

Form **1040**

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

2015

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning .2015, ending ,20

Your first name and initial Last name .2015, ending ,20 See separate instructions.

George L. Fulton 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).

Foreign country name Foreign province/state/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
 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. **Fulton**
 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. **Fulton**
 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:				(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (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
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you		
				<input type="checkbox"/>	1
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed Add numbers on lines above **1**

Income	7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22
Wages, salaries, tips, etc. Attach Form(s) W-2	7																				54
Taxable interest. Attach Schedule B if required	8a																				0
b Tax-exempt interest. Do not include on line 8a	8b																				0
Ordinary dividends. Attach Schedule B if required	9a																				0
b Qualified dividends	9b																				0
Taxable refunds, credits, or offsets of state and local income taxes	10																				0
Alimony received	11																				0
Business income or (loss). Attach Schedule C or C-EZ	12																				0
Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13																				0
Other gains or (losses). Attach Form 4797	14																				0
IRA distributions	15a																				0
b Taxable amount	15b																				0
Pensions and annuities	16a																				0
b Taxable amount	16b																				0
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17																				0
Farm income or (loss). Attach Schedule F	18																				0
Unemployment compensation	19																				0
Social security benefits	20a		36592																		15598
b Taxable amount	20b																				15598
Other income. List type and amount	21																				0
Combine the amounts in the far right column for lines 7 through 21. This is your total income	22																				15652

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
Educator expenses	23														
Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24														
Health savings account deduction. Attach Form 8889	25														
Moving expenses. Attach Form 3903	26														
Deductible part of self-employment tax. Attach Schedule SE	27														
Self-employed SEP, SIMPLE, and qualified plans	28														
Self-employed health insurance deduction	29														
Penalty on early withdrawal of savings	30														
Alimony paid b Recipient's SSN	31a														
IRA deduction	32														
Student loan interest deduction	33														
Tuition and fees. Attach Form 8917	34														
Domestic production activities deduction. Attach Form 8903	35														
Add lines 23 through 35	36														
Subtract line 36 from line 22. This is your adjusted gross income	37														0

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 15652

39a Check You were born before January 2, 1951, Blind. Total boxes checked Spouse was born before January 2, 1951, Blind. checked ▶ 39a 1

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 7550

41 Subtract line 40 from line 38 41 8102

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 4000

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 4102

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 413

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0

46 Excess advance premium tax credit repayment. Attach Form 8962 46 0

47 Add lines 44, 45, and 46 ▶ 47 413

48 Foreign tax credit. Attach Form 1116 if required 48 0

49 Credit for child and dependent care expenses. Attach Form 2441 49 0

50 Education credits from Form 8863, line 19 50 0

51 Retirement savings contributions credit. Attach Form 8880 51 0

52 Child tax credit. Attach Schedule 8812, if required 52 0

53 Residential energy credits. Attach Form 5695 53 0

54 Other credits from Form: a 3800 b 8801 c 54 0

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- ▶ 56 413

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 0

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58 0

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 0

60a Household employment taxes from Schedule H 60a 0

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 0

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62 0

63 Add lines 56 through 62. This is your total tax ▶ 63 413

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 20863

65 2015 estimated tax payments and amount applied from 2014 return 65 0

66a Earned income credit (EIC) 66a 0

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67 0

68 American opportunity credit from Form 8863, line 8 68 0

69 Net premium tax credit. Attach Form 8962 69 0

70 Amount paid with request for extension to file 70 0

71 Excess social security and tier 1 RRTA tax withheld 71 0

72 Credit for federal tax on fuels. Attach Form 4136 72 0

73 Credits from Form: a 2439 b Reserved c 8885 d 73 0

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶ 74 20863

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 20450

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ 76a 20450

b Routing number ▶ c Type: Checking Savings

d Account number ▶

77 Amount of line 75 you want applied to your 2016 estimated tax ▶ 77 0

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78

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.

Your signature ▶ Date 4-12-16 ▶ Your occupation Salesman ▶ 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.) ▶

Paid Preparer Use Only

Print/Type preparer's name ▶ Preparer's signature ▶ Date ▶ Check if self-employed ▶ PTIN ▶

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

Form **4852**

(Rev. September 2014)

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
George L. Fulton

2 Your social security number
[REDACTED]

3 Address
[REDACTED], OR [REDACTED]

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
[REDACTED], Hauppauge, NY 11788

6 Employer's or payer's identification number (if known)
[REDACTED]

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

a Wages, tips, and other compensation	<u>0.00</u>	f State income tax withheld	<u>7,222.24</u>
b Social security wages	<u>0.00</u>	(Name of state) <u>OREGON</u>	
c Medicare wages and tips	<u>0.00</u>	g Local income tax withheld	
d Social security tips	<u>0.00</u>	(Name of locality)	
e Federal income tax withheld	<u>12,647.30</u>	h Social security tax withheld	<u>6,658.57</u>
		i Medicare tax withheld	<u>1,557.25</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/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?
I subtracted from box 1 of form W-2 all "Wages, Tips and other Compensation" not earned in connection with a "trade or business" or as an "officer of a corporation" or as the exercise of government privilege (as all relevant terms are defined within the IRC) and therefore not subject to an excise but were erroneously so reported.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement,
None. The W-2 was issued before "Wage" errors were noted. The amounts reported as withheld were/are correct as reflected in 7 above.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at 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. 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, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

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:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid.
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

1 Wages, tips, other comp. [REDACTED]		2 Federal income tax withheld 12647.30	
3 Social security wages [REDACTED]		4 Social security tax withheld 6658.57	
5 Medicare wages and tips [REDACTED]		6 Medicare tax withheld 1557.25	
d Control number 084853	Dept. LONG/DJR OR0114	Corp. A	Employer use only 59
c Employer's name, address, and ZIP code [REDACTED] HAUPPAUGE NY 11788			
b Employer's FED ID number [REDACTED]		a Employee's SSA number [REDACTED]	
7 Social security tips		8 Allocated tips	
Verification Code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 C 3590.00	
14 Other		12b DD 21435.95	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code GEORGE LYLE FULTON [REDACTED], OR [REDACTED]			
15 State OR	Employer's state ID no. [REDACTED]	16 State wages, tips, etc. [REDACTED]	
17 State income tax 7222.24		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy W-2 Wage and Tax 2015 Statement Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048			

The accompanying Form 4852 is submitted to rebut and correct a Form W-2 (copy above) known to have been submitted by the "party" identified above as "employer" which erroneously alleges payment to the party identified as "employee" of "wages, tips, other comp." And which has been erroneously construed as taxable "gains, profit or income" made in the course of a "trade or business". Under penalty of perjury, I declare that I have examined this statement and that, to the best of my knowledge and belief, it is true and complete.

George L. Fulton 4-12-16