E104	U.	S. Individual Income T		eturn	20	19 on	B No. 1545	0074	IRS Use Or	ily—Do	naf writ	e or staple in t	this space.
Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the nar ild but not your dependent.		fed filing sepa			f of househo	-	,			w(er) (QW) ng person is	
Your first name	and m	iddle initial	Las	st name						You	ır soci	al security	number
Kevin D			Dei	nning						=	ı (
If joint return, s	pouse'	s first name and middle initial	Las	st name						Spc	use's	social secu	ity number
Hailey			Dei	nning							-		
Home address	(numb	er and street). If you have a P.O. box, s	ee insti	ructions.				P	pt. no.	Chec	k here it	al Election (pouse if filing
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	reign a	iddress, also	complete s	paces below	(see instruc	tions).	4	Chec		i3 to go to this ox below will no You	
Foreign countr	y name			Foreign p	rovince/sta	te/county		Foreig	n postal code	1 " "		an four depe ctions and 🗸	
Standard Deduction		eone can claim: 🔲 You as a depen Spouse itemizes on a separate retum c			spouse as a tatus allen	dependent							
Age/Blindness	You:	Were born before January 2, 19	55	Are blind	Spouse	∵ ∏ Was	born before	Janua	rv 2. 1955		ls blind	i	
Dependents (1) First name 3		structions):		(2) Social secu	rity number		ionship to you		· · · · · · · · · · · · · · · · · · ·	If qualif	ies for (see Instruction redit for other	
Korie		Denning	and a			Daughter	•	\dashv			<u>_</u>		acpondona
Coen		Denning		Son		·····	一十二片			\dashv			
							·	_	一一一		一十	一吊	
			$\neg \vdash$					_	一一片		_	—— <u>Н</u>	
	1	Wages, salaries, tips, etc. Attach For	m(s) W	-2					4 4 4	, 1	1		0
	2a	Tax-exempt interest	2a		. 1	b Taxabl	e interest. A	tach S	ch. B if requ	ired	2b		
Standard	3a	Qualified dividends	3a		4		y dividends.		-		Зb		
reduction for—	48	IRA distributions	4a				e amount			, [4b		
Single or Married filing separately,	c	Pensions and annuities	4c			d Taxabl	e amount			. [4d		
\$12,200	5 a	Social security benefits	5a			b Taxabl	e amount			. [5b		
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here							6				
widow(er). \$24,400	7a	Other Income from Schedule 1, line 9 , . , ,						. [7a				
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income						▶ [7b		O		
household, \$18,350	8a	Adjustments to Income from Schedule 1, line 22							. [8a		0	
If you checked any box under	b	Subtract line 8a from line 7b. This is your adjusted gross income						>	8b		0		
Stendard	9									4400	1		
Deduction, see instructions.	10	Qualified business income deduction	. Attacl	h Form 8995	or Form 899	5-A	. 10	1	······································				
·	11a	Add lines 9 and 10	•			* * *				. [11a		24,400
	ь	Taxable income. Subtract line 11a fr	om line	8b. If zero o	r less, enter	-0				. 1	116		0

Cat. No. 11320B

Form 1040 (2019)

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

Form 1040 (201	9)										Page 2	
	12a	Tax (see inst.) Check if any from i	form(s): 1 🔲 881	4 2 4972	3 🗍	12a		T			**********	
	b	Add Schedule 2, line 3, and line	12a and enter the	total			, >	126			0	
	13a	Child tex credit or credit for oth	er dependents .			13a				***************************************	******	
	Þ	Add Schedule 3, line 7, and line	13a and enter the	total			. >	13b				
	14	Subtract line 13b from line 12b.					- +	14			0	
	15	Other taxes, including self-emp	loyment tax, from t	Schedule 2, line	10			15				
	16	Add lines 14 and 15. This is you	rtotal tax				. ▶	16			0	
	17	Federal income tax withheld fro	m Forms W-2 and	1099				17			17,914	
• If you have a	18	Other payments and refundable credits:										
qualifying child, attach Sch. ElC.	а	Earned income credit (EIC) .		* • • •		18a						
+ If you have	b	Additional child tax credit. Attac				185						
nontaxable combat pay, see	c	American opportunity credit from	m Form 8863, line	8		18c]				
instructions.	d	Schedule 3, line 14				18d		J				
	ė	Add lines 18a through 18d, The	se are your total o	ther payments	and refundable cre	dits	. >	18e				
-	19	Add lines 17 and 18e. These are	your total payme	ents			. >	19			17,914	
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid									17,914	
	21a	Amount of line 20 you want refu	inded to you. If Fo	orm 8888 is attac	hed, check here		▶ □	21a			17,914	
Direct deposit? See Instructions.	►b	Routing number		2	▶c Type: ☑	Checking	Savings			-		
	►d	Account number				<u> </u>						
	22	Amount of line 20 you want app				22	···	ļ			· · · · · · · · · · · · · · · · · · ·	
Amount	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions										
You Owe	24	Estimated tax penalty (see instructions)										
Third Party Designee			other than your p	paid preparer) to Phone	discuss this return v	vith the IRS? See in	structions.	-	Yes, Co No	mplete	below.	
(Other than paid preparer)		Designee's name ▶				Person numbe	al identific	ation		ТТ		
Sign		ler penalties of perjury, I declare that (have examined this	no. >	andas rabadulas and a							
•	con	rect, and complete. Declaration of prep	arer (other than taxpa	yer) is based on all	information of which pr	eparer has any knowle	dge.	avantead	е вла ре	er, they	sie mie,	
Here	Yo	Your signature		Date	Your occupation	tur occupation If			e IRS sent you an Identity			
	Y			·			ction P	N, ente	it here			
Joint return? See instructions.	1	averta d'annie de la later de later de later de la lat					inst.)					
Keep a copy for	Spouse's signature. If a joint return, both must sign,		Date	Spouse's occupati			i IRS sent your spouse an lity Protection PIN, enter it here					
your records.								inst)	T I			
	Ph	Phone so.		Email address								
Paid	Pre	Preparer's name Preparer's signa		ture		Date PTIN		Check if:				
Preparer								☐ 3m	Party D	esignee		
Use Only	Fin	m's name ▶			Phone no.				☐ Se	lf-empl	oyeď	
- Jac Omy	Fļn	Firm's address ▶ ' Firm's						s EIN >	IN ▶			
Go to www.irs.go	v/Form	11040 for instructions and the late	st information.						For	m 104	0 (2019)	

