£104		patners of the Transcy – Internal Revenue S L.S., Individual Income T		etum	9	20 2	0	OMB No. 154	5-0074	irs i	se Oni	r−Daneti	urite or statel	in the space.	
Filing State Check only one box.	11)	Single Married filing jointly you checked the MFS box. enter the man is a child but not your depend	o nama	of your s	pous	a, if you i	MFS) theci	Héad oi ked the HOH o	house or OW	hold (H box, er	OH) iter th	Out	ilifying wid name if I	low(er) (OYV) he qualifying	
Your fest ha			- Andrews	tname	**********							Your s	cial securi	ity number	
Keith R.		•	Blac	kbum		Ca Lauren				((()))			7		
li jont return,	spouse.	's first name and middle initial	Last	, name								Spouse	e social se	curity number	
Home address	is (num)	er and streed. If you have a P.O. box, s	iee instri	ictions.						lge no.		Check	here if you,		
City, town, or		ice. If you have a foreign address, also	comp ^s et	* spaces	below.	•	Stal		ZP co	oda T	•	to go to		itly, want \$3 Checking a change	
Foreign coun	try name			Foreign	provid	nce/state/	count	Å	Foreig	n postal	code	your tai	correfund.	Spouse	
At any time d	luring 2	020, did you receive, sell, send, e	cchange	, or other	:nvise	acquire	any l	inancial inten	st In a	ny virti	ක් යා	пепсу?	Yes	No	
Standard Deduction	1 0	neone can claim: You as a c Spouse itemizés on a separate ret c Were born before January 2.	urn or y	ou were	a dus	d-status	alien	a dependent	m belo	re Jan	iary 2	., 1956	☐ is bi	índ	
	ts (see	instructions): Fat name List name			d Soci	ni security Tiber		(3) Relationsh to you	iρ	* * * "	lit qu		r įsee instru Črečnioces	ckons): er dependants	
than four	,					T							[J	
dependents,]	
see instruction and check	15							, , , , , , , , , , , , , , , , , , , ,							
here 🕨 🗌					1								[]	
***	1	Wages, salaries, Eps., etc. Attact	Form(s) W-2	7 *		#	K X * *		* *	* *	1	<u> </u>	0	
Altach Sch. 8 if	22	Tax-exempt interest	23	á			b Taxable interest b Ordinary dividends		t	* *	25		0		
required.	32	Qualified dividends	3a							4 4		<u>3b</u>		0	
) 4a	IRA distributions	49	la			b Taxable amount .			* -	• •	4b		0	
	5a≥	Pensions and annuities	52	·				xable amount		* *	* *	<u>5b</u>	-	0	
tandard eduction for—	54	Social security benefits								65	<u> </u>	0			
Single or	7	Capital gain or (loss). Attach Schedule D If required, If not required, check here								1 7	-	0			
Mariled filing separately.	8	Other income from Schedule 1, line 9								8	 	0			
\$12,400	9	M 40	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								- 9	4	0		
Martied Sling jointly or	70	Adjustments to income:						1	1			- 1	1		
Ousitying widowich		From Schedule 1, line 22	* *	78, 97 Å 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	r 😁	ar ak ak Paran ananan Y	*	103							
\$24,800	b	Chantable contributions if you tak							<u> </u>	***************************************			-	_	
Head of household,	44	Add lines 10a and 10b, These are your total adjustments to income									-	0			
\$18,650 Typu checked	12	P. C.		-	-			* * * *	* *	** *	. •	-	 	40400	
any box under	13	Standard deduction or itemized		-			•	4 4 × *	я 4	* *		12	1	12400	
Standard Deduction	13	Quálified business income deduc				13 OF #0ff	n 83	אינגל	4 #	* *		13	 	12400	
uee instructions.	15					Add lines 12 and 13									

