Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Income Tax Return for Seniors** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 — See separate instructions.

Your first name and middle initial	Last name	Your social security number
Gerald J	Langwell	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Vicki A	Langwell	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. 2517 Wisconsin St. NE — Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. [redacted] — State [redacted] — ZIP code [redacted]

Foreign country name — 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.
☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☑ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
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:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ 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, 1960 ☐ Are blind
Spouse: ☑ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(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 **Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.** If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
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	

Attach Schedule B if required.

2a	Tax-exempt interest 2a		b Taxable interest	2b	35.
3a	Qualified dividends 3a		b Ordinary dividends	3b	
4a	IRA distributions 4a		b Taxable amount	4b	
5a	Pensions and annuities 5a	146,762.	b Taxable amount	5b	0.
6a	Social security benefits 6a	51,176.	b Taxable amount	6b	0.
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
	8	Additional income from Schedule 1, line 10	8	5099.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	5134.
	10	Adjustments to income from Schedule 1, line 26	10	5099.
	11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	35.
Standard Deduction See *Standard Deduction Chart* on the last page of this form.	12	**Standard deduction or itemized deductions** (from Schedule A)	12	30,750.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	30,750.
	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: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	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	
	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.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b — 18,750.		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	18,750.
	26	2024 estimated tax payments and amount applied from 2023 return	26	
If you have a qualifying child, attach Sch. EIC.	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	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	18,750.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 34 18,750.

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ☐ 35a 18,750.

Direct deposit? See instructions.

b Routing number [redacted] c Type: ☑ Checking ☐ Savings

d Account number [redacted]

36 Amount of line 34 you want **applied to your 2025 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Retired	
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.)
		Retired	
Phone no. [redacted]	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

SCHEDULE 1 (Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Gerald J and Vicki A Langwell

Your social security number [redacted]

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss **5099.00**

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k*.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: **Form 1099-K Personal Items sold at a loss**	8z	5099.00		
9	Total other income. Add lines 8a through 8z			9	5099.00
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	5099.00

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	*Self-employed SEP, SIMPLE, and qualified plans*			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	*Repayment of supplemental unemployment benefits under the Trade Act of 1974*	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount: Form 1099-K Personal Items sold at a loss	24z	5099.00		
25	Total other adjustments. Add lines 24a through 24z			25	5099.00
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	5099.00

eBay Commerce Inc.
2145 Hamilton Avenue
San Jose, CA 95125

If you have questions contact:
eBay Customer Service
800-456-3229
or visit us at eBay.com/help

Vicki A Langwell
2517 Wisconsin N.E.
[redacted]

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see *www.IRS.gov/GigEconomy*

See the separate instructions for your income tax return for using the information reported on this form.

Payee'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.

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

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish *your TIN or you did not furnish the correct TIN to the payer.* See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099K.*

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
eBay Commerce Inc.
2145 Hamilton Avenue
San Jose, CA 95125

FILER'S TIN: 82-3944433

PAYEE'S TIN: [redacted]

OMB No. 1545-2205

2024

Form **1099-K**

Payment Card and Third Party Network Transactions

1a Gross amount of payment card/third party network transactions	$ 5,099.00
1b Card Not Present transactions	$ 5,099.00
2 Merchant category code	
3 Number of payment transactions	31
4 Federal income tax withheld	$
5a January	$ 503.00
5b February	$ 122.00
5c March	$ 86.00
5d April	$ 180.00
5e May	$ 340.00
5f June	$ 45.00
5g July	$
5h August	$ 197.00
5i September	$ 98.00
5j October	$ 2,975.00
5k November	$ 156.00
5l December	$ 397.00
6 State	[redacted]
7 State identification no.	
8 State income tax withheld	$

Check to indicate if FILER is a (an):
Payment settlement entity (PSE) [X]
Electronic Payment Facilitator (EPF)/Other third party [ ]

Check to indicate transactions reported are:
Payment card [ ]
Third party network [X]

PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
Vicki A Langwell
2517 Wisconsin N.E.
[redacted]

PSE'S name and telephone number
ECI eBay Commerce Inc
800-456-3229

Account number (see instructions) [redacted]
Tracking #: 21032047T4

Copy B
For Payee

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 taxable income results from this transaction and the IRS determines that it has not been reported.

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	2 Your social security number
Gerald J Langwell	[redacted]

3 Address

2517 Wisconsin St. NE [redacted]

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2024,

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)
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS CO. 100 MAGELLAN WAY KW1C. COVINGTON, KY 41015-1987 NTESS SAVINGS AND INCOME PLAN	[redacted]

7 **Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation		f State income tax withheld	
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		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.

a Gross distribution	$93,750.00	f Federal income tax withheld	$18,750.00
b Taxable amount	0	g State income tax withheld	0
c Taxable amount not determined	☐	(Name of state) New Mexico	
d Total distribution	☐	h Local income tax withheld	0
e Capital gain (included on line 8b)	0	(Name of locality)	
		i Employee contributions	0
		j Distribution codes	7

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

Line 8(b) is 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 privileged activities as defined in 7701(a)(26). Lines 8(f)(g) and (i) were derived from the erroneous 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, 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
Attachment Sequence No. 04

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1 Name(s) shown on return
Gerald J Langwell

2 **Your social security number**
[redacted]

3 Address
2517 Wisconsin St. NE [redacted]

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2024 ,
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
The Northern Trust Company, Benefit Payment Services WB-38
50 S. LaSalle St., Chicago, IL 60603 – 6770 NTESP, Sandia, NTESS Retirement Income Plan

6 Employer's or payer's TIN (if known)
[redacted]

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		
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.

a	Gross distribution	53012.28	f	Federal income tax withheld	0
b	Taxable amount	0	g	State income tax withheld	0
c	Taxable amount not determined	☐		(Name of state) New Mexico	
d	Total distribution	☐	h	Local income tax withheld	0
e	Capital gain (included on line 8b)	0		(Name of locality)	
			i	Employee contributions	0
			j	Distribution codes	7

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

Line 8(b) is 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 privileged activities as defined in 7701(a)(26). Lines 8(f)(g) and (i) were derived from the erroneous 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.

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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.