

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial RYAN B Last name ANDERSEN Your social security number [REDACTED]

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. A Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code 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 1 [X] Single 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above and full name here. 4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [ ] Qualifying widow(er) (see instructions)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [ ] Spouse. Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 1

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit (see instructions)

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 00 8a Taxable interest. Attach Schedule B if required 8a 0 00 b Tax-exempt interest. Do not include on line 8a 8b 0 00 9a Ordinary dividends. Attach Schedule B if required 9a 0 00 b Qualified dividends 9b 0 00 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 00 11 Alimony received 11 0 00 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 00 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ] 13 0 00 14 Other gains or (losses). Attach Form 4797 14 0 00 15a IRA distributions 15a b Taxable amount 15b 0 00 16a Pensions and annuities 16a b Taxable amount 16b 0 00 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 00 18 Farm income or (loss). Attach Schedule F 18 0 00 19 Unemployment compensation 19 0 00 20a Social security benefits 20a b Taxable amount 20b 0 00 21 Other income. List type and amount 21 0 00 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 0 00

Adjusted Gross Income 23 Educator expenses 23 0 00 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 00 25 Health savings account deduction. Attach Form 8889 25 0 00 26 Moving expenses. Attach Form 3903 26 0 00 27 Deductible part of self-employment tax. Attach Schedule SE 27 0 00 28 Self-employed SEP, SIMPLE, and qualified plans 28 0 00 29 Self-employed health insurance deduction 29 0 00 30 Penalty on early withdrawal of savings 30 0 00 31a Alimony paid b Recipient's SSN 31a 0 00 32 IRA deduction 32 0 00 33 Student loan interest deduction 33 0 00 34 Reserved for future use 34 0 00 35 Domestic production activities deduction. Attach Form 8903 35 0 00 36 Add lines 23 through 35 36 0 00 37 Subtract line 36 from line 22. This is your adjusted gross income 37 0 00

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 0 00

39a Check  You were born before January 2, 1953,  Blind. Total boxes  
 If:  Spouse was born before January 2, 1953,  Blind. checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

**Standard Deduction for—**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6350 00

41 Subtract line 40 from line 38 41

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 4050 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0 00

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44 0 00

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0 00

46 Excess advance premium tax credit repayment. Attach Form 8962 46 0 00

47 Add lines 44, 45, and 46 ▶ 47 0 00

48 Foreign tax credit. Attach Form 1116 if required. 48 0 00

49 Credit for child and dependent care expenses. Attach Form 2441 49 0 00

50 Education credits from Form 8863, line 19 50 0 00

51 Retirement savings contributions credit. Attach Form 8880 51 0 00

52 Child tax credit. Attach Schedule 8812, if required. 52 0 00

53 Residential energy credit. Attach Form 5695 53 0 00

54 Other credits from Form: a  3800 b  8801 c  54 0 00

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶ 56 0 0

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57 0 0

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58 0 0

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 0 0

60a Household employment taxes from Schedule H 60a 0 0

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 0 0

61 Health care: individual responsibility (see instructions) Full-year coverage  61 0 0

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62 0 0

63 Add lines 56 through 62. This is your total tax ▶ 63 0 0

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 64 6473 15

65 2017 estimated tax payments and amount applied from 2016 return 65 0 00

66a Earned income credit (EIC) 66a 0 00

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67 0 00

68 American opportunity credit from Form 8863, line 8 68 0 00

69 Net premium tax credit. Attach Form 8962 69 0 00

70 Amount paid with request for extension to file 70 0 00

71 Excess social security and tier 1 RRTA tax withheld 71 0 00

72 Credit for federal tax on fuels. Attach Form 4136 72 0 00

73 Credits from Form: a  2439 b  Reserved c  8885 d  73 0 00

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶ 74 6473 15

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 6473 15

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶  76a 6473 15

Direct deposit? See instructions. ▶ b Routing number ▶ c Type:  Checking  Savings

▶ d Account number

77 Amount of line 75 you want applied to your 2018 estimated tax ▶ 77

**Amount You Owe**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78 0 00

79 Estimated tax penalty (see instructions) 79

**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 accurately list all amounts and sources of income I received during the tax year. 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 2/9/2018 Your occupation SET PRESSER Daytime phone number

Spouse's signature. If a joint return, both must sign. ▶ Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

**Paid Preparer Use Only**

Print/Type preparer's name ▶ Preparer's signature ▶ Date ▶ Check  if self-employed ▶ PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

**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, 1040A, 1040-EZ, or 1040X.  
▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

1 Name(s) shown on return  
**RYAN B. ANDERSEN**

2 Your social security number  
[REDACTED]

3 Address  
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, **2017**;  
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  
**CAST & CREW PRODUCTION PAYROLL**, [REDACTED]

6 Employer's or payer's identification number (if known)  
[REDACTED]

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>3287.52</u>
b Social security wages	<u>0</u>	(Name of state)	<u>GA</u>
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	
d Social security tips	<u>0</u>	(Name of locality)	
e Federal income tax withheld	<u>1592.00</u>	h Social security tax withheld	<u>3679.35</u>
		i Medicare tax withheld	<u>860.50</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"/>	h Local income tax withheld	
d Total distribution	<input type="checkbox"/>	i Employee contributions	
e Capital gain (included in line 8b)		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?  
**W-2 PROVIDED BY PAYER ERRONEOUSLY ALLEGED PAYMENTS OF 26 USC SECTIONS 3121(a) AND 3401(a) WAGES, HEREBY DISPUTED AND CORRECTED. AMOUNTS LISTED WITHHELD LINES 7e, 7f, 7h, AND 7i ARE CORRECT.**

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
**NONE**

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at [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 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 from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 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.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note:** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit [www.SSA.gov/myaccount](http://www.SSA.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

**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, 1040A, 1040-EZ, or 1040X.  
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**1** Name(s) shown on return  
**RYAN B ANDERSEN**

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

**3** Address  
[REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2017.  
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  
**CAST & CREW PRODUCTION SERVICES**, [REDACTED]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

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

<b>a</b> Wages, tips, and other compensation	<u>0</u>	<b>f</b> State income tax withheld	<u>239.41</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state)	<u>GA</u>
<b>c</b> Medicare wages and tips	<u>0</u>	<b>g</b> Local income tax withheld	
<b>d</b> Social security tips	<u>0</u>	(Name of locality)	
<b>e</b> Federal income tax withheld	<u>0</u>	<b>h</b> Social security tax withheld	<u>276.61</u>
		<b>i</b> Medicare tax withheld	<u>64.69</u>

**8 Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution	<u>                    </u>	<b>f</b> Federal income tax withheld	<u>                    </u>
<b>b</b> Taxable amount	<u>                    </u>	<b>g</b> State income tax withheld	<u>                    </u>
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	<u>                    </u>
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	<u>                    </u>
<b>e</b> Capital gain (Included in line 8b)	<u>                    </u>	<b>j</b> Distribution codes	<u>                    </u>

**9** How did you determine the amounts on lines 7 and 8 above? **EARNINGS WERE NOT BASED UPON ACTIVITIES OF FEDERAL PRIVILEGE**

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
**[REDACTED]. I DID NOT RECEIVE "WAGES" AS DEFINED IN SECTIONS 3121(a) AND 3401(a) AMOUNTS WITHHELD LISTED 7f, 7h, AND 7i ARE CORRECT.**

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