

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning \_\_\_\_\_, 2011, ending \_\_\_\_\_, 20

Your first name and initial: **DENNIS** Last name: **O'CONNELL** Your social security number: [REDACTED]

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. [REDACTED] Apt. no. \_\_\_\_\_

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

Foreign country name: \_\_\_\_\_ Foreign province/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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** Check only one box.

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 . . . . . **1**

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

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **0 00**

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 ▶  **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 00**

**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 00**

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ **37** **0 00**



**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.

**1** Name(s) shown on return DENNIS O'CONNELL **2** Your social security number [REDACTED]

**3** Address [REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2011,  
 I have been unable to obtain (or have received an incorrect)  Form W-2 **OR**  Form 1099-R.  
 I ~~have notified~~ <sup>REVENUE SERVICE</sup> 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	<u>0</u>	<b>g</b> State income tax withheld	<u>8895.69</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state)	<u>N.Y.</u>
<b>c</b> Medicare wages and tips	<u>0</u>	<b>h</b> Local income tax withheld	<u>0</u>
<b>d</b> Advance EIC payment	<u>0</u>	(Name of locality)	
<b>e</b> Social security tips	<u>0</u>	<b>i</b> Social security tax withheld	<u>4485.60</u>
<b>f</b> Federal income tax withheld	<u>30,423.34</u>	Medicare tax withheld	<u>1973.65</u>

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

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

**9** How did you determine the amounts on lines 7 and 8 above?  
INFO. PROVIDED BY PAYER ON LINE 5 RELEVANT PORTIONS OF THE IRG: SECTIONS 3401(a)(c), 3121, etc...

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

**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 ▶ [Signature] Date ▶