

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 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 ▶

Your first name and middle initial Joseph D	Last name Shilling	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Gloria D	Last name Shilling	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Ft Myers		State FL
Foreign country name		ZIP code 33913
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

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, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): 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"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	0
2a Tax-exempt interest	2a 0	2b Taxable interest	0
3a Qualified dividends	3a 3,589	3b Ordinary dividends	3,589
4a IRA distributions	4a 20,000	4b Taxable amount	0
5a Pensions and annuities	5a 0	5b Taxable amount	0
6a Social security benefits	6a 42,984	6b Taxable amount	0
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	0
8 Other income from Schedule 1, line 10		8	0
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	0
10 Adjustments to income from Schedule 1, line 26		10	0
11 Subtract line 10 from line 9. This is your adjusted gross income		11	3,589
12a Standard deduction or itemized deductions (from Schedule A)	12a 27,800		
b Charitable contributions if you take the standard deduction (see instructions)	12b 600		
c Add lines 12a and 12b		12c	28,400
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	0
14 Add lines 12c and 13		14	28,400
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Standard Deduction for—
 • Single or Married filing separately, \$12,550
 • Married filing jointly or Qualifying widow(er), \$25,100
 • Head of household, \$18,800
 • If you checked any box under Standard Deduction, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0
17	Amount from Schedule 2, line 3	17	0
18	Add lines 16 and 17	18	0
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	0
20	Amount from Schedule 3, line 8	20	0
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	432
b	Form(s) 1099	25b	900
c	Other forms (see instructions)	25c	0
d	Add lines 25a through 25c	25d	1,332
26	2021 estimated tax payments and amount applied from 2020 return	26	0
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	0
c	Prior year (2019) earned income	27c	0
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	0
29	American opportunity credit from Form 8863, line 8	29	0
30	Recovery rebate credit. See instructions	30	2,761
31	Amount from Schedule 3, line 15	31	0
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,761
33	Add lines 25d, 26, and 32. These are your total payments	33	4,093
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,093
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,093
Direct deposit? See instructions.	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number _____		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	0
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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 Retired	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> 4 3 6 8 6 6
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Retired	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
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.

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-X.

Attachment
Sequence No. 04

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

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- 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.

1 Name(s) shown on return Joseph D & Gloria D Shilling	2 Your social security number ██████████
3 Address ██████████ Ft Myers, FL 33913	
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2021</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.	
5 Employer's or payer's name, address, and ZIP code Joe Shilling Auto, ██████████	6 Employer's or payer's TIN (if known) ██████████
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 <u>229</u>
b Social security wages <u> </u>	(Name of state) <u>DE</u>
c Medicare wages and tips <u> </u>	g Local income tax withheld <u> </u>
d Social security tips <u> </u>	(Name of locality) <u> </u>
e Federal income tax withheld <u>432</u>	h Social security tax withheld <u>428</u>
	i Medicare tax withheld <u>100</u>
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.	
a Gross distribution <u> </u>	f Federal income tax withheld <u> </u>
b Taxable amount <u> </u>	g State income tax withheld <u> </u>
c Taxable amount not determined <input type="checkbox"/>	(Name of state) <u> </u>
d Total distribution <u> </u> <input type="checkbox"/>	h Local income tax withheld <u> </u>
e Capital gain (included on line 8b) <u> </u>	(Name of locality) <u> </u>
	i Employee contributions <u> </u>
	j Distribution codes <u> </u>
9 How did you determine the amounts on lines 7 and 8 above? Lines 7(a)(b) and (c) are corrected as I did not receive "wages" as defined in 3401(a) and 3121(a) in 26 USC. Lines 7(e)(h) and (i) were derived from the w-2 provided by the payer listed in line 5.	
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.

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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.

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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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Sequence No. 04

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1 Name(s) shown on return Joseph D and Gloria D Shilling (Gloria D Shilling disbursement)	2 Your social security number ██████████
3 Address ██████████, Ftt Myers, FL 33913	
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2021</u> , I have been unable to obtain (or have received an incorrect) <input type="checkbox"/> Form W-2 OR <input checked="" 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.	
5 Employer's or payer's name, address, and ZIP code T Rowe Price Co, Box 17323, Baltimore,MD 21297	6 Employer's or payer's TIN (if known) 47-0533829

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

a Wages, tips, and other compensation _____	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 _____
d Social security tips _____	i Medicare tax withheld _____
e Federal income tax withheld _____	

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

a Gross distribution <u>5,000</u>	f Federal income tax withheld <u>0</u>
b Taxable amount <u>0</u>	g State income tax withheld _____ (Name of state) . _____
c Taxable amount not determined <input type="checkbox"/>	h Local income tax withheld _____ (Name of locality) _____
d Total distribution <input 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?
Lines (a)(b)(c)(d) are corrected as I did not receive any "wages" as defined in 3401(a) and 3121(a) in 26 USC. I was also not involved in any federal privileged activities as defined in 7701(a)(26).

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

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3 Address ██████████, Ftt Myers, FL 33913	
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5 Employer's or payer's name, address, and ZIP code TD Ameritrade, PO Box 2209, Omaha, NE 68103	6 Employer's or payer's TIN (if known) 47-0533829

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

a Wages, tips, and other compensation _____	f State income tax withheld _____
b Social security wages _____	(Name of state) _____
c Medicare wages and tips _____	g Local income tax withheld _____
d Social security tips _____	(Name of locality) _____
e Federal income tax withheld _____	h Social security tax withheld _____
	i Medicare tax withheld _____

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

a Gross distribution <u>6,000</u>	f Federal income tax withheld <u>0</u>
b Taxable amount <u>0</u>	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 on line 8b) _____	(Name of locality) _____
	i Employee contributions _____
	j Distribution codes _____

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None

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5 Employer's or payer's name, address, and ZIP code TD Ameritrade, PO Box 2209, Omaha, NE 68103	6 Employer's or payer's TIN (if known) 47-0533829

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a Wages, tips, and other compensation _____	f State income tax withheld _____
b Social security wages _____	(Name of state) _____
c Medicare wages and tips _____	g Local income tax withheld _____
d Social security tips _____	(Name of locality) _____
e Federal income tax withheld _____	h Social security tax withheld _____
	i Medicare tax withheld _____

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

a Gross distribution <u>9,000</u>	f Federal income tax withheld <u>900</u>
b Taxable amount <u>0</u>	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 on 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 (a)(b)(c)(d) are corrected as i did not receive any "wages" as defined in 3401(a) and 3121(a) In 26 USC. I was also not involved in any federal privileged activities as defined in 7701(a)(26).

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None

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