£1040		rtment of the Treasury—Internal Revenue Sen S. Individual Income Ta		eturn (99)	20'	19	OMB No. 1545	-0074	JRS,Úse Only-	-Do not w	rite or staple in this space,		
Filing Status Check only one box.	If yo	Single Married filling jointly unchecked the MFS box, enter the name			parately (MFS ou checked th		Head of househor QW box, ente		, t		ying person is: ow(ei) (QW)		
Your first name		ddle initial	1	name				***************************************		Your so	cial security number		
Sherman-Edv	vard		Yarb	rough						~~			
If joint return, s Kathryne-Ann	•	first name and middle initial	1	name rough						Spouse'	s social security number		
Home address (number and street). If you have a P.O. box, see				-		t. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.						
Ingram, Texas	s гери	e, state, and ZIP code. If you have a for olic [ZIp code Exempt] Non-Dom	-				•	,			box below will not change your		
Foreign country name				Foreign province/state/county Foreign p					postal code	If more than four dependents, see instructions and ✓ here ➤			
Standard Deduction	_	e one can claim: 🔲 You as a depend Spouse Itemizes on a separate return or			r spouse as a status allen	depend	dent	•					
Age/Blindness	You:	Were born before January 2, 195	5 🗆	Are blind	Spouse	:	Was born befor	e January	2, 1955	🔲 ls bli	nd		
Dependents ((1) First name	see ins	tructions): Last name	((2) Sociál se	curity number	(3)	Relaționship to you	ı	(4) √ if Child tax cre		r (see instructions): Credit for other dependents		
											. 🗆		
						<u> </u>							
	1	Wages, salaries, tips, etc. Attach Form	• •	2		• •			. ,	- -	-0-		
Standard Deduction for— • Single or Married	2a	Tax-exempt interest	'2a		24		axable interest.		•		24		
	3a	Qualified dividends	3a				rdinary dividends	, Attach So	h. B if require		- 24		
	4a c	IRA distributions	4a 4c				axable amount	+ ·	,	4b 4d			
filing separately, \$12,200	5a		5a				axable amount	* *	* * * *	5b			
 Married filing jointly or Qualifying widow(er), 		, ,		guired If	not required			, ,	, , ▶ [
	7a	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
\$24,400	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and		-		,		* •	. , , ,	7a 7b			
Head of household, \$18,350 If you checked	8a	Adjustments to income from Schedule 1, line 22											
	ь	Subtract line 8a from line 7b. This is y	8a 8b										
any box under Standard	9	Standard deduction or itemized dec	400										
Deduction,	10	Qualified business income deduction.											
see Instructions.	118	Add lines 9 and 10					10	٠ .	4 4: • •	118	24,400		
	bi	Taxable income. Subtract line 11a fro	m line	8b. If zero	or less, ente	r-0	. ,			11b			

