Form **1040-X** (Rev. February 2024)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year (enter year) 2020 **or fiscal year** (enter month and year ended)

Your first name and middle initial	Last name	Your social security number
JACQUES	BOUDIN	
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
MARGARET	BOUDIN	

Home address (number and street). If you have a P.O. box, see instructions. — Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. — State: FL — ZIP code: 34135

Foreign country name — Foreign province/state/county — Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, didn't previously want $3 to go to this fund, but now do. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☐ Single ☑ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1	224270	-165521	58749
2 Itemized deductions or standard deduction	2	27400	-2600	24800
3 Subtract line 2 from line 1	3	196870	-162921	33949
4a Reserved for future use	4a			
b Qualified business income deduction	4b	0	0	0
5 Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C	5	196870	-162921	33949
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions):	6	35381	-31705	3676
7 Nonrefundable credits. If a general business credit carryback is included, check here ☐	7	0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	35381	-31705	3676
9 Reserved for future use	9			
10 Other taxes	10	0	0	0
11 Total tax. Add lines 8 and 10	11	35381	-31705	3676
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing**, see instructions.)	12	26220	3720	29940
13 Estimated tax payments, including amount applied from prior year's return	13	30000	0	30000
14 Earned income credit (EIC)	14	0	0	0
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15	0	0	0
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0
17 Total payments. Add lines 12 through 15, column C, and line 16	17			59940
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			25537
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			34403
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			0
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			30727
22 Amount of line 21 you want **refunded to you**	22			30727
23 Amount of line 21 you want **applied to your (enter year):** **estimated tax**	23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

			A. Original number of dependents reported or as previously adjusted	B. Net change—amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24			
25	Your dependent children who lived with you	25			
26	Reserved for future use	26			
27	Other dependents	27			
28	Reserved for future use	28			
29	Reserved for future use	29			

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

Attached are nine (9) corrected and rebutted forms prepared by Jacques Boudin and/or Margaret Boudin and are not to be mistaken for forms corrected by Payers; One form 4852 correcting and rebutting an erroneously submitted W-2; Two (2) forms 4852 correcting and rebutting erroneously submitted 1099-Rs; One (1) form 1099-INT correcting and rebutting an erroneously submitted form 1099-INT; Two forms 1099-MISC correcting and rebutting erroneously submitted forms; Two (2) corrected and rebutted forms 1099-DIV; and One (1) corrected and rebutted K-1 form.

Jacques Boudin and Margaret Boudin are private sector individuals and have not received any payments connected with the performance of functions related to a public office, connected to a Trade or Business, or federally connected employment, investment or other taxable activities as defined in 26 US Code Section 3401(a) and Section 3121(a).

NOTE: The net change to adjusted gross income in Line 1, Column B, occurred as a result of the corrections made to the forms above. Line 12, Column B, changed due to the addition of FICA and Medicare taxes withheld erroneously and rebutted on Form 4852 W-2.

Sign Here

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Jacques Boudin	3/31/24	RETIRED	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**
Margaret Boudin	3-31-24	RETIRED	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

Form **4852**
(Rev. September 2020)
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, 1040-SR, or 1040-X.
▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074
Attachment Sequence No. 04

You must take the following steps before filing Form 4852

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) 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 must also 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 will also 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 to file with your return.

1 Name(s) shown on return
Jacques Boudin

2 Your social security number

3 Address
, Estero, FL 34135

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2020 ,
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
Link Manufacturing Inc., 43855 Plymouth Oaks Blvd., Plymouth, MI 48170

6 Employer's or payer's TIN (if known)
38-1432910

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			(Name of state)	
c	Medicare wages and tips		g	Local income tax withheld	
d	Social security tips			(Name of locality)	
e	Federal income tax withheld	4291	h	Social security tax withheld	3015
			i	Medicare tax withheld	705

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

a	Gross distribution	0	f	Federal income tax withheld	
b	Taxable amount		g	State income tax withheld	
c	Taxable amount not determined	☐		(Name of state)	
d	Total distribution	☐	h	Local income tax withheld	
e	*Capital gain (included on line 8b)*			(Name of locality)	
			i	Employee contributions	
			j	Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a W-2 Form which erroneously reported earnings as taxable which I hereby rebut as being instead payments of earnings from non-privileged, non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

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 (original or corrected) 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 (original or corrected) 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 must also 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 will also 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.

