

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **Brian D** Last name: **Swanson** Your social security number: _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street), if you have a P.O. box, see instructions: _____ Apt. no.: _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Evans, GA 30809** If more than four dependents, see inst. and ✓ here ▶

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
H				<input type="checkbox"/>	<input checked="" type="checkbox"/>
H				<input type="checkbox"/>	<input checked="" type="checkbox"/>
S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

Joint return? See instructions. Keep a copy for your records. Your signature: _____ Date: _____ Your occupation: **School Teacher** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [] [] [] [] [] []
 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 Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____ Check if: 3rd Party Designee Self-employed
 Firm's name ▶ _____ Phone no.: _____
 Firm's address ▶ _____

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1		
	2a	Tax-exempt interest	2a		
	3a	Qualified dividends	3a		
	4a	IRAs, pensions, and annuities	4a	32,123	05
	5a	Social security benefits	5a		
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	32,138	05
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	32,138	05
Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	8	Standard deduction or itemized deductions (from Schedule A)	8	12,000	00
	9	Qualified business income deduction (see instructions)	9		
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	20,138	05
	11	a Tax (see inst.) <u>2,225</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	2,225	00
	12	a Child tax credit/credit for other dependents <u>3,000</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	3,000	00
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0	0
	14	Other taxes. Attach Schedule 4	14		
	15	Total tax. Add lines 13 and 14	15	0	0
	16	Federal income tax withheld from Forms W-2 and 1099	16	7,611	35
	17	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5 _____	17		
18	Add lines 16 and 17. These are your total payments	18			
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	7,611	35
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	7,611	35
	b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number _____				
	21	Amount of line 19 you want applied to your 2019 estimated tax	21		
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22		
	23	Estimated tax penalty (see instructions)	23		

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 Brian D. Swanson	2 Your social security number
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3 Address

4 Enter year in space 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 <p style="text-align: right;">GA 30809</p>	6 Employer's or payer's TIN (if known) <p style="text-align: center;">586000285</p>
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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	3,164.20
b Social security wages	0	(Name of state)	GA: 6410064NW
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	4,747.35	h Social security tax withheld	0
		i Medicare tax withheld	1,222.20

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?

This job is my source of capital. This capital does not qualify as "wages" as defined in 26 USC and the withholding payments made by this employer were erroneously withheld from money that is capital, not income. The W2 from this employer was issued in error.

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

None.

CORRECTED (if checked)

Control Number				OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service US Military Retirement Pay 8899 E 56th Street Indianapolis, IN 46249-1200		1 Gross distribution \$ 32123.05	2018 Form 1099-R			
		2a Taxable amount \$ 32123.05				
PAYER'S Federal identification number 34-0727612	RECIPIENT'S identification Number	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution				
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code BRIAN DEAN SWANSON		4 Federal Income tax withheld \$ 1641.80	7 Distribution code 7			Copy 2 File this copy with your state, city, or local income tax return when required
		9 Your percentage of total distribution %				
		12 State tax withheld \$ 0.00	13 State/Payer's state no.			
		\$ 0.00				
		RETIRED		01012018-12312018		