Form 1040 (2019	' 	for a second of													Page		
	12a	Tax (see Inst.) Check if any from F			3 📙		12a	<u> </u>				۱ ۴					
	b	Add Schedule 2, line 3, and line	•			• •		r ·	→ , •	•	• <u>-</u>	12b			-(
	13a	Child tax credit or credit for other	•		. ,	•	13a	l				1					
	, b	Add Schedule 3, line 7, and line				• •		•	. ,	. •	<u> </u>	13b					
	14	Subtract line 13b from line 12b.				• •		•	• •	• •	· -	14.			-{		
	15	Other taxes, including self-empl	•	*	10 ,			•	• •	• 1	· -	15-					
	16	Add lines 14 and 15. This is you				• •		•		.)	▶ -	16			-(
	17	Federal income tax withheld from		1099				20	• *	*1 14	. _	17		4	1,404.7		
If you have a	18	Other payments and refundable					1	,				1					
qualifying child, attach Sch. EIC.	<u>a</u>	Earned Income credit (EIC) .			,	•	18a					4					
If you have	b	Additional child tax credit. Attac	h Schedule 8812				18b					1					
nontaxable combat pay, see	C	American opportunity credit from	n Form 8863, line 8	3		•	18c				;						
instructions.	đ	Schedule 3, line 14				•	18d					.					
	ē	Add lines 18a through 18d. The	se are your total o f	ther payments	and refundal	ble cred	lits .			.)	- _	18e			-(
	19.	Add lines 17 and 18e. These are	your total payme	nts	<u></u>		<u> </u>	•		_ ,)	•	19		4	1,404.7		
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is:	the amount y	où over	paid .			3	. [20		4	,404.7		
	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check h	ere ,	. ,			> [] [21a		4	,404.7		
Direct deposit? See Instructions.	►b	Routing number			⊳ с Тур	e: 🗌	Check	ing		Saving:	s [
oco monanonono.	►ď	Account number															
	22	Amount of line 20 you want app	lied to your 2020	estimated tax		. ▶	22				-0-						
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see	instruct	ions .			.)		23			-(
You Owe	24	Estimated tax penalty (see instru					24										
Third Party Designee		you want to allow another person	(other than your p	aid preparer) to	discuss this	return w	ith the 1	irs? S	ee ins	tructio	ns.		'es. Co lo	mplete	e below		
(Other than Designee's paid preparer) name ▶				Phone no. ▶				Personal iden number (PIN)			tification			7-1			
			L (a											4	<u> </u>		
Sign	con	der penalties of perjury, i declare that i rect, and complete. Declaration of prep	nave examined this r arer (other than taxpa	eium and accomp yer) is based on ali	anying schedul Information of	les and si Which pre	tatement eparer ha	is, and is any k	to the l nowlec	best of <u>j</u> ige.	ny kno	wiedge	and be	lief, the	y are tru		
Here		ur signature	Date Your occupation							the IR	S sen	ent you an Identity					
	k.	·		Program Superv				P.				ection PIN, enter it he			e e		
Joint return?	_ _									(s	ee ins	t.)					
See Instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	oth must sign. Date Spouse's o								he IRS sent your spouse an entity Protection PIN, enter it t					
your records.			Home Maker				(see							er it ner			
	Ph	one no.		Email address									J				
D-1-1	Pre	eparer's name	ture				Date PT			IN		Check	if:				
Paid											ł	3rd Party Designee					
Preparer	Fir	irm's name ▶							Phone no.					Self-employed			
Use Only	Fin	Firm's address ► Firm's								rm's F	<u>-</u>						
		n1040 for instructions and the late									.,						

Form 4852

(Rev. September 2019)

Department of the Treasury Internal Revenue Service

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.

ans, IRAs, Insurance Contracts, etc. OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-X.

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

1 Name(s) shown on return 2 Your social security number Sherman E. Yarbrough 3 Address Ingram, Texas republic [Zip Code Exempt] Non-Domestic 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 6 Employer's or payer's TIN (if known) Health & Human Services Comm, P.O. Box 149030, Austin, TX, 78714-9030 74-2638006 Form W-2. Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation State income tax withheld 0.00 f **b** Social security wages 0.00 (Name of state) . Medicare wages and tips . . . Local income tax withheld 0.00 g Social security tips (Name of locality) Federal income tax withheld . . . 1631.41 h Social security tax withheld Medicare tax withheld . . . Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. Gross distribution Federal income tax withheld Taxable amount State income tax withheld Taxable amount not determined . (Name of state) . Total distribution h Local income tax withheld Capital gain (included on line 8b) . (Name of locality) Employee contributions Distribution codes 9 How did you determine the amounts on lines 7 and 8 above? I received an erroneous W-2 from the "Payor" that did not match 26 USC, as my compensation for "Labor" was not "Wages" paid to an "Employee" as defined in 3401(a) and 3401(c), as they were from the Private sector, making them nontaxable. 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None. Error discovered after the fact.

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 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. 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: