

MISSOURI DEPARTMENT OF REVENUE

Form MO-1040A

2021 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

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

Social Security Number

Deceased in 2021

Spouse's Social Security Number

Deceased in 2021

[Redacted]

First Name

M.I.

Last Name

Suffix

DANAY

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.

Present Address (Include Apartment Number or Rural Route)

[Redacted]

City, Town, or Post Office

State

ZIP Code

Branson

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



21334010001

**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 - \$12,550
- Head of Household - \$18,800
- Married Filing Combined or Qualifying Widow(er) - \$25,100

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 ..... 10 471 .00

11. Missouri estimated tax payments made for 2021. Include overpayment from 2020 applied to 2021 ..... 11 0 .00

12. Total Payments - Add Lines 10 and 11 ..... 12 471 .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. .... 13 471 .00

**Refund**

14. Amount from Line 13 that you want applied to your 2022 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 [ ] .00    15b. Veterans Trust Fund [ ] .00    15c. Elderly Home Delivered Meals Trust Fund [ ] .00    15d. Missouri National Guard Trust Fund [ ] .00

15e. Workers' Memorial Fund [ ] .00    15f. Childhood Lead Testing Fund [ ] .00    15g. Missouri Military Family Relief Fund [ ] .00    15h. General Revenue Fund [ ] .00



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

15l. Additional Fund Code  Additional Fund Amount  00 15m. Additional Fund 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 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  471  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

*David W. Fine* Date (MM/DD/YY)  04  15  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](http://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 Danny W. Price **2** Your social security number [REDACTED]

**3** Address [REDACTED] Branson, Missouri 65616

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2021.  
I have been unable to obtain (or have received an incorrect)  Form W-2 OR  Form 1099-R.  
*hereby notify*  
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 Forever Grand Vacations, LLC  
1828 W. 76 Country Blvd. Suite G Branson, Mo. 65616 **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	<u>0</u>	f	State income tax withheld	<u>471.00</u>
b	Social security wages	<u>0</u>		(Name of state)	_____
c	Medicare wages and tips	<u>0</u>	g	Local income tax withheld	<u>0</u>
d	Social security tips	<u>0</u>		(Name of locality)	_____
e	Federal income tax withheld	<u>3,255.00</u>	h	Social security tax withheld	<u>1,962.00</u>
			i	Medicare tax withheld	<u>459.00</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?  
From personal records and company W2

**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](http://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.

VOID  CORRECTED

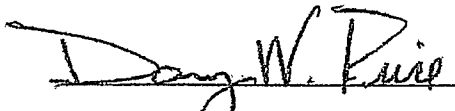
PAYER'S name, address, ZIP/postal code, country & phone no. JEREMY WILLIS DBA TLC PROS 5601 S CAMPBELL AVE SUITE 103 SPRINGFIELD, MO 65810		OMB No. 1545-0046 <b>2021</b> Form 1099-NEC	Nonemployee Compensation	
PAYER'S TIN 26-4292236	RECIPIENT'S TIN [REDACTED]	1 Nonemployee compensation \$ <del>19200.00</del> - 0 -	Copy C For Payer  For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.	
RECIPIENT'S name, address, ZIP/postal code & country DANNY PRICE [REDACTED] BRANSON, MO 65616		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>  Federal income tax withheld \$		
Account number (see instructions)	2nd TIN cat. [REDACTED]	3 State tax withheld \$	4 State/Payer's state no. [REDACTED]	7 State income \$

Form 1099-NEC Department of the Treasury - Internal Revenue Service

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

04/13/22  
Date