

COPY

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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 Kristie M		Last name Cloin		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.	
City, town, or post office. If you have a foreign address, also complete spaces below. Harrison Township				State MI	
Foreign country name				ZIP code 48045	
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. <input type="checkbox"/> You <input type="checkbox"/> 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):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	0		
	2a	Tax-exempt interest	2a	b Taxable interest	2b	0	
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.	3a	Qualified dividends	3a	b Ordinary dividends	3b	0	
	4a	IRA distributions	4a	11982.53	b Taxable amount	4b	0
	5a	Pensions and annuities	5a	b Taxable amount	5b	0	
	6a	Social security benefits	6a	b Taxable amount	6b	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	0			
	12a	Standard deduction or itemized deductions (from Schedule A)		12a	18800		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	0			
	c	Add lines 12a and 12b	12c	18800			
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0			
	14	Add lines 12c and 13	14	18800			
	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.

Cat. No. 11320B

Form **1040** (2021)

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	21255.06
b	Form(s) 1099	25b	0
c	Other forms (see instructions)	25c	0
d	Add lines 25a through 25c	25d	21255.06
26	2021 estimated tax payments and amount applied from 2020 return	26	0
27a	Earned income credit (EIC)	27a	0
	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"/>		
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	2125
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 15	31	0
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2125
33	Add lines 25d, 26, and 32. These are your total payments	33	23380.06
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	23380.06
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	19780.06
b	Routing number		
d	Account number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	0
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	0
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit?
See instructions.

Amount You Owe

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

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.)

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check it:

☐ Self-employed

Firm's name

Phone no.

Firm's address

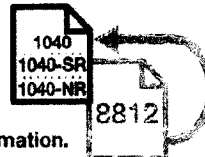
Firm's EIN

COPY

SCHEDULE 8812
(Form 1040)
Credits for Qualifying Children
and Other Dependents

 Department of the Treasury
 Internal Revenue Service (99)

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

 ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.


OMB No. 1545-0074

2021

Attachment
Sequence No. 47

Name(s) shown on return

Your social security number

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	0
2a	Enter income from Puerto Rico that you excluded	2a	0
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0
3	Add lines 1 and 2d	3	0
4a	Number of qualifying children under age 18 with the required social security number	4a	1
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	1
c	Subtract line 4b from line 4a	4c	0
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	3600
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	0
8	Add lines 5 and 7	8	3600
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	200000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	0
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3600
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13
Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0
b	Subtract line 14a from line 12	14b	3600
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0
d	Enter the smaller of line 14a or line 14c	14d	0
e	Add lines 14b and 14d	14e	3600
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0- Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	14f	1475
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	2125
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	2125

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

Cat. No. 59761M

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13**Caution:** If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.			
1. You are not filing Form 2555.			
2. Line 4a is more than zero.			
3. Line 12 is more than line 15a.			
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 <div style="font-size: 3em; margin-left: 10px;">}</div> </div>	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

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.

▶ 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 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 KRISTIE M CLOIN	2 Your social security number <div style="background-color: black; height: 1.2em; width: 100%;"></div>																												
3 Address <div style="background-color: black; height: 1.2em; width: 100%;"></div> ARRISON TOWNSHIP, MI 48045																													
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 <div style="background-color: black; height: 1.2em; width: 100%;"></div>	6 Employer's or payer's TIN (if known) <div style="background-color: black; height: 1.2em; width: 100%;"></div>																												
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">a Wages, tips, and other compensation</td> <td style="width: 10%; text-align: right;">0</td> <td style="width: 45%;">f State income tax withheld</td> <td style="width: 10%; text-align: right;">4185.46</td> </tr> <tr> <td>b Social security wages</td> <td style="text-align: right;">0</td> <td>(Name of state) <u>MICHIGAN</u></td> <td></td> </tr> <tr> <td>c Medicare wages and tips</td> <td style="text-align: right;">0</td> <td>g Local income tax withheld</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d Social security tips</td> <td style="text-align: right;">0</td> <td>(Name of locality) <u>N/A</u></td> <td></td> </tr> <tr> <td>e Federal income tax withheld</td> <td style="text-align: right;">10537.21</td> <td>h Social security tax withheld</td> <td style="text-align: right;">8686.36</td> </tr> <tr> <td></td> <td></td> <td>i Medicare tax withheld</td> <td style="text-align: right;">2031.49</td> </tr> </table>		a Wages, tips, and other compensation	0	f State income tax withheld	4185.46	b Social security wages	0	(Name of state) <u>MICHIGAN</u>		c Medicare wages and tips	0	g Local income tax withheld	0	d Social security tips	0	(Name of locality) <u>N/A</u>		e Federal income tax withheld	10537.21	h Social security tax withheld	8686.36			i Medicare tax withheld	2031.49				
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		i Medicare tax withheld	2031.49																										
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">a Gross distribution</td> <td style="width: 10%;"></td> <td style="width: 45%;">f Federal income tax withheld</td> <td style="width: 10%;"></td> </tr> <tr> <td>b Taxable amount</td> <td></td> <td>g State income tax withheld</td> <td></td> </tr> <tr> <td>c Taxable amount not determined <input type="checkbox"/></td> <td></td> <td>(Name of state)</td> <td></td> </tr> <tr> <td>d Total distribution <input type="checkbox"/></td> <td></td> <td>h Local income tax withheld</td> <td></td> </tr> <tr> <td>e Capital gain (included on line 8b)</td> <td></td> <td>(Name of locality)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>i Employee contributions</td> <td></td> </tr> <tr> <td></td> <td></td> <td>j Distribution codes</td> <td></td> </tr> </table>		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	
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		j Distribution codes																											

9 How did you determine the amounts on lines 7 and 8 above?
 Lines 7(a)(b)(c)(d) are corrected. Amounts provided by the payer W-2 are erroneous, hereby rebutted, and do not qualify as wages as defined in IRC Section 3401(a) and 3121(a). Amounts listed withheld 7(e)(f)(g)(h)(i) are correct and also provided by 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, 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.

