

**Filing Status**  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 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. ▶

Your first name and middle initial <b>Jeffery D.</b>	Last name <b>Giraldi</b>	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
**H. [REDACTED] Pennsylvania [REDACTED]**

Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here

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

**Age/Blindness** You:  Were born before January 2, 1955  Are blind Spouse:  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
(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"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> - 0 -
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b> - 0 -	<b>2b</b> Taxable interest. Attach Sch. B if required <b>2b</b> - 0 -
<b>3a</b> Qualified dividends . . . . .	<b>3a</b> - 0 -	<b>3b</b> Ordinary dividends. Attach Sch. B if required <b>3b</b> - 0 -
<b>4a</b> IRA distributions . . . . .	<b>4a</b> - 0 -	<b>4b</b> Taxable amount <b>4b</b> - 0 -
<b>c</b> Pensions and annuities . . . . .	<b>4c</b> - 0 -	<b>4d</b> Taxable amount <b>4d</b> - 0 -
<b>5a</b> Social security benefits . . . . .	<b>5a</b> - 0 -	<b>5b</b> Taxable amount <b>5b</b> - 0 -
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>6</b>
<b>7a</b> Other income from Schedule 1, line 8 . . . . .		<b>7a</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		<b>7b</b> - 0 -
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .		<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your adjusted gross income ▶		<b>8b</b> - 0 -
<b>9</b> Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>9</b> 12,200	
<b>10</b> Qualified business income deduction. Attach Form 8965 or Form 8965-A . . . . .	<b>10</b>	<b>11a</b> 12,200
<b>11a</b> Add lines 9 and 10 . . . . .		<b>11b</b> - 0 -
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under Standard Deduction, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	-0-	12b	-0-
b	Add Schedule 2, line 3, and line 12a and enter the total			12b	-0-
13a	Child tax credit or credit for other dependents	13a	-0-	13b	-0-
b	Add Schedule 3, line 7, and line 13a and enter the total			14	-0-
14	Subtract line 13b from line 12b. If zero or less, enter -0-			15	
15	Other taxes, including self-employment tax, from Schedule 2, line 10			16	-0-
16	Add lines 14 and 15. This is your total tax			17	9867.84
17	Federal income tax withheld from Forms W-2 and 1099				
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a	-0-	18a	-0-
b	Additional child tax credit. Attach Schedule 8812	18b	-0-	18b	-0-
c	American opportunity credit from Form 8863, line 8	18c	-0-	18c	-0-
d	Schedule 3, line 14	18d	-0-	18d	-0-
e	Add lines 18a through 18d. These are your total other payments and refundable credits			18e	9867.84
18	Add lines 17 and 18e. These are your total payments			18	9867.84
20	If line 18 is more than line 16, subtract line 18 from line 16. This is the amount you overpaid			20	9867.84
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here			21a	9867.84
b	Routing number	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22	-0-		
23	Amount you owe. Subtract line 18 from line 16. For details on how to pay, see instructions			23	-0-
24	Estimated tax penalty (see instructions)	24	-0-		

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person (other than your paid preparer) 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 7/5/20	Your occupation Private	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 if:  3rd Party Designee  Self-employed

Firm's name: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_

Firm's address: \_\_\_\_\_

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

<b>1</b> Name(s) shown on return <u>Jeffery D. Givaldi</u>		<b>2</b> Your social security number [REDACTED]	
<b>3</b> Address <u>[REDACTED] H [REDACTED] Pennsylvania [REDACTED]</u>			
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, <u>2019</u> . 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 <u>[REDACTED] Fort Washington, Pa 19034</u>			<b>6</b> Employer's or payer's TIN (if known) [REDACTED]
<b>7 Form W-2.</b> Enter wages, tips, other compensation, and taxes withheld.			
<b>a</b> Wages, tips, and other compensation	- 0 -	<b>f</b> State income tax withheld	1977.18
<b>b</b> Social security wages	- 0 -	(Name of state) <u>Pa</u>	643.98
<b>c</b> Medicare wages and tips	- 0 -	<b>g</b> Local income tax withheld	3993.11
<b>d</b> Social security tips	- 0 -	(Name of locality) <u>Pa 461801</u>	933.87
<b>e</b> Federal income tax withheld	4940.86	<b>h</b> Social security tax withheld	[REDACTED]
		<b>i</b> Medicare tax withheld	[REDACTED]
<b>8 Form 1099-R.</b> 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"/>	(Name of state) _____	_____
<b>d</b> Total distribution	<input type="checkbox"/>	<b>h</b> Local income tax withheld	_____
<b>e</b> Capital gain (included on line 8b)	_____	(Name of locality) _____	_____
		<b>i</b> Employee contributions	_____
		<b>j</b> 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](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 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 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](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 indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040-X, 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:

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  ██ ██ Deerfield Beach, FL 33442 ██		1 Rents	OMB No. 1545-0115		<b>Miscellaneous Income</b>
		2 Royalties	<b>2019</b>		
		3 Other income	Form 1099-MISC		
PAYER's TIN ██████████		RECIPIENT'S TIN ██████████		4 Federal income tax withheld	<b>Copy B For Recipient</b>
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  Jeffery Dominic Giraldi ██ ██ PA ██████████		5 0.00	6 Fishing boat proceeds	7 Medical and health care payments	
Account number (optional) ██		FATCA filing requirement <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest	
16a Section 408A deferrals		16b Section 408A income		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
				10 Crop insurance proceeds	<b>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.</b>
				11	
				12	
				13 Excess golden parachute payments	
				14 Gross proceeds paid to an attorney	
				15 State tax withheld	16 State/Payer's state no.
				17 State income	18 State income

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <del>XXXXXXXXXX</del> Rockleigh, NJ 07647 US Phone: <del>XXXXXXXXXX</del>		1 Rents \$ 0.00	OMB No. 1545-0115 <b>2019</b> Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
PAYER'S TIN <del>XXXXXXXXXX</del>		3 Other income \$ 0.00		4 Federal income tax withheld \$ 0.00	Copy 2 To be filed with recipient's state income tax return, when required.
		5 Fishing boat proceeds \$ 0.00		6 Medical and health care payments \$ 0.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JEFFERY GIRALDI <del>XXXXXXXXXX</del> H <del>XXXXXXXXXX</del> , PA <del>XXXXXX</del> US		7 Nonemployee compensation \$ 0.00		8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00		10 Crop insurance proceeds \$ 0.00	
Account number (see instructions) <del>XXXXXXXXXX</del>		FATCA filing requirement <input type="checkbox"/>	11	12	
		13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 408A deferrals \$ 0.00	15b Section 408A income \$ 0.00	16 State tax withheld \$ 0.00		17 State/Payer's state no. PA 474903750	18 State income \$ 1,550.00
		\$			\$

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service