Cat, No. 11320B

Form 1040 page

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

Form 1040 (2020	ń									Page 2
	15	Tax (see instructions), Checi	k if any from For	n(s); 1 🔲 88	14 2 4972	3.□			16	(
	17	Amount from Schedule 2, li	no3	* * * *	* * * * *	* * * * *		[17	(
	18	Add lines 16 and 17 , .	* * * * *			* * * * *	* 4	[18	
	19	Child tax credit or credit for	r other depender	nts					19	1
	20	Amount from Schedule 3, II	ne7 , , .			* * * *	* *		20	
	21	Add lines 19 and 20 🔒 👢				· · · · ·		. [21	C
	22	Subtract line 21 from line 1		•	* * * * *		. ,	*	22	Ů,
	23	Other taxes, including self-			•			•	23	Ô
	24	Add lines 22 and 23. This is	•	* * * *		* * * * *	* 4	>	24	C
	25	Federal income tax withhele								
	*	Form(s) W-2				252		11176		
	b	Form(s) 1099			•	25b		35407		
	C	Other forms (see instruction	* "			25c				
	d	Add lines 25a through 25c					• •	-	25d	46583
*Hyou have a	26	2020 estimated tax paymer		• -		1-1-		* -	26	
quieting child. allach Sch. ElC.	27	Earned income credit (EIC)				27		—		
* If you have nontaxable	28	Additional child tax credit, A			•	28				
combat pay,	29	American opportunity credit				29			ı	
see instructions.	30 31	Recovery rebate credit, Sec				30				
	32	Amount from Schedule 3, li Add knes 27 through 31, Th				- 1		<u> </u>	32 32	
	33	Add lines 25d, 26, and 32, 1	-						33	46583
***	34	If line 33 is more than line 2							34	46583
Refund	354	Amount of line 34 you want							352	46583
Direct deposit?	▶ b	Routing number		-		Checking [Savi			
See instructions,	Þ₫	Account number	_						- 1	
	36	Amount of line 34 you want			ed tax >	36				
Amount	37	Subtract kné 33 from line 24						>	37	0
You Owe		Note: Schedule H and Schedulo SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								r.
instructions.	38	Estimated tax penalty (see instructions)								i de la companya de l
Third Party		you want to allow another	r person to disc				~			Can.
Designee		structions	* * * * *	Phone	16 gr. 16 ft 18 mg		•	ete bek dentifical		☑ No
		ne D		no.			now if			
Sign	Un	der penalties of perjury, I declare :	that I have examine	ed this return an	d accompanying sch	edules and statem	enta, a	nd to the	best	of my knowledge and
Here	bei	lef, they are true, correct, and corr	piete, Declaration	of preparer (other		sed on all informati	ton of	which pri	iban	has any knowledge,
11010	Your signature		Date Your occupation						'you an identity I, shilar il hare	
Joint return?	\			Private Sector Driver				(144 mist	_	
See instructions,	Spouse's signature, it is joint return, both must sign.			Date:	Date Spouse's occupation					your spouse on
Keep a copy for your records,								ksorazy i Ison misz	-	tion PIN, enter it here
हु-स्त रहत्त्वा संदर्भ									,,,,	
·		one no. parer's name	Preparer's signat	Email activess ture Date PTI				ł	17	Check if:
Paid	's ratherent a service.			- France F				₹	l'	Sed-employed
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Use Only						<u> </u>	7	Phone no Firm's Eli		and the latest telescope to comment to the second telescope
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Form 4852

(Rev. September 2020)

Department of the Treasury Internal Revenue Sennoe

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 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. 04

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 JRS or filling 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) snown on return Keith R. Blackburn	2 Your social security number
3 Address	
W 744-000	
4 Enter year in space provided and check one box. For the taxy I have been unable to obtain (or have received an incorrect). I have notified the IRS of this fact. The amounts shown on line 7 made to me and tax withheld by my employer or payer named or	Form W-2 OR Form 1099-R. or line 8 are my best estimates for all wages or payments
5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's TIN (if known)
b Social security wages	vithheld. f State income tax withheld
c Taxable amount not determined .	rement or profit-sharing plans, IRAs, insurance contracts, etc. f Federal income tax withheld
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 defiderived from the w-2 provided by the payer listed on Line 5. 10 Explain your efforts to obtain Form W-2, Form 1099-R (original or 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.

Form 4852

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

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.

