

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

Your first name and initial: Jeffery D Last name: Giraldi Your social security number: [REDACTED]

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 G. If more than four dependents, see inst. and check 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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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: [Signature] Date: 3/20/19 Your occupation: Private
 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:

		1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	-0-	
		2a	Tax-exempt interest	2b		
		3a	Qualified dividends	3b		
		4a	IRAs, pensions, and annuities	4b		
		5a	Social security benefits	5b		
		6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 14222.00	6	14222	00
		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	14222	00
		8	Standard deduction or itemized deductions (from Schedule A)	8	12000	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	2222	00
		11	a Tax (see inst.) _____ (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		
		12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12		
		13	Subtract line 12 from line 11. If zero or less, enter -0-	13	-0-	
		14	Other taxes. Attach Schedule 4	14		
		15	Total tax. Add lines 13 and 14	15	-0-	
		16	Federal income tax withheld from Forms W-2 and 1099	16	3072	26
		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	3072	26
		19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	3072	26
		20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	1616	26
		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			
		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			

Attach Forms; W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

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.

Refund

Direct deposit? See instructions.

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. 01

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

Additional Income		1-9b	10	11	12	13	14	15b	16b	17	18	19	20b	21	22
	Reserved														
	10 Taxable refunds, credits, or offsets of state and local income taxes														
	11 Alimony received														
	12 Business income or (loss). Attach Schedule C or C-EZ														
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>														
	14 Other gains or (losses). Attach Form 4797														
	15a Reserved														
	16a Reserved														
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E														
	18 Farm income or (loss). Attach Schedule F														
	19 Unemployment compensation											14222	00		
	20a Reserved														
	21 Other income. List type and amount ▶														
	22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23											14222	00		
Adjustments to Income	23 Educator expenses														
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106														
	25 Health savings account deduction. Attach Form 8889														
	26 Moving expenses for members of the Armed Forces. Attach Form 3903														
	27 Deductible part of self-employment tax. Attach Schedule SE														
	28 Self-employed SEP, SIMPLE, and qualified plans														
	29 Self-employed health insurance deduction														
	30 Penalty on early withdrawal of savings														
	31a Alimony paid b Recipient's SSN ▶														
	32 IRA deduction														
	33 Student loan interest deduction														
	34 Reserved														
	35 Reserved														
	36 Add lines 23 through 35														

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

**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 or 1040X.

▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return
Jeffery D Giraldi

2 Your social security number
[REDACTED]

3 Address
[REDACTED] H [REDACTED], Pennsylvania [REDACTED]

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.
here by notice
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
[REDACTED], Limerick, PA 19468

6 Employer's or payer's TIN (if known)
[REDACTED]

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

a Wages, tips, and other compensation	_____	-0-	f State income tax withheld	_____	303.35
b Social security wages	_____	-0-	(Name of state)	Pennsylvania	
c Medicare wages and tips	_____	-0-	g Local income tax withheld	_____	99.80
d Social security tips	_____	-0-	(Name of locality)	461702	
e Federal income tax withheld	_____	860.40	h Social security tax withheld	_____	612.59
			i Medicare tax withheld	_____	143.27

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?
Lines 7(a), 7(b) and 7(c) were corrected as I did not receive any "wages, tips, and other compensation" as defined in IRC 3401(a) and 3121(a). Amounts withheld are correct.

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. 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 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 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 also must 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 also will 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. 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 indicates that the information reported on your original return is incorrect, 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:

Glen Burnie, MD 21060

Questions concerning your personal taxes, please speak with your CPA
 Inquiries about your form, contact as noted below
 Include 1099 form, a note outlining your concern, phone # and email
 TMS/TMNA/TEMA: Email to incentive.administration.group@toyota.com
 TFS: Fax (319) 221-3605. TCNA: accounts.payable@toyotaconnected.com

TEP3G2Z40_7441_14861 1 of 2

JEFFERY GIRALDI

H [REDACTED] PA [REDACTED]

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES/INR). Individuals must report those amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get the form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040 (or Form 1040NR). You must also complete Form 8019 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line of Form 1040 (or Form 1040NR).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] Plano, TX 75024		1 Rents \$	OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN [REDACTED]		3 Other income 0.00	6 Medical and health care payments \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JEFFERY GIRALDI [REDACTED] H [REDACTED] PA [REDACTED]		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	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.
Account number (see instructions) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale \$	10 Crop insurance proceeds \$	
FATCA filing requirement <input type="checkbox"/>		11	12	
15a Section 409A deferrals \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. PA /	
18 State income \$				

Health Coverage Exemptions

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

2018
Attachment
Sequence No. **75**

Name as shown on return
Jeffery D Giraldi

Your social security number
[REDACTED]

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
8																
9																
10																
11																
12																
13																



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS POLICY

JEFFERY D GIRALDI

[REDACTED]
H [REDACTED] PA [REDACTED]

**STATEMENT FOR RECIPIENTS OF
PA UNEMPLOYMENT COMPENSATION PAYMENTS
UC-1099G**

Payer: COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR & INDUSTRY OFFICE OF UC BENEFITS POLICY 651 BOAS STREET HARRISBURG, PA 17121-0750 888-313-7284 OMB NO. 1545-0120 FEDERAL ID NO. 23-6003107		This form shows the total unemployment compensation paid to you by the Department of Labor & Industry in the tax year indicated, and the amount of federal income tax withheld (if you requested tax withholding). This is important tax information and is being furnished to the Internal Revenue Service (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 income tax purposes, unemployment compensation benefits are reported in the calendar year in which they are paid, regardless of when the claim for benefits was filed.	
THIS IS NOT A BILL - DO NOT DESTROY - KEEP WITH YOUR TAX RECORDS			
SOCIAL SECURITY NO.	TOTAL PAYMENT	TAX WITHHELD	TAX YEAR
[REDACTED]	\$14,222.00	\$1,456.00	2018
RECIPIENT'S name, address, zip code JEFFERY D GIRALDI [REDACTED] H [REDACTED] PA [REDACTED]		Dear Recipient: YOU MAY BE ELIGIBLE FOR THE EARNED INCOME CREDIT, which is a federal benefit for both married and single parents who worked either full or part time during all of or part of the year and earned less than the federal qualifying amount. If you are eligible, you will either owe less taxes or qualify for a larger tax refund. To file for the Earned Income Credit, fill out and attach "Schedule EIC" to your federal income tax return. For more information, call the IRS toll free at 800-829-1040 or visit www.irs.gov . NOTE: If you were overpaid benefits, and repaid the amount, it is still included in the "TOTAL PAYMENT." If the repayment was made in the same year as the overpayment, make the necessary adjustment and notation on your Tax Form 1040 or 1040A. Your cancelled check or copy of money order may be used as your proof for adjustments claimed.	



Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program