

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning . . . . . 2017, ending . . . . . 2017

Your first name and initial **Justin R** Last name **Gilmore** See separate instructions.  
 If a joint return, spouse's first name and initial **Brianna C** Last name **Osnain**

Home address, number and street, if you have a P.O. box, see instructions **3466** Apt. # **101** Make sure the SSN(s) above and on line 6c are correct.

City, **Aurora**, State, and ZIP code, if you have a foreign address, also complete spaces below (see instructions).  
 Foreign country name **USA** Foreign province/state/county Foreign postal code

**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. ▶  
 4  Head of household (with qualifying person). (See instructions.)  
 5  Qualifying widow(er) (see instructions)

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 6b  Spouse  
 c Dependents:  
 (1) Last name (2) Dependents' (3) Dependents' (4)  if child under age 17 qualifying for child tax credit (see instructions)

(1) Last name	(2) Dependents' relationship to you	(3) Dependents' relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
<b>Garrett</b>	<b>7</b> Son		<input checked="" type="checkbox"/>
<b>Lila</b>	<b>0</b> Daughter		<input checked="" type="checkbox"/>
<b>Amelia</b>			<input type="checkbox"/>

**Total number of exemptions claimed** **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	0
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	4088
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	0
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	0
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	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	0
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	4088

**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 8803	35	
36 Add lines 23 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	4088



**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.**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.  
▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

<b>1 Name(s) shown on return</b> Justin R. Gilmore	<b>2 Your social security number</b> [REDACTED]
<b>3 Employer's name, address, and ZIP code</b> [REDACTED]	[REDACTED]

**4 Enter year if space provided and check one box.** For the tax year ending December 31, 2017,

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.

<b>5 Employer's or payer's name, address, and ZIP code</b> Echosphere LLC 9601 S Meridian Blvd Englewood CO 80112	<b>6 Employer's or payer's identification number (if known)</b> 84-0833457
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**7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.**

<b>a</b> Wages, tips, and other compensation	0	<b>f</b> State income tax withheld	8.00
<b>b</b> Social security wages	0	(Name of state) -	CO
<b>c</b> Medicare wages and tips	0	<b>g</b> Local income tax withheld	0
<b>d</b> Social security tips	0	(Name of locality)	
<b>e</b> Federal income tax withheld	16.73	<b>h</b> Social security tax withheld	239.02
		<b>i</b> Medicare tax withheld	55.90

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

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

**9 How did you determine the amounts on lines 7 and 8 above?**  
 Party identified as "Payer" in box c provided a w-2 which erroneously alleged payment of IRC section 3121 and 3401 transactions in line 7(a) is hereby disputed. I deny that said Payer and I had any IRC section 3121 and 3401 transactions in 2017

**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.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at [www.irs.gov/Form4852](http://www.irs.gov/Form4852).

**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 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 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 the end of February, 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. 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.

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 your Social Security online account to verify wages reported by your employers. Please visit [www.SSA.gov/myaccount](http://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 you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**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:



**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.  
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**1** Name(s) shown on return  
Brianna C Gilmore

**2** Your social security number

**3** If you were an employee, check one box. For the tax year ending December 31, 2017,  
I was 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  
Geico, One Geico Plaza Washington, DC 20076

**6** Employer's or payer's identification number (if known)  
53-0075853

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

<b>a</b> Wages, tips, and other compensation	0	<b>f</b> State income tax withheld	
<b>b</b> Social security wages	0	(Name of state)	
<b>c</b> Medicare wages and tips	0	<b>g</b> Local income tax withheld	
<b>d</b> Social security tips	0	(Name of locality)	
<b>e</b> Federal income tax withheld	3759.23	<b>h</b> Social security tax withheld	3207.51
		<b>i</b> Medicare tax withheld	750.14

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

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

**9** How did you determine the amounts on lines 7 and 8 above?  
Party identified as "Payer" in box c provided a w-2 which erroneously alleged payment of IRC section 3121 and 3401 transactions in line 7(a) is hereby disputed. I deny that said Payer and I had any IRC section 3121 and 3401 transactions in 2017

**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.

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You should always attempt to get your 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 the end of February, 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. 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.

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 your Social Security online account to verify wages reported by your employers. Please visit [www.SSA.gov/myaccount](http://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 you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

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**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

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<b>1</b> Name(s) shown on return Brianna Gilmore	<b>2</b> Your social security number [REDACTED]
<b>3</b> [REDACTED]	
<b>4</b> Employer's name, address, and ZIP code. For the tax year ending December 31, 2017, I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> 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.	
<b>5</b> Employer's or payer's name, address, and ZIP code American Family Mutual Insurance Company, S.I. 600 American Parkway Madison WI 53783-0001	<b>6</b> Employer's or payer's identification number (if known) 39-0273710

<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
<b>a</b> Wages, tips, and other compensation	0	<b>f</b> State income tax withheld	1181
<b>b</b> Social security wages	0	(Name of state) CO	
<b>c</b> Medicare wages and tips	0	<b>g</b> Local income tax withheld	
<b>d</b> Social security tips	0	(Name of locality)	
<b>e</b> Federal income tax withheld	6300.01	<b>h</b> Social security tax withheld	2237.31
		<b>i</b> Medicare tax withheld	523.24
<b>8</b> Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
<b>a</b> Gross distribution		<b>f</b> Federal income tax withheld	
<b>b</b> Taxable amount		<b>g</b> State income tax withheld	
<b>c</b> Taxable amount not determined <input type="checkbox"/>		<b>h</b> Local income tax withheld	
<b>d</b> Total distribution <input type="checkbox"/>		<b>i</b> Employee contributions	
<b>e</b> Capital gain (included in line 8b)		<b>j</b> Distribution codes	

