

MISSOURI DEPARTMENT OF REVENUE

2019 Individual Income Tax Return Single/Married (One Income)

Print in BLACK ink only and DO NOT STAPLE. For Privacy Notice, see Instructions.

Vendor Code

Department Use Only

000

Filing Status

Single

Claimed as a Dependent

Married Filing Combined

Married Filing Separately

Head of Household

Qualifying Widow(er)

Select the appropriate boxes that apply.

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Yourself Spouse

Deceased

Deceased

in 2019

Spouse's Social Security Number

in 2019



Last Name

Suffix

Name

Danny

W.

Price

Spouse's First Name

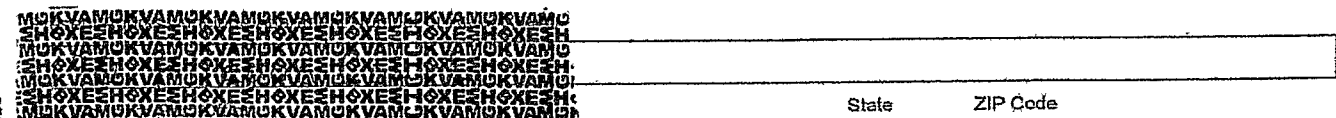
M.I.

Spouse's Last Name

Suffix

In Care Of Name (Attorney, Executor, Personal Representative, etc.) Attach form if applicable.

Address



Branson

State

ZIP Code

Mo.

65616

County of Residence

Taney

You may contribute to any one or all of the trust funds on Line 15. See instructions for more trust fund information.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund



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Income

1. Federal adjusted gross income from federal return (see page 5 of the instructions) 1

2. Any state income tax refund included in federal adjusted gross income 2

3. Total Missouri adjusted gross income 3

4a. Tax from federal return. Do not enter federal income tax withheld. 4a

4b. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 3. Use the chart below to find your percentage. 4b %

Missouri Adjusted Gross Income Range, Line 3: Federal Tax Percentage*

\$25,000 or less.....	35%
\$25,001 to \$50,000.....	25%
\$50,001 to \$100,000.....	15%
\$100,001 to \$125,000.....	5%
\$125,001 or more.....	0%

Deductions

4c. Federal income tax deduction – Multiply Line 4a by the percentage on Line 4b. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers. 4c

5. Missouri standard deduction or itemized deductions.

- Single or Married Filing Separate - \$12,200
- Head of Household - \$18,350
- Married Filing Combined or Qualifying Widow(er) - \$24,400

If age 65 or older, blind, or claimed as a dependent, see federal return or page 6.
If itemizing, see page 14 5

6. Long-term care insurance deduction 6

7. Total Deductions - Add Lines 4c through 6 7

Tax

8. Missouri Taxable Income - Subtract Line 7 from Line 3. 8

9. Tax - Use the tax chart on page 10 to figure the tax 9

10. Missouri tax withheld from Form(s) W-2 and 1099. Attach copies of Form(s) W-2 and 1099 10

11. Missouri estimated tax payments made for 2019. Include overpayment from 2018 applied to 2019. 11

12. Total Payments - Add Lines 10 and 11 12

13. If Line 12 is more than Line 9, enter the difference. This is your overpayment. If Line 12 is less than Line 9, skip to Line 18. 13

Refund

14. Amount from Line 13 that you want applied to your 2020 estimated tax 14

15. Enter the amount of your donation in the trust fund boxes below (see instructions for trust fund codes.)

15a. Children's Trust Fund <input type="text" value=""/> <input type="text" value="00"/>	15b. Veterans Trust Fund <input type="text" value=""/> <input type="text" value="00"/>	15c. Elderly Home Delivered Meals Trust Fund <input type="text" value=""/> <input type="text" value="00"/>	15d. Missouri National Guard Trust Fund <input type="text" value=""/> <input type="text" value="00"/>
15e. Workers' Memorial Fund <input type="text" value=""/> <input type="text" value="00"/>	15f. Childhood Lead Testing Fund <input type="text" value=""/> <input type="text" value="00"/>	15g. Missouri Military Family Relief Fund <input type="text" value=""/> <input type="text" value="00"/>	15h. General Revenue Fund <input type="text" value=""/> <input type="text" value="00"/>

15i. Organ Donor Program Fund 00 15j. Kansas City Regional Law Enforcement Memorial Foundation Fund 00 15k. Soldiers Memorial Military Museum St. Louis Fund 00

15l. Additional Fund Code Additional Fund Amount 00 15m. Code Additional Fund Amount 00

Refund (continued)

Total Donation - Add amounts from Boxes 15a through 15m and enter here 15 0 00

16. Amount from Line 13 to be deposited into a Missouri 529 Education Savings Plan (MOST) account. Enter amount from Line E of Form 5632 16 0 00

17. REFUND - Subtract Lines 14, 15, and 16 from Line 13 and enter here 17 616 00

Amount Due

18. AMOUNT DUE - If Line 12 is less than Line 9, enter the difference here 18 0 00

If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Darryl W. Price Date (MM/DD/YY) 06 23 22

Spouse's Signature (if filing combined, BOTH must sign) Date (MM/DD/YY)

E-mail Address Daytime Telephone

Preparer's Signature Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN Preparer's Telephone

Preparer's Address State ZIP Code

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Department Use Only

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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.**

▶ 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 <u>Danny W. Price</u>	2 Your social security number <u>[REDACTED]</u>
3 Address <u>[REDACTED] Branson, Missouri 65616</u>	
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2019</u> . I have been unable to obtain (or have received an incorrect) <input type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. <u>hereby notify</u> 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 <u>forever Grand Vacations LLC 1828 W. 76 Country Blvd. Suite G Branson, Mo. 65616</u>	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 <u>616.00</u>
b Social security wages _____	(Name of state) . <u>Missouri</u>
c Medicare wages and tips _____	g Local income tax withheld <u>0</u>
d Social security tips _____	(Name of locality) _____
e Federal income tax withheld <u>4,030.00</u>	h Social security tax withheld <u>2,418.00</u>
	i Medicare tax withheld <u>516.00</u>
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? <u>From personal records and company W2</u>	
10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement. <u>None</u>	

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.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Vacation Services International, LLC 418 Pond Run Road Unit A Stout, OH 45684 (855) 874-8785x105		1 Rents \$	OMB No. 1545-0115 2019 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN 45-2177708		2 Royalties \$	3 Other income \$	
RECIPIENT'S TIN [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code Danny Price [REDACTED] Branson, MO 65616		6 Medical and health care payments \$	7 Nonemployee compensation \$ 0 - 8000.00	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	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.
10 Crop insurance proceeds \$	11	12	13 Excess golden parachute payments \$	
14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	
17 State/Payer's state no.	18 State income \$	19 State income \$		

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

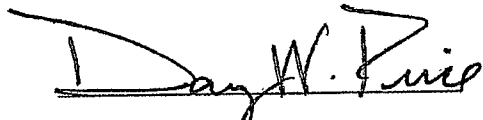
Department of the Treasury - Internal Revenue Service

FORM # LMISCREC

This corrected 1099-MISC form is submitted to rebut a document known to have been submitted to the IRS by the party identified above as PAYER, erroneously alleging payment to the party identified above as RECIPIENT of "gains, profits or income" made in the course of conducting a "trade or business".

No payments were received by RECIPIENT from PAYER in connection with a "trade or business" or any federally-connected taxable activity that would constitute income under relevant tax 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, correct, and complete.


Danny W. Price

4/13/22
Date