

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including name (GABRIELLA N CARDENAS), social security numbers, home address, and state (CA).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [X] You as a dependent [X] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [X] Were born before January 2, 1956 [X] Are blind Spouse: [X] Was born before January 2, 1956 [X] Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main income tax table with 15 rows. Includes categories like Wages, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Adjustments to income, Standard deduction, and Taxable income. Total taxable income is 9,520.

16	Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input checked="" type="checkbox"/> 4972 3 <input checked="" type="checkbox"/> TABLE	16	952
17	Amount from Schedule 2, line 3	17	0
18	Add lines 16 and 17	18	952
19	Child tax credit or credit for other dependents	19	0
20	Amount from Schedule 3, line 7	20	0
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	952
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0
24	Add lines 22 and 23. This is your total tax	24	952
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1323
b	Form(s) 1099	25b	556
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1879
26	2020 estimated tax payments and amount applied from 2019 return	26	0
27	Earned income credit (EIC)	27	0
28	Additional child tax credit. Attach Schedule 8812	28	0
29	American opportunity credit from Form 8863, line 8	29	0
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	0
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	1879
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/>	35a	927
Direct deposit? See instructions.	▶ b Routing number	▶ c Type: <input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	
	▶ d Account number		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
<b>Amount You Owe</b> For details on how to pay, see instructions.	37 Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	0
	38 Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**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	Your occupation	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 your spouse an Identity Protection PIN, enter it here (see inst.) ▶

**Paid Preparer Use Only**

Preparer's name Preparer's signature Date PTIN Check it:  Self-employed

Firm's name ▶ Phone no.

Firm's address ▶ Firm's EIN ▶

**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](http://www.irs.gov/Form4852) for the latest information.

**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.

<b>1 Name(s) shown on return</b> GABRIELLA N CARDENAS	<b>2 Your social security number</b> [REDACTED]
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**3 Address**  
[REDACTED]

**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.

<b>5 Employer's or payer's name, address, and ZIP code</b> VICI COLLECTION LLC 2620 STANWELL DR STE 160 CONCORD, CA 94520	<b>6 Employer's or payer's TIN (if known)</b> [REDACTED]
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**7 Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation <u>0</u>	f State income tax withheld . . . . . _____ (Name of state) . . . . . _____
b Social security wages . . . . . _____	g Local income tax withheld . . . . . _____ (Name of locality) . . . . . _____
c Medicare wages and tips . . . . . _____	h Social security tax withheld . . . . . <u>356.89</u>
d Social security tips . . . . . _____	i Medicare tax withheld . . . . . <u>83.47</u>
e Federal income tax withheld . . . . . <u>380.02</u>	

**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 . . . . . _____ (Name of state) . . . . . _____
c Taxable amount not determined . . . . . <input checked="" type="checkbox"/>	h Local income tax withheld . . . . . _____ (Name of locality) . . . . . _____
d Total distribution . . . . . <input checked="" type="checkbox"/>	i Employee contributions . . . . . _____
e Capital gain (included on line 8b) . . . . . _____	j Distribution codes . . . . . _____

**9 How did you determine the amounts on lines 7 and 8 above?**  
The amounts provided by the Payer under "Wages" are incorrect. The amounts listed do not qualify as "Wages" as defined in the IRC Sections 3401 (a) & 3131 (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](http://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.



**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Gabriella N Cardenas

Your social security number

██████████

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	0
2a	Alimony received . . . . .	2a	0
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C . . . . .	3	0
4	Other gains or (losses). Attach Form 4797 . . . . .	4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F . . . . .	6	0
7	Unemployment compensation . . . . .	7	21,920
8	Other income. List type and amount ▶ _____	8	0
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	9	21,920

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10	0
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	0
12	Health savings account deduction. Attach Form 8889 . . . . .	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	0
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	0
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	0
16	Self-employed health insurance deduction . . . . .	16	0
17	Penalty on early withdrawal of savings . . . . .	17	0
18a	Alimony paid . . . . .	18a	
b	Recipient's SSN . . . . . ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction . . . . .	19	0
20	Student loan interest deduction . . . . .	20	0
21	Tuition and fees deduction. Attach Form 8917 . . . . .	21	0
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	0