**9** How did you determine the amounts on lines 7 and 8 above?  
 Party identified as "Payer" in box c provided a w-2 which erroneously alleged payment of IRC section 3121 and 3401 transactions in line 7(a) is hereby disputed. I deny that said Payer and I had any IRC section 3121 and 3401 transactions in 2017

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

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**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:

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. First American Payment Systems, L.P. 100 Throckmorton St., Ste 1300 Fort Worth, TX, 76102		FILER'S federal identification no. 01-225	OMB No. 1545-2205 2017 Form 1099-K	Payment Card and Third Party Network Transactions  Copy B For Payee  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 taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		1b Card Not Present transactions <input type="checkbox"/> 3 Number of payment transactions <input checked="" type="checkbox"/>	2 Merchant category code 5021 4 Federal income tax withheld \$ 0	
Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		PAYEE'S name Brianna Osain Street address (include apt. no.) US City or town, state or province, ZIP or foreign postal code PSE'S name Fifth third bank Account number (see instructions)		
5a January \$ 0 5b February \$ 0				
5c March \$ 0 5d April \$ 0				
5e May \$ 0 5f June \$ 0				
5g July \$ 0 5h August \$ 0				
5i September \$ 0 5j October \$ 0				
5k November \$ 0 5l December \$ 0				
6 State AK 7 State identification no. 8 State income tax withheld \$				


Form 1099-K

(Keep for your records)

www.irs.gov/form1099-k

Department of the Treasury - Internal Revenue Service

This corrected form 1099K is submitted to rebut a document known to have been submitted by the party identified above as "FILER" which erroneously alleges payments to the party identified above as "PAYEE" of "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 to the best of my knowledge and belief, it is true, accurate, and complete.

  
Brianna Osain 4/9/2018

# Injured Spouse Allocation

► Information about Form 8379 and its separate instructions is at [www.irs.gov/form8379](http://www.irs.gov/form8379).

**Part I** **Should You File This Form? You must complete this part.**

- 1 Enter the tax year for which you are filing this form. ► 2017 Answer the following questions for that year.
- 2 Did you (or will you) file a joint return?
  - Yes.** Go to line 3.
  - No.** **Stop here.** Do not file this form. You are not an injured spouse.
- 3 Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? (see instructions)
  - Federal tax • State income tax • State unemployment compensation • Child support • Spousal support
  - Federal nontax debt (such as a student loan)
  - Yes.** Go to line 4.
  - No.** **Stop here.** Do not file this form. You are not an injured spouse.

**Note:** If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See *Innocent Spouse Relief* in the instructions.
- 4 Are you legally obligated to pay this past-due amount?
  - Yes.** **Stop here.** Do not file this form. You are not an injured spouse.
  - No.** Go to line 5a.

**Note:** If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See *Innocent Spouse Relief* in the instructions.
- 5a Were you a resident of a community property state at any time during the tax year entered on line 1? (see instructions)
  - Yes.** Enter the name(s) of the community property state(s) \_\_\_\_\_  
 Go to line 5b.
  - No.** Skip line 5b and go to line 6.
- b If you answered "Yes" on line 5a, was your marriage recognized under the laws of the community property state(s)? (see instructions)
  - Yes.** Skip lines 5 through 9. Go to **Part II** and complete the rest of this form.
  - No.** Go to line 6.
- 6 Did you make and report payments, such as federal income tax withholding or estimated tax payments?
  - Yes.** Skip lines 7 through 9 and go to **Part II** and complete the rest of this form.
  - No.** Go to line 7.
- 7 Did you have earned income, such as wages, salaries, or self-employment income?
  - Yes.** Go to line 8.
  - No.** Skip line 8 and go to line 9.
- 8 Did (or will) you claim the earned income credit or additional child tax credit?
  - Yes.** Skip line 9 and go to **Part II** and complete the rest of this form.
  - No.** Go to line 9.
- 9 Did (or will) you claim a refundable tax credit? (see instructions)
  - Yes.** Go to **Part II** and complete the rest of this form.
  - No.** **Stop here.** Do not file this form. You are not an injured spouse.

**Part II** **Information About the Joint Tax Return for Which This Form Is Filed**

- 10 Enter the following information exactly as it is shown on the tax return for which you are filing this form.  
 The spouse's name and social security number shown first on that tax return must also be shown first below.

First name, initial, and last name shown first on the return Justin R Gilmore	Social security number shown first XXXXXXXXXX	If Injured Spouse, check here ► <input type="checkbox"/>
First name, initial, and last name shown second on the return Brianna C Osnain	Social security number shown second XXXXXXXXXX	If Injured Spouse, check here ► <input checked="" type="checkbox"/>

- 11 Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each spouse, if applicable.
- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return?  Yes  No  
 If "Yes," enter the address. \_\_\_\_\_

Number and street

City, town or post office, state, and ZIP code



**Part III Allocation Between Spouses of Items on the Joint Tax Return (See the separate Form 8379 instructions for Part III.)**

Allocated Items (Column (a) must equal columns (b) + (c))	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
<b>13</b> Income: a. Income reported on Form(s) W-2	0	0	0
b. All other income	0	0	0
<b>14</b> Adjustments to Income	0	0	0
<b>15</b> Standard deduction or Itemized deductions	12700	6350	6350
<b>16</b> Number of exemptions	4	3	1
<b>17</b> Credits (do not include any earned income credit)	0	0	0
<b>18</b> Other taxes	0	0	0
<b>19</b> Federal income tax withheld	19282	16778	2504
<b>20</b> Payments			

**Part IV Signature.** Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or 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.

Keep a copy of this form for your records	Injured spouse's signature		Date	Phone number
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
<b>Paid Preparer Use Only</b>	Firm's name ▶		Firm's EIN ▶	
	Firm's address ▶		Phone no.	