MISSOURI DEPARTMENT OF REVENUE

2014 FORM MO-1040A

INDIVIDUAL INCOME TAX RETURN SINGLE/MARRIED (ONE INCOME)

VENDOR CODE **006**

SOCIAL SECURITY NUMBER [redacted]	SPOUSE'S SOCIAL SECURITY NUMBER

[redacted]

NAME (LAST)	(FIRST)	M.I.	JR, SR	DECEASED IN 2014
B[redacted]	STEVEN	[redacted]		☐
SPOUSE'S (LAST)	(FIRST)	M.I.	JR, SR	☐

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.)

PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)	COUNTY OF RESIDENCE
[redacted]	ST LOUIS COUNTY

CITY, TOWN, OR POST OFFICE	STATE	ZIP CODE
[redacted]	MO	[redacted]

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE.

AGE 65 OR OLDER	BLIND	100% DISABLED	NON-OBLIGATED SPOUSE
☐ YOURSELF	☐ YOURSELF	☐ YOURSELF	☐ YOURSELF
☐ SPOUSE	☐ SPOUSE	☐ SPOUSE	☐ SPOUSE

INCOME

1. Federal adjusted gross income from your 2014 federal return. (See page 6 of the instructions.)	1	515 00
2. Any state income tax refund included in your 2014 federal adjusted gross income.	2	– 00
3. Total Missouri adjusted gross income — Subtract Line 2 from Line 1.	3	515 00

DEDUCTIONS

4. Mark your filing status box below and enter the appropriate exemption amount on Line 4.

- ☒ A. Single — **$2,100 (See Box B before checking.)**
- ☐ B. Claimed as a dependent on another person's federal tax return — **$0.00**
- ☐ C. Married filing joint federal & combined Missouri — **$4,200** Check which spouse had income: ☐ Yourself ☐ Spouse
- ☐ D. Married filing separate — **$2,100**
- ☐ E. Married filing separate (spouse NOT filing) — **$4,200**
- ☐ F. Head of household — **$3,500**
- ☐ G. Qualifying widow(er) with dependent child — **$3,500**

4.	4	2,100 00
5. Tax from federal return **(Do not enter federal income tax withheld.)** — ☐ Enter this amount on Line 5 or $5,000, whichever is less. If married filing combined, enter this amount on Line 5 or $10,000, whichever is less.	5	0 00
6. Missouri standard deduction or itemized deductions. Single or Married Filing Separate— **$6,200**; Head of Household — **$9,100**; Married Filing a Combined Return or Qualifying Widow(er) — **$12,400**. If you are age 65 or older, blind, or claimed as a dependent, see your federal return or page 7. If you are itemizing, see back of form.	6	6,200 00
7. Number of dependents you claimed on your Federal Form 1040 OR 1040A, Line 6c **(Do not include yourself or your spouse.)** ☐ x $1,200 =	7	0 00
8. Long-term care insurance deduction	8	+ 00
9. Total Deductions — Add Lines 4 through 8	9	8,300 00

TAX

10. Missouri Taxable Income — Subtract Line 9 from Line 3.	10	0 00
11. Tax — Use the tax chart on the back of this form to figure the tax.	11	0 00

REFUND

12. Missouri tax withheld from your Forms W-2 and Forms 1099. Attach copies of Forms W-2 and Forms 1099.	12	738 00
13. Any Missouri estimated tax payments made for 2014 (include overpayment from 2013 applied to 2014)	13	00
14. Total Payments — Add Lines 12 and 13.	14	738 00
15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference **(amount of overpayment)** here. (If Line 14 is less than Line 11, skip to Line 19.)	15	738 00
16. Amount from Line 15 that you want applied to **your 2015 estimated tax**	16	00

17. Enter the amount of your donation in the trust fund boxes to the right. See the instructions for fund codes ....17.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Missouri Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
00	00	00	00	00	00	00	00	00	00	00

18. **REFUND** - Subtract Lines 16 and 17 from Line 15 and enter here. This is your refund. **Sign below** and mail to: **Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222.**	18	738 00

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.

a. Routing Number ☐☐☐☐☐☐☐☐☐ b. Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ c. ☐ Checking ☐ Savings

AMOUNT DUE

19. **AMOUNT DUE** - If Line 14 is less than Line 11, enter the difference here. You have an amount due. **Sign below** and mail to: **Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370.** See instructions for Line 19.	19	0 00

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.

SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to $500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. ☐ YES ☐ NO	E-MAIL ADDRESS		PREPARER'S PHONE (___) ___-____
SIGNATURE X	DATE 03/28/2015	PREPARER'S SIGNATURE	FEIN, SSN, OR PTIN
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE [redacted]	PREPARER'S ADDRESS AND ZIP CODE	DATE __/__/____

M1

Form **4852**

(Rev. September 2014)

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*.

OMB No. 1545-0074

1 Name(s) shown on return

Steven [redacted]

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, **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

Washington University St Louis

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

43-0653611

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	0		(Name of state)	
c	Medicare wages and tips	0	g	Local income tax withheld	0
d	Social security tips	0		(Name of locality)	
e	Federal income tax withheld	0	h	Social security tax withheld	1.63
			i	Medicare tax withheld	0.38

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	☐	h	Local income tax withheld	
d	Total distribution	☐	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?

Provided by Washington University St Louis; correction of W-2 "wages" to conform with definitions as per 21 USC 3401.

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

None

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

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5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's identification number (if known)
Randstad US, LP	**58-2414177**

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

a	Wages, tips, and other compensation	0	f	State income tax withheld	738.00
b	Social security wages	0		(Name of state) **Missouri**	
c	Medicare wages and tips	0	g	Local income tax withheld	0
d	Social security tips	0		(Name of locality)	
e	Federal income tax withheld	660.43	h	Social security tax withheld	921.77
			i	Medicare tax withheld	215.58

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	☐	h	Local income tax withheld	
d	Total distribution	☐	i	Employee contributions	
e	Capital gain (included in line 8b)		j	Distribution codes	

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