

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial: Lance E. Last name: Cole Your social security number: [redacted]
If joint return, spouse's first name and middle initial: [redacted] Last name: [redacted] Spouse's social security number: [redacted]

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. [redacted]
City, town, or post office, if you have a foreign address, also complete spaces below. State: [redacted] ZIP code: [redacted]
Foreign country name: [redacted] Foreign province/estate/county: [redacted] Foreign postal code: [redacted]
Presidential Election Campaign: [] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] 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, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Dependents (see instructions):
(1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions):
Child tax credit Credit for other dependents

Income
1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 0
b Household employee wages not reported on Form(s) W-2 1b
c Tip income not reported on line 1a (see instructions) 1c
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
e Taxable dependent care benefits from Form 2441, line 26 1e
f Employer-provided adoption benefits from Form 8839, line 29 1f
g Wages from Form 8919, line 6 1g
h Other earned income (see instructions) 1h
i Nontaxable combat pay election (see instructions) 1i
z Add lines 1a through 1h 1z 0

Attach Sch. B if required.
2a Tax-exempt interest 2a
3a Qualified dividends 3a
4a IRA distributions 4a
5a Pensions and annuities 5a
6a Social security benefits 6a
b Taxable interest 2b 0
b Ordinary dividends 3b 0
b Taxable amount 4b 0
b Taxable amount 5b 0
b Taxable amount 6b 0

Standard Deduction for:
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 7 0
8 Other income from Schedule 1, line 10 8 0
9 Add lines 1z, 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
11 Subtract line 10 from line 9. This is your adjusted gross income 11 0
12 Standard deduction or itemized deductions (from Schedule A) 12 12950
13 Qualified business income deduction from Form 8995 or Form 8995-A 13 0
14 Add lines 12 and 13 14 12950
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 0

Tax and Credits	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	
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	0

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	17471
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	17471
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 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	17471

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	17471
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	17471
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 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	
	38	Estimated tax penalty (see instructions)	38	

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. Preparer's occupation (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's name _____ Preparer's occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Supervisor's name _____ Supervisor's occupation _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature (if a joint return, both must sign) _____ Date _____ Spouse's occupation _____

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: Self-employed

Firm's name _____ Phone no. _____

Firm's address _____ 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.

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 Lance Cole	2 Your social security number
3 Address phoenix, AZ 85028	

4 Enter year in space provided and check one box. For the tax year ending December 31, 2022,
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	1658
b Social security wages	0	(Name of state)	AZ
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	9783	h Social security tax withheld	3808
		i Medicare tax withheld	890

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?
Line 7(a)(b)(c) are corrected as I did not receive any "wages" as defined in 26 USC Sections 3401 and 3121. Also, I was not involved in any federally privileged activities. Line 7(h)(i) are corrected and shall be credited as per 26 USC section 3503

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 you 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.

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1 Name(s) shown on return Lance Cole	2 Your social security number
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3 Address Phoenix, AZ 85028	6 Employer's or payer's TIN (if known)
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4 Enter year in space provided and check one box. For the tax year ending December 31, 2022,
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5 Employer's or payer's name, address, and ZIP code	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 _____	f State income tax withheld 466
b Social security wages _____	(Name of state) . AZ _____
c Medicare wages and tips _____	g Local income tax withheld _____
d Social security tips _____	(Name of locality) _____
e Federal income tax withheld 1629	h Social security tax withheld 1103
	i Medicare tax withheld 258

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 _____

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This statement is submitted to rebut a document 1099-nec known to have been submitted by the party identified below as "Payer" which erroneously alleges a payment to the party identified as "Recipient" of "gains profit or income" made in the course of conducting a "trade or business". No payments were received by the "Recipient" from the "Payer" which were connected with the performance of the functions of public office, 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, complete, and correct.



9/17/23
Date

<input checked="" type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0118 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>22</u>		Nonemployee Compensation Copy B For Recipient <small>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.</small>
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 		1 Nonemployee compensation \$		
PAYER'S TIN 	RECIPIENT'S TIN 	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
RECIPIENT'S name and address LANCE COLE 		3 4 Federal income tax withheld \$		
Account number (see instructions) 1		5 State tax withheld \$	6 State/Payer's state no. \$	7 State income \$
Form 1099-NEC (Rev. 1-2022) (keep for your records)		www.irs.gov/form1099NEC		Department of the Treasury - Internal Revenue Service