

MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income Tax Return
Single/Married (One Income)

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

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

Vendor Code Department Use Only

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 <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>

Deceased in 2020 Spouse's Social Security Number - - Deceased in 2020

Name:

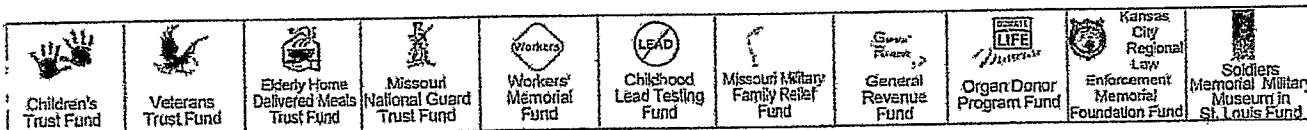
Spouse's First Name M.I. Spouse's Last Name Suffix

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

Address: -

County of Residence:

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



20334010001

Income

1. Federal adjusted gross income from federal return (see page 6 of the instructions) 1 0 00

2. Any state income tax refund included in federal adjusted gross income 2 0 00

3. Total Missouri adjusted gross income 3 0 00

4a. Tax from federal return. Do not enter federal income tax withheld. 4a 0 00

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 35 %

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 0 00

5. Missouri standard deduction or itemized deductions.

- Single or Married Filing Separate - \$12,400
- Head of Household - \$18,650
- Married Filing Combined or Qualifying Widow(er) - \$24,800

If age 65 or older, blind, or claimed as a dependent, see federal return or page 6. If itemizing, see page 14. 5 18,650 00

6. Long-term care insurance deduction 6 0 00

7. Total Deductions - Add Lines 4c through 6 7 18,650 00

Tax

8. Missouri Taxable Income - Subtract Line 7 from Line 3. 8 0 00

9. Tax - Use the tax chart on page 10 to figure the tax. 9 0 00

10. Missouri tax withheld from Form(s) W-2 and 1099. Attach copies of Form(s) W-2 and 1099. 10 480 00

11. Missouri estimated tax payments made for 2020. Include overpayment from 2019 applied to 2020. 11 0 00

12. Total Payments - Add Lines 10 and 11 12 480 00

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. 13 480 00

Refund

14. Amount from Line 13 that you want applied to your 2021 estimated tax. 14 0 00

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

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

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

Refund (continued)

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

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

17. REFUND - Subtract Lines 14, 15, and 16 from Line 13 and enter here. 480 00

Amount Due

18. AMOUNT DUE - If Line 12 is less than Line 9, enter the difference here 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 *Dany W. Pineda* 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

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F



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.
▶ Go to www.irs.gov/Form4852 for the latest information.

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 <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>2020</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</u> <u>1828 W. 7th 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.																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a Wages, tips, and other compensation</td> <td style="width:10%; text-align: center;">0</td> <td style="width:15%;">f State income tax withheld</td> <td style="width:45%; text-align: right;">480.00</td> </tr> <tr> <td>b Social security wages</td> <td style="text-align: center;">0</td> <td>(Name of state)</td> <td style="text-align: right;">Missouri</td> </tr> <tr> <td>c Medicare wages and tips</td> <td style="text-align: center;">0</td> <td>g Local income tax withheld</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d Social security tips</td> <td style="text-align: center;">0</td> <td>(Name of locality)</td> <td>_____</td> </tr> <tr> <td>e Federal income tax withheld</td> <td style="text-align: right;">3,342.00</td> <td>h Social security tax withheld</td> <td style="text-align: right;">2,006.00</td> </tr> <tr> <td></td> <td></td> <td>i Medicare tax withheld</td> <td style="text-align: right;">469.00</td> </tr> </table>	a Wages, tips, and other compensation	0	f State income tax withheld	480.00	b Social security wages	0	(Name of state)	Missouri	c Medicare wages and tips	0	g Local income tax withheld	0	d Social security tips	0	(Name of locality)	_____	e Federal income tax withheld	3,342.00	h Social security tax withheld	2,006.00			i Medicare tax withheld	469.00					
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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.