

Filing Status [] Single [X] 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.

Form fields for name and address: Your first name and middle initial (Joel S.), Last name (Bliss), Your social security number, Spouse's first name and middle initial (Valerie S.), Last name (Bliss), Spouse's social security number, Home address, Apt. no., City, town, or post office, State (WA), ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code.

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: [] 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, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table for Dependents (see instructions) with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Main income table with rows 1-15. Includes categories like Wages, salaries, tips, etc. (1); Tax-exempt interest (2a); Qualified dividends (3a); IRA distributions (4a); Pensions and annuities (5a); Social security benefits (6a); Capital gain or (loss) (7); Other income from Schedule 1, line 9 (8); Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8 (9); Adjustments to income (10); Subtract line 10c from line 9 (11); Standard deduction or itemized deductions (12); Qualified business income deduction (13); Add lines 12 and 13 (14); Taxable income (15).

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	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	0
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	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17684.64
b	Form(s) 1099	25b	0
c	Other forms (see instructions)	25c	0
d	Add lines 25a through 25c	25d	17684.64
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	17684.64
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	17684.64
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	17684.64
Direct deposit?	35b Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
See instructions.	35c Account number		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	(17684.64)
For details on how to pay, see instructions.	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.		
	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 5/16/21 Your occupation SUPERVISOR If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature, if a joint return, not a must sign. _____ Date 5/16/21 Spouse's occupation CUSTOMER SERVICE If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

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			Phone no.	
Firm's address			Firm's EIN	

Go to www.irs.gov/Form1040 for instructions and the latest information.

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.

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.

1 Name(s) shown on return Valerie S. Bliss	2 Your social security number
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3 Address

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.

5 Employer's or payer's name, address, and ZIP code _____	6 Employer's or payer's TIN (if known) _____
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	0
b Social security wages	0	(Name of state)	_____
c Medicare wages and tips	0	g Local income tax withheld	0
d Social security tips	0	(Name of locality)	_____
e Federal income tax withheld	1984.60	h Social security tax withheld	2164.83
		i Medicare tax withheld	506.29

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 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 7(a), (b), and (c), are corrected as I did not receive any "wages" as defined in IRC Section 3401(a) and 3121(a).
Lines 7(e), (h), and (i), are derived from Form W-2 sent to me.

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.
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.

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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1 Name(s) shown on return Joel S. Bliss	2 Your social security number
--	-------------------------------

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, _____,
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.

5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's TIN (if known)
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	0
b Social security wages	0	(Name of state)	
c Medicare wages and tips	0	g Local income tax withheld	0
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	7085.49	h Social security tax withheld	4815.20
		i Medicare tax withheld	1126.13

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	g State income tax withheld	h Local income tax withheld
b Taxable amount		(Name of state)	
c Taxable amount not determined	<input type="checkbox"/>		
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 7(a), (b), and (c), are corrected as I did not receive any "wages" as defined in IRC Section 3401(a) and 3121(a).
Lines 7(e), (h), and (i), are derived from the Form W-2 sent to me.

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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Taxable State: **WA** CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number
 00

OMB No. 1545-1E17
2020
 Form 1099-SA
Distributions From an HSA, Archer MSA, or Medicare Advantage MSA

PAYER'S TIN: _____ RECIPIENT'S TIN: _____

1 Gross distribution: \$ **0.00**

2 Earnings on excess cont.: \$ _____

3 Distribution code: **1**

4 FMV on date of death: \$ _____

5 HSA Archer MSA MSA MSA

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
Joel Bliss
 1

Account number (see instructions): _____

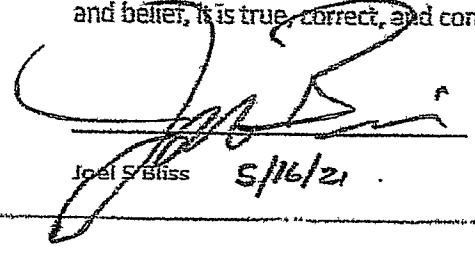
Form 1099-SA (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

Copy B For Recipient
 This information is being furnished to the IRS.

OH8140 4.000
 TH2101264565157 ENV 16762 1 OF 1 000000

This corrected Form 1099-SA is submitted to rebut a document known to have been submitted by the party identified above as "Payer", which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECCIPIENT" from the "PAYER" which were connected with the performance of the functions of a public offic, a governmental unit, agency, or instrumentality thereof or otherwise constituted gains, profits, or income within the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.


 Joel S Bliss 5/16/21

LI CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112	
		1 Interest income	2020 Form 1099-INT	
		\$ 0.00		
PAYER'S TIN		2 Early withdrawal penalty	Copy B For Recipient	
		\$ 0.00		
RECIPIENT'S TIN		3 Interest on U.S. Savings Bonds and Treas. obligations	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.	
RECIPIENT'S name, Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		\$ 0.00		
JOEL S BLISS		4 Federal income tax withheld		
		\$ 0.00		
		5 Investment expenses		
		\$ 0.00		
		6 Foreign tax paid		
		\$ 0.00		
		7 Foreign country or U.S. possession		
		\$ 0.00		
		8 Tax-exempt interest		
		\$ 0.00		
		9 Specified private activity bond interest		
		\$ 0.00		
		10 Market discount		
		\$ 0.00		
		11 Bond premium		
		\$ 0.00		
		12 Bond premium on tax-exempt bond		
		\$ 0.00		
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.
				17 State tax withheld
				\$

Form 1099-INT (keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8878. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the effect of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

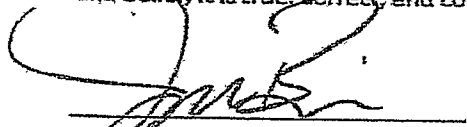
Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However,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

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.

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

This corrected Form 1099-INT is submitted to rebut a document known to have been submitted by the party identified below as "Payer", which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECCIPIENT" from the "PAVER" which were connected with the performance of the functions of a public office, a governmental unit, agency, or instrumentality thereof or otherwise constituted gains, profits, or income within the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.



 Joel S Bliss 5/16/21