5 Fishing boat proceeds \$	6 Medical and health care payments \$	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name John Howard Jones III Street address (including apt. no.)  province, country, and ZIP or foreign postal code Pennsylvania		7 Nonemployee compensation \$ 0	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		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 \$	
		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** (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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