

Filing Status [] Single [x] 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

Personal information section including: Your first name and middle initial (Leslie E.), Last name (XXXXX), Your social security number (XXXX-XX-XXXX), Spouse's social security number (XXXX-XX-XXXX), Home address (Hxxxxxxx), State (TX), ZIP code (xxxxx), Foreign country name, Foreign province/state/county, Foreign postal code, and Presidential Election Campaign checkboxes.

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] 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, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes entries for Son and Daughter.

Main income and deduction table with columns: Line number, Description, Sub-column (a, b, c), and Amount. Includes lines 1 through 15, with line 15 showing Taxable income of -0-.

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	Child tax credit or credit for other dependents	19	-0-
20	Amount from Schedule 3, line 7	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 10	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 SEE ATTACHED Form(s) 4852	25a	15789.04
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15789.04
26	2020 estimated tax payments and amount applied from 2019 return	26	-0-
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	15789.04

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	15789.04
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	15789.04
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 2021 estimated tax	36	-0-

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	-0-
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	-0-

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.)
<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
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.)
<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			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.**

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ 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 Leslie XXXXXX	2 Your social security number XXX-XX-XXXX
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3 Address
 XXXX, HXXXXX, TX XXXXX

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 XXXXXXXX	6 Employer's or payer's TIN (if known) XXXXXXXX
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation <u>0.00</u> b Social security wages <u>0.00</u> c Medicare wages and tips <u>0.00</u> d Social security tips <u>0.00</u> e Federal income tax withheld <u>4596.12</u>	f State income tax withheld <u>0.00</u> (Name of state) _____ g Local income tax withheld <u>0.00</u> (Name of locality) <u>N/A</u> h Social security tax withheld <u>8537.40</u> i Medicare tax withheld <u>2300.86</u>
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8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution _____ b Taxable amount _____ c Taxable amount not determined <input type="checkbox"/> d Total distribution <input type="checkbox"/> e Capital gain (included on line 8b) _____	f Federal income tax withheld _____ g State income tax withheld _____ (Name of state) _____ h Local income tax withheld _____ (Name of locality) _____ i Employee contributions _____ j Distribution codes _____
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9 How did you determine the amounts on lines 7 and 8 above?
 The data in the payers W-2 alleges having paid "wages" as the term is statutorily defined in 26 USC 3401(a) & 3121(a) which I rebut. I am not a recipient of any such payments that statutorily qualified as the term "wages" defined in 26 USC 3401(a) & 3121(a). The withheld entry amounts are per payers W-2

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.

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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 <i>Patricia XXXXX</i>	2 Your social security number <i>XXX-XX-XXXX</i>
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3 Address <i>XXXX, HXXXXX, TX XXXXX</i>

4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2020</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.
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5 Employer's or payer's name, address, and ZIP code <i>XXXXX</i>	6 Employer's or payer's TIN (if known) <i>XXXXX</i>
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.	
a Wages, tips, and other compensation <u>0.00</u> b Social security wages <u>0.00</u> c Medicare wages and tips <u>0.00</u> d Social security tips <u>0.00</u> e Federal income tax withheld <u>91.10</u>	f State income tax withheld <u>0.00</u> (Name of state) _____ g Local income tax withheld <u>0.00</u> (Name of locality) <u>N/A</u> h Social security tax withheld <u>213.60</u> i Medicare tax withheld <u>49.96</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.	
a Gross distribution _____ b Taxable amount _____ c Taxable amount not determined <input type="checkbox"/> d Total distribution <input type="checkbox"/> e Capital gain (included on line 8b) _____	f Federal income tax withheld _____ g State income tax withheld _____ (Name of state) _____ h Local income tax withheld _____ (Name of locality) _____ i Employee contributions _____ j Distribution codes _____

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