Form **4852**
(Rev. September 2020)
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, 1040-SR, or 1040-X.
▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074
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1 Name(s) shown on return	2 Your social security number
Jacques Boudin	

3 Address
, Estero, FL 34135

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2020 ,
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	6 Employer's or payer's TIN (if known)
Capital Bank and Trust Co., P.O. Box 6164, Indianapolis, IN46206	95-6817943

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

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

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

a Gross distribution	0	f Federal income tax withheld	8400
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e *Capital gain (included on line 8b)*		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-privileged, non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

General Instructions

Section references are to the Internal Revenue Code.

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This corrected K-1 form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Trade or Business".

No payments were received by RECIPIENT as reported by PAYER in connection with a "Trade or Business" or any federally connected office or taxable activity that would constitute income under relevant tax law.

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.

Jacques Boudin Date 3/30/2024

671120

Schedule K-1 (Form 1120-S) 2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year beginning / / ending / /

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
23-2647940

B Corporation's name, address, city, state, and ZIP code
TESCOR, INC
341 IVYLAND ROAD
WARMINSTER, PA 18974

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
JACQUES BOUDIN

F Current year allocation percentage..... 90 %

G Shareholder's number of shares
Beginning of tax year..... 900
End of tax year..... 900

H Loans from shareholder
Beginning of tax year..... $
End of tax year..... $

FOR IRS USE ONLY

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 0	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income 0		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information
		A	0
		AC	0
		V*	STMT

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*
*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. www.irs.gov/Form1120S Schedule K-1 (Form 1120-S) 2020

SHAREHOLDER 1

SPSA0112 03/24/20

This corrected 1099-DIV form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Federal Instrumentality".

No payments were received by RECIPIENT as reported by PAYER in connection with a "federal Instrumentality" or any federally connected office or taxable activity that would constitute income under relevant tax law.

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.

Jacques Boudin — Date: 3/30/2024

Margaret Anne Boudin — Date: 3-30-2024

2/12/2021 Activity | Investor Center

Investor Payment Detail

Contact Us Help Privacy Policy Terms and Conditions

THE WALT DISNEY COMPANY

Margaret Anne Boudin + Jacques Boudin Jt Ten C*****

Summary

Holding	DSPP - COMMON STOCK
Payment date	1/16/2020
Record date	12/16/2019
Payment type	Dividend
Payment rate	$ 0.00
Shares on record date	12
Payment method	Direct Credit
Check number	000000000051454
Payment status date	1/16/2020
Gross amount	$ 0.00
Total taxes	$0.00
Total fees	$0.00
Net amount	$ 0.00

Taxes and Fees

Gross amount	$0.00

Taxes

Federal Tax deducted	$0.00
State/Province Tax deducted	$0.00
Fees	$0.00
Net amount	$ 0.00

CLOSE

https://www-us.computershare.com/Investor/#Activity/Index

2/2

This corrected 1099-DIV form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Federal Instrumentality".

No payments were received by RECIPIENT as reported by PAYER in connection with a "federal Instrumentality" or any federally connected office or taxable activity that would constitute income under relevant tax law.

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.

Jacques Boudin — Date: 3/30/2024

Margaret Anne Boudin — Date: 3-30-2024

Microsoft

Computershare

Computershare
PO Box 505000
Louisville, KY 40233-5000
Within USA, US territories & Canada 800 285 7772 OPT 1
Outside USA, US territories & Canada 425 706 4400 OPT 1
www.computershare.com/microsoft

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

010554

Recipient
MARGARET ANNE BOUDIN
& JACQUES BOUDIN JT TEN

Control #: 4641 5177 0514

Holder Account Number

JNT

Record Date 19 Nov 2020
Check Number 0000144288
SSN/TIN Certified Yes

001CS0005.DomLng.PG1.MSCO.111034_162704/010554/010554/i

Microsoft Corporation - Combined Dividend Payment / 2020 Tax Form 1099-DIV

☐ Corrected (if checked)

Form 1099 - DIV - Dividends and Distributions 2020 Copy B - For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. 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 MARGARET ANNE BOUDIN
& JACQUES BOUDIN JT TEN

Account Number [redacted]5
Recipient's ID No. ending in ***-**-[redacted]
Payer's Federal ID No. 91-1144442
OMB No. 1545-0110
Department of the Treasury - Internal Revenue Service

1a Total Ordinary Dividends ($)	1b Qualified Dividends ($)	3 Nondividend Distributions ($)	4 FEDERAL INCOME TAX WITHHELD ($)	7 Foreign Tax Paid ($)	8 Foreign Country or U.S. Possession	9 Cash Liquidation Distr. ($)	Payer's Details
		0.00	0.00			0.00	MICROSOFT CORPORATION C/O COMPUTERSHARE PO BOX 505005 LOUISVILLE KY 40233-5055

This corrected 1099-MISC form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Trade or Business".

No payments were received by RECIPIENT as reported by PAYER in connection with a "Trade or Business" or any federally connected taxable activity that would constitute income under relevant tax law.

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.

Jacques Boudin Date 3/30/2024

Payer's Name:
Downing-Frye Realty, Inc.
8950 Fontana Del Sol Way, Suite 100
Naples, FL 34109

2020 Form 1099-MISC
Miscellaneous Income

OMB No. 1545-0115

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

For questions about this form, contact Downing-Frye Realty, Inc. at 2392612244

Recipient's Name:
JACQUES BOUDIN

Payer's federal identification number:	Recipient's identification number:
65-0345046	XXXXXXX5651

Box 1: Rents
$0.00

This corrected 1099-MISC form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Trade or Business".

No payments were received by RECIPIENT as reported by PAYER in connection with a "Trade or Business" or any federally connected taxable activity that would constitute income under relevant tax law.

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.

Jacques Boudin

Jacques Boudin Date 3/30/2024

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $ 0.00	OMB No. 1545-0115	Miscellaneous Income
LINK GROUP, INC. 43855 PLYMOUTH OAKS BLVD PLYMOUTH MI 48170	2 Royalties $	2020 Form 1099-MISC	
PAYER'S TIN 80-0559223 / RECIPIENT'S TIN	3 Other income $	4 Federal income tax withheld $	Copy 1 For State Tax Department
RECIPIENT'S name JACQUES BOUDIN	5 Fishing boat proceeds $	6 Med & health care payments $	
Street address (including apartment number)	7 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	8 Substitute payments in lieu of dividends or interest $	
City or town, state or province, country, and ZIP or foreign postal code	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	
Account number (see instructions) / FATCA filing req. ☐	11	12 Section 409A deferrals $	
	13 Excess golden parachute payments $	14 Nonqualified deferred compensation $	
	15 State tax withheld $ $	16 State/Payer's state no.	17 State income $ $

BAA Form 1099-MISC FDEA0302 09/28/20 www.irs.gov/Form1099MISC Department of the Treasury — Internal Revenue Service

This corrected 1099-INT form is submitted to rebut a document known to have been transmitted to the IRS by the entity identified below as PAYER, erroneously alleging payment to the party identified below as RECIPIENT of "gains, profits or income" made in the course of conducting transactions as a "Federal Instrumentality".

No payments were received by RECIPIENT as reported by PAYER in connection with a "federal Instrumentality" or any federally connected taxable activity that would constitute income under relevant tax law.

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.