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

OMB No. 1545-0074

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1 Name(s) shown on return KRISTIE BEALS	2 Your social security number [REDACTED]		
3 Address [REDACTED] HARRISON TOWNSHIP, MI 48045			
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 [REDACTED]	6 Employer's or payer's TIN (if known) [REDACTED]		
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a Wages, tips, and other compensation _____ b Social security wages _____ c Medicare wages and tips _____ d Social security tips _____ e Federal income tax withheld _____ </td> <td style="width: 50%; vertical-align: top;"> f State income tax withheld _____ (Name of state) _____ g Local income tax withheld _____ (Name of locality) _____ h Social security tax withheld _____ i Medicare tax withheld _____ </td> </tr> </table>		a Wages, tips, and other compensation _____ b Social security wages _____ c Medicare wages and tips _____ d Social security tips _____ e Federal income tax withheld _____	f State income tax withheld _____ (Name of state) _____ g Local income tax withheld _____ (Name of locality) _____ h Social security tax withheld _____ i Medicare tax 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 _____	f State income tax withheld _____ (Name of state) _____ g Local income tax withheld _____ (Name of locality) _____ 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. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a Gross distribution <u>11982.53</u> b Taxable amount <u>0</u> c Taxable amount not determined <input type="checkbox"/> d Total distribution <input checked="" type="checkbox"/> e Capital gain (included on line 8b) <u>0</u> </td> <td style="width: 50%; vertical-align: top;"> f Federal income tax withheld <u>0</u> g State income tax withheld <u>0</u> (Name of state) . <u>MICHIGAN</u> h Local income tax withheld <u>0</u> (Name of locality) _____ i Employee contributions _____ j Distribution codes <u>J</u> </td> </tr> </table>		a Gross distribution <u>11982.53</u> b Taxable amount <u>0</u> c Taxable amount not determined <input type="checkbox"/> d Total distribution <input checked="" type="checkbox"/> e Capital gain (included on line 8b) <u>0</u>	f Federal income tax withheld <u>0</u> g State income tax withheld <u>0</u> (Name of state) . <u>MICHIGAN</u> h Local income tax withheld <u>0</u> (Name of locality) _____ i Employee contributions _____ j Distribution codes <u>J</u>
a Gross distribution <u>11982.53</u> b Taxable amount <u>0</u> c Taxable amount not determined <input type="checkbox"/> d Total distribution <input checked="" type="checkbox"/> e Capital gain (included on line 8b) <u>0</u>	f Federal income tax withheld <u>0</u> g State income tax withheld <u>0</u> (Name of state) . <u>MICHIGAN</u> h Local income tax withheld <u>0</u> (Name of locality) _____ i Employee contributions _____ j Distribution codes <u>J</u>		

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

Payer provided 1099-R. 8a earnings from private sector work, not from any federally connected, taxable activity. Earnings do not constitute any taxable income "wages" as defined in Title 26 Section 3121(a) and 3401(a). Amounts listed as withheld in 8(f)(g)(h) are correct.

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.

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Statement to Correct Incorrectly Reported
1099-DIV Information Return

This document is presented to rebut and correct an erroneous Form 1099-DIV known to have been submitted to the IRS by the party identified below as the "Payer." No qualified dividend was received by the party identified hereon as "Recipient" from the "Payer" which was connected with any "trade or business," a government unit, agency, or instrumentality thereof or otherwise constituted gains, profits, or income within the meaning of the relevant law.

The 1099-DIV should not have been issued for this amount and NO such taxable transaction occurred.

Form 1099-DIV

SSN: [REDACTED]

Tax Year: December 31, 2021

Payer: [REDACTED]

Payer's TIN: [REDACTED]

Recipient: Kristie Beals

Form: 1099-DIV

Amount reported to IRS: \$127.96

Corrected amount for IRS records: \$0.00

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

Kristie Beals

Kristie Beals

Date

3/24/22

COPY

Statement to Correct Incorrectly Reported
1099-INT Information Return

This document is presented to rebut and correct an erroneous Form 1099-INT known to have been submitted to the IRS by the party identified below as the "Payer." No interest was received by the party identified hereon as "Recipient" from the "Payer" which was connected with any "trade or business," a government unit, agency, or instrumentality thereof or otherwise constituted gains, profits, or income within the meaning of the relevant law.

The 1099-INT should not have been issued for this amount and NO such taxable transaction occurred.

Form 1099-INT

SSN: [REDACTED]

Tax Year: December 31, 2021

Payer: [REDACTED]

Payer's TIN: [REDACTED]

Recipient: Kristie M Beals

Form: 1099-INT

Account Number: [REDACTED]

Amount reported to IRS: \$199.11

Corrected amount for IRS records: \$0.00

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

Kristie Beals

Kristie Beals

Date

3/24/22