

Form **1040**

Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return** (09)

**2018**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing status:  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)

Your first name and initial: **W** Last name: **LOCH** Your social security number: [REDACTED]

Your standard deduction:  Someone can claim you as a dependent  You were born before January 2, 1954  You are blind

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

Spouse standard deduction:  Someone can claim your spouse as a dependent  Spouse was born before January 2, 1954  Full-year health care coverage or exempt (see inst.)  
 Spouse is blind  Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

Foreign address, attach Schedule 6. If more than four dependents, see inst. and check here

| Dependents (see instructions) |           | (2) Social security number |  | (3) Relationship to you | (4) <input checked="" type="checkbox"/> If qualifies for (see inst.): |                             |
|-------------------------------|-----------|----------------------------|--|-------------------------|---|-----------------------------|
| (1) First name                | Last name |                            |  |                         | Child tax credit  | Credit for other dependents |
|                               |           |                            |  |                         | <input type="checkbox"/>  | <input type="checkbox"/>    |
|                               |           |                            |  |                         | <input type="checkbox"/>  | <input type="checkbox"/>    |
|                               |           |                            |  |                         | <input type="checkbox"/>  | <input type="checkbox"/>    |
|                               |           |                            |  |                         | <input type="checkbox"/>  | <input type="checkbox"/>    |

**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: [REDACTED] Date: **10-11-19** Your occupation: \_\_\_\_\_  
Spouse's signature: [REDACTED] Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_  
If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]  
If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

**Paid Preparer Use Only**  
Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ PTIN: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
Firm's name: \_\_\_\_\_ Phone no.: \_\_\_\_\_  
Firm's address: \_\_\_\_\_  
Check if:  3rd Party Designee  Self-employed

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for—**  
 • Single or married filing separately, \$12,000  
 • Married filing jointly or Qualifying widow(er), \$24,000  
 • Head of household, \$18,000  
 • If you checked any box under Standard deduction, see instructions.

|     |   |     |           |
|-----|---|-----|-----------|
| 1   | Wages, salaries, tips, etc. Attach Form(s) W-2  | 1   | 0         |
| 2a  | Tax-exempt interest   | 2b  | 0         |
| 3a  | Qualified dividends   | 3b  | 0         |
| 4a  | IRAs, pensions, and annuities   | 4b  | 0         |
| 5a  | Social security benefits  | 5b  | 0         |
| 6   | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22  | 6   | 0         |
| 7   | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6     | 7   | 0         |
| 8   | Standard deduction or itemized deductions (from Schedule A)   | 8   | 12,000    |
| 9   | Qualified business income deduction (see instructions)  | 9   | 0         |
| 10  | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-  | 10  | 0         |
| 11  | a. Tax (see inst.) (check if any from: 1. <input type="checkbox"/> Form(s) 8814 2. <input type="checkbox"/> Form 4972 3. <input type="checkbox"/> ) | 11  | 0         |
| 12  | b. Add any amount from Schedule 2 and check here <input type="checkbox"/>   | 12  | 0         |
| 13  | a. Child tax credit/credit for other dependents b. Add any amount from Schedule 3 and check here <input type="checkbox"/>                           | 13  | 0         |
| 14  | Subtract line 12 from line 11. If zero or less, enter -0-   | 14  | 0         |
| 15  | Other taxes. Attach Schedule 4  | 15  | 0         |
| 16  | Total tax. Add lines 13 and 14  | 16  | 12,018 92 |
| 17  | Federal income tax withheld from Forms W-2 and 1099   | 17  | 0         |
| 18  | Refundable credits: a. EIC (see inst.) b. Sch. 8812 c. Form 8863  | 18  | 12,018 92 |
| 19  | Add any amount from Schedule 5  | 19  | 12,016 92 |
| 20a | Add lines 16 and 17. These are your total payments  | 20a | 12,016 92 |
| 21  | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid   | 21  | 0         |
| 22  | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>   | 22  | 0         |
| 23  | Routing number: <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                   | 23  |           |
| 24  | Account number: <input type="checkbox"/>  | 24  |           |
| 25  | Amount of line 19 you want applied to your 2018 estimated tax   | 25  | 0         |
| 26  | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions  | 26  | 0         |
| 27  | Estimated tax penalty (see instructions)  | 27  |           |

**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.**

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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.

1 Name(s) shown on return W [REDACTED] LOGH 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, \_\_\_\_\_  
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 [REDACTED] 6 Employer's or payer's TIN (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>1827.19</u> |
| b Social security wages               | <u>0</u>       | (Name of state)                | <u>INDIANA</u> |
| c Medicare wages and tips             | <u>0</u>       | g Local income tax withheld    | <u>1187.78</u> |
| d Social security tips                | <u>0</u>       | (Name of locality)             | [REDACTED]     |
| e Federal income tax withheld         | <u>7689.60</u> | h Social security tax withheld |                |
|                                       |                | i Medicare tax withheld        |                |

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? PAYER ISSUED DOCUMENTS. THIS FORM CORRECTS INACCURATE INFO. NO TITLE 26(USE 3041(a)) AND 3121(a) WAGES WERE RECEIVED

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

**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 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 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 also will 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 indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040-X, 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:

This W-2 was NOT included in the filing that was submitted (which is shown in its entirety on the preceding pages).

It is attached here to show the correct total amount withheld-- and the labels under which the withholding was done-- because the FICA withholdings were inadvertently omitted from the Form 4852 which accompanied the 1040 in the filing (although the total amount reported as withheld on that latter form was correct).

|   |                                       |   |                            |
|---|---------------------------------------|---|----------------------------|
| 1 Wages, tips, other comp. [REDACTED]   |                                       | 2 Federal income tax withheld<br>7689.60                      |                            |
| 3 Social security wages [REDACTED]  |                                       | 4 Social security tax withheld<br>3507.11                     |                            |
| 5 Medicare wages and tips [REDACTED]  |                                       | 6 Medicare tax withheld<br>820.21                             |                            |
| d Control number<br>000698 CLEV/XTY   | Dept.<br>000329                       | Corp.   | Employer use only<br>A 712 |
| c Employer's name, address, and ZIP code<br>[REDACTED]  |                                       |   |                            |
| b Employer's FED ID number [REDACTED]   |                                       | a Employee's SSA number [REDACTED]                            |                            |
| 7 Social security tips  |                                       | 8 Allocated tips  |                            |
| 9 Verification Code<br>80f6-fe37-33aa-dcd8  |                                       | 10 Dependent care benefits                                    |                            |
| 11 Nonqualified plans   |                                       | 12a See instructions for box 12<br>DD 7945.55                 |                            |
| 14 Other<br>387.40 HLTH<br>74.88 VIS<br>52.00 DNRL<br>75.40 RX  |                                       | 12b<br>12c<br>12d<br>13 Stat emp Rel. plan 3rd party sick pay |                            |
| c/f Employee's name, address and ZIP code<br>W [REDACTED] LOCH<br>[REDACTED]  |                                       |   |                            |
| 15 State<br>IN  | Employer's state ID no.<br>[REDACTED] | 16 State wages, tips, etc.<br>56566.31                        |                            |
| 17 State income tax<br>1827.19  |                                       | 18 Local wages, tips, etc.                                    |                            |
| 19 Local income tax<br>1527.37  |                                       | 20 Locality name<br>TOTAL                                     |                            |
| <b>Federal Filing Copy</b><br><b>W-2 Wage and Tax Statement 2018</b><br><small>OMB No. 1545-0048</small><br>Copy B to be filed with employee's Federal Income Tax Return. |                                       |   |                            |