Margaret A Boudin

Margaret A Boudin

3-31-2024

Date

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FREEDOM CREDIT UNION 626 JACKSONVILLE ROAD WARMINSTER, PA 18974-4862 215-612-5900	Payer's RTN (optional)	OMB No. 1545-0112 2020 Form 1099-INT	**Interest Income**
	1 Interest income $ 0.00		
	2 Early withdrawal penalty $		**Copy B** **For Recipient**
PAYER'S TIN 23-2403099 / RECIPIENT'S TIN XXX-XX	3 Interest on U.S. Savings Bonds and Treas. obligations $		
RECIPIENT'S name BOUDIN MARGARET A Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code	4 Federal income tax withheld $	5 Investment expenses $	*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.*
	6 Foreign tax paid $	7 Foreign country or U.S. possession	
	8 Tax-exempt interest $	9 Specified private activity bond interest $	
	10 Market discount $	11 Bond premium $	
FATCA filing requirement ☐	12 Bond premium on Treasury obligations $	13 Bond premium on tax-exempt bond $	
Account number (see instructions) 0000738780	14 Tax-exempt and tax credit bond CUSIP no.	15 State / 16 State identification no.	17 State tax withheld $ $

Form 1099-INT (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

Form **4852**
(Rev. September 2020)
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, 1040-SR, or 1040-X.
▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074
Attachment Sequence No. 04

You must take the following steps before filing Form 4852

• Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) 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 must also 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 will also 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 to file with your return.

1 Name(s) shown on return	2 Your social security number
Margaret Boudin	

3 Address
Estero, FL 34135

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2020,
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	6 Employer's or payer's TIN (if known)
Commonwealth of Pennsylvania, Public School Employees' Retirement System, 5 N 5th Street, Harrisburg, PA 17101	23-1739115

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

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

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

a Gross distribution	0	f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e *Capital gain (included on line 8b)*		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
The Company named on line 5 provided a 1099-R which erroneously reported distributions as taxable which I hereby rebut as being instead delayed payments of earnings from non-federally related activities nor related to a federal office per IRC section 3401a) and 3121(a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None

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 (original or corrected) 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 (original or corrected) 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 must also 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 will also 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.

Form **4852**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

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Margaret Boudin	

3 Address
[redacted], Estero, FL 34135

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5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's TIN (if known)
Capital Bank and Trust Co., P.O. Box 6164, Indianapolis, IN46206	95-6817943

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

a Wages, tips, and other compensation		f State income tax withheld	
b Social security wages		(Name of state)	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
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8 **Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	0	f Federal income tax withheld	0
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU2967482-1124148418 3-2

Box 1. Name	Box 2. Beneficiary's Social Security Number
MARGARET A BOUDIN	

Box 3. Benefits Paid in 2020	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 *(Box 3 minus Box 4)*
$23,287.20	NONE	$23,287.20

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$15,842.40
Medicare Part B premiums deducted from your benefits	$1,735.20
Medicare Prescription Drug Premiums (Part D) deducted from your benefits	$428.40
Voluntary Federal income tax withheld	$5,281.20
Total Additions	$23,287.20
Benefits for 2020	$23,287.20

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

$5,281.20

Box 7. Address

MARGARET A BOUDIN

WARMINSTER PA 18974-1666

CU2967482-1124148418 3-2

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (1-2021) **DO NOT RETURN THIS FORM TO SSA OR IRS**

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU2967243-1124184864-1

Box 1. Name	Box 2. Beneficiary's Social Security Number
JACQUES BOUDIN	

Box 3. Benefits Paid in 2020	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 *(Box 3 minus Box 4)*
$35,154.20	NONE	$35,154.20

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$24,742.70
Medicare Part B premiums deducted from your benefits	$1,735.20
Medicare Prescription Drug Premiums (Part D) deducted from your benefits	$428.40
Voluntary Federal income tax withheld	$8,247.90
Total Additions	$35,154.20
Benefits for 2020	$35,154.20

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

$8,247.90

Box 7. Address

JACQUES BOUDIN

WARMINSTER PA 18974-1666

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

CU2967243-1124184864-1

Form **SSA-1099-SM** (1-2021) **DO NOT RETURN THIS FORM TO SSA OR IRS**