Form 4852

(Rev. September 2019)

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

	Name(s) shown on return		2 Your socia	al security number	
	n D Denning		1		
3	Address				***************************************
4	Enter year in space provided and check one box. For the to				
	have been unable to obtain (or have received an incorrect)	☑ Form W-2 OR ☐ For	m 1099-R.		
	I have next the IRS of this fact. The amounts shown on line	7 or line 8 are my best es	timates for all v	wages or payments	
	made to me and tax withheld by my employer or payer name. Employer's or payer's name, address, and ZIP code	on line 5.			1
			10	Employer's or payer' TIN (if known)	S
			1		
7	Form W-2. Enter wages, tips, other compensation, and taxe	es withheld.	<u></u>		
	a Wages, tips, and other compensation	f State income tax wi	ithheld		
	b Social security wages	(Name of state) .		34470-17-18-1-18-18-18-18-18-18-18-18-18-18-18-1	
	c Medicare wages and tips	g Local income tax w	ithheld	4 6 4	
	d Social security tips	(Name of locality)			
	e Federal income tax withheld	7 h Social security tax v	withheld	536	62.61
		i Medicare tax withhe	eld	128	54.16
8	Form 1099-R. Enter distributions from pensions, annuities,	retirement or profit-sharing	plans, IRAs, ir	nsurance contracts. et	c.
	a Gross distribution	f Federal income tax	withheld		
	b Taxable amount	g State income tax wi	ithheld	* • •	
	c Taxable amount not determined .	(Name of state).			
	d Total distribution	h Local income tax wi	ithheld	* * >	
	e Capital gain (included on line 8b) .	(Name of locality)			
		i Employee contribut	ions	* * *	
) Distribution codes .			
9	How did you determine the amounts on lines 7 and 8 above?	4			
The a	amounts provided by the Payer under 'Wages" are incorrect. The	amounts listed there do not	qualify as "Wad	oes" as	
defin	ned in IRC Sections 3401 (a) & 3121 (a).			,	
	Explain your efforts to obtain Form W-2, Form 1099-R, or Form	n W-2c, Corrected Wage a	and Tax Statem	nent.	
None	9				

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 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. 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:

Form 4852

(Rev. September 2019)

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

1 Name(s) shown on return		2 Your social secu	rity number
Halley Denning			
3 Address			
4 Enter year in space provided and check one box. For the	he tax year ending December 3	31, 2019 ,	
I have been unable to obtain (or have received an incorrect	ct) 🗹 Form W-2 OR 🔲 Form	n 1099-R.	
I have been unable to obtain (or have received an incorrect have received in IRS of this fact. The amounts shown or	n line 7 or line 8 are my best est	imates for all wages	or payments
made to me and tax withheld by my employer or payer na	amed on line 5.		
5 Employer's or payer's name, address, and ZIP code			oyer's or payer's (if known)
		IIIV	(ii Kriown)
7 Form W-2. Enter wages, tips, other compensation, and	Larra Mataria		
a Mana the and the annual the		165 a 1 a	
h Social socurity wages	(Marina of state)	innela	*
c Medicare wages and tips		thheld	-
d Social security tips	(Name of locality)		
	86.22 h Social security tax w	ithheld	- 1577.89
	i Medicare tax withhe		

8 Form 1099-R. Enter distributions from pensions, annuiti	ies, retirement or profit-sharing	plans, IRAs, insuran	ce contracts, etc.
a Gross distribution		vithheld	
b Taxable amount	g State income tax wit	hheld	
c Taxable amount not determined . d Total distribution	(Name of state) .	(F. Y 5 6	•
e Capital gain (included on line 8b) .	h Local income tax wit (Name of locality)	nnela *	
- Salit (Bibliodo Officio Ob)		^^^	•
	i Employee contributionj Distribution codes .	J110	
	1 Signification codes :		***************************************
9 How did you determine the amounts on lines 7 and 8 abov	/e?		**************************************
The amounts provided by the Payer under "Wages" are incorrect.	The amounts listed there do not	qualify as "Wages" as	;
defined in IRC Sections 3401 (a) & 3121 (a).			
10 Explain your efforts to obtain Form W-2, Form 1099-R, or I	Form W-2c, Corrected Wage a	nd Tax Statement.	
Vone			

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