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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	1 Name(s) shown on return	2 Your social security number
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) ☐ 1 State income tax withheld ☐ 1 Social security tips ☐ (Name of locality) ☐ 1 Social security tax withheld ☐ 1 Medicare tax withheld ☐ 1 Medicare tax withheld ☐ 1 State income tax withheld ☐ 25/20 ☐ 2	Keith R. Blackburn	
I have been unable to obtain (or have received an incorrect)	3 Address	
I have been unable to obtain (or have received an incorrect)		
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 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation b Social security wages		
TIN (if known) 7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation b Social security wages c Medicare wages and tips d Social security tips e Federal income tax withheld i Medicare tax withheld i Medicare tax withheld f Federal income tax withheld f Federal income tax withheld g Social security tax withheld i Medicare tax withheld f Federal income tax withheld g Social security tax withheld f Federal income tax withheld g Social security tax withheld f Federal income tax withheld g Social security tax withheld h Social security tax withheld i Medicare tax withheld f Federal income tax withheld g Social security tax withheld h Local income tax withheld g Social security tax withheld h Local income tax withheld g Social security tax withheld h Local income tax withheld g Social security tax withheld h Local income tax withheld h Local income tax withheld g Social security tax withheld h Local income tax withheld h Local income tax withheld g Social security tax withheld h Local income tax withheld	I have notified the IRS of this fact. The amounts shown or	n line 7 or line 8 are my best estimates for all wages or payments
7 Form W-2 Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation 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 i Medicare 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 f Federal income tax withheld 35407 b Taxable amount g State income tax withheld 252 c Taxable amount not determined (Name of state) Louisiana d Total distribution In Local income tax withheld e Capital gain (included on line 8b) (Name of locality) i Employee contributions	5 Employer's or payer's name, address, and ZIP code	
a Wages, tips, and other compensation b Social security wages		TIN (if known)
a Wages, tips, and other compensation b Social security wages		
b Social security wages	7 Form W-2. Enter wages, tips, other compensation, and	taxes withheld.
c Medicare wages and tips		1 State income tax withheld
d Social security tips		(Name of state) .
Federal income tax withheld i Medicare tax withheld i Federal income tax withheld i State income tax withheld i State income tax withheld i Capital distribution i Capital gain (included on line 8b) i Employee contributions i Medicare tax withheld i Medicare tax withheld i State income tax withheld i Capital gain (included on line 8b) i Employee contributions		g Local income tax withheld
I Medicare tax withheld	d Social security tips	(Name of locality)
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. a Gross distribution	Federal income tax withheld	h Social security tax withheld
a Gross distribution		Medicare tax withheld
a Gross distribution	8 Form 1099-R. Enter distributions from pensions, annuit	ies, rétirement or profit-sharing plans, IRAs, insurance contracts, etc.
b Taxable amount		
c Taxable amount not determined		
d Total distribution	c Taxable amount not determined .	
e Capital gain (included on line 8b) . (Name of locality) i Employee contributions	d Total distribution	The state of the s
i Employee contributions	e Capital gain (included on line 8b) .	**************************************
		

9 How did you determine the amounts on lines 7 and 8 above?

Lines 8(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). Lines 8(f) and (g) were derived from the 1099-R provided by the payer listed on 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.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, no 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-B (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 sond 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.

PAYER'S name, street address, country. ZIP or foreign postal co			5	Gross distributi	0	20 2 0 20 2 0) P	Distributions From lensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN	RECIPIENT'S TIP	ı	L	Taxable amount not determined Gapital gain (in in box 2a)		Total distribution 4 Federal inco withheld		Copy B Report this income on your federal tax
RECIPIENT'S name KEITH R. BLACKBURN			S	Employee contri Designated Rott contributions or insurance premi) ums	appreciatio employer's	n in	return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
Street address (richding apt. n City or lawn, state or province, co		eign pastal code	L	Distribution code(s) Your percentage distribution	IFAY SEP/ SIMIPLE Of total	S Total employe	% contributions	This information is
10 Amount allocable to IRB within 5 years	11 1st year of desig. Roth contrib.	12: FATCA fling requirement	14 50 50	State tax withhe		15 State/Payer		16 State distribution S 0
Account number (see instructions)	Account number (see instructions). 13 Date of payment					18 Name of loc	cality	19 Local distribution S S
Form 1099-R. The correcting 1099-R above is su which erroneously alleges a paym	ibmitted to rebut o	o the party Ide	wn intif		" of gal	by the party ld	entified ab	
either the "Payer" nor the "Recipi busines:	ent" engaged in an c" as those terms :							iges" or a"frade or
inder Penalty of Perjury, I declare	n that I have exam		men		it of my	Knowledge and	l belief, it is	true, correct, and

CORRECTED (if checked)