

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning . . . 2016, ending . . . 20

See separate instructions.

Your first name and initial  
**Desiree Kathleen**  
 If a joint return, spouse's first name and initial

Last name  
**Stumo**  
 Last name

Your social security number  
 [REDACTED]  
 Spouse's social security number  
 [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.  
 [REDACTED]

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

File, even if you have no foreign income. If you have a foreign address, also complete spaces below (see instructions).  
 [REDACTED]

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want to go to the full. Check a box below will not charge you tax or refund.  
 Yes  Spouse

Foreign country name

Foreign province/state/country

Foreign postal code

**Filing Status**

- 1  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) with dependent child

**Exemptions**

- 6a  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)

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0.00
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	4,953.12
b	Taxable amount	16b	0.00
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	9,264.00
b	Taxable amount	20b	0.00
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	

**Adjusted Gross Income**

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	0.00

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	0.00
<b>Tax and Credits</b>			
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <b>▶ 39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶ 39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b>			
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	1,050.00
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-1,050.00
<b>42</b>	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0.00
<b>44</b>	Tax (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	0.00
<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	0.00
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	0.00
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	0.00
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your total credits	<b>55</b>	0.00
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.00
<b>Other Taxes</b>			
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your total tax	<b>63</b>	0.00
<b>Payments</b>			
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	28.26
<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
<b>66a</b>	Earned income credit (EIC)	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b> <input type="checkbox"/>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8862 <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	28.26
<b>Refund</b>			
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	28.26
<b>76a</b>	Amount of line 75 you want refunded to you, if Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	
<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text"/>		
<b>77</b>	Amount of line 75 you want applied to your 2017 estimated tax <b>▶ 77</b>		
<b>Amount You Owe</b>			
<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>	0.00
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designer's name <b>▶</b>	Phone no. <b>▶</b>	Personal identification number (PIN) <b>▶</b>
<b>Sign Here</b>	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.		
	Your signature <b>▶</b>	Date <b>▶</b>	Your occupation <b>▶</b>
	<i>Restina Stone</i>	4/12/17	Student
	Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation
<b>Paid Preparer Use Only</b>	Print/type preparer's name	Preparer's signature	Date
	Firm's name <b>▶</b>	Firm's EIN <b>▶</b>	Check <input type="checkbox"/> if self-employed
	Firm's address <b>▶</b>	Phone no.	PTIN

**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, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

1 Name(s) shown on return

*Desiree Kathleen Stumo*

2 Your social security number

3 Address

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  
identification number (if known)

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

a	Wages, tips, and other compensation	<u>0.00</u>	f	State income tax withheld	<u>0.00</u>
b	Social security wages	<u>0.00</u>		(Name of state) <u>Nevada</u>	
c	Medicare wages and tips	<u>0.00</u>	g	Local income tax withheld	<u>0.00</u>
d	Social security tips	<u>0.00</u>		(Name of locality)	
e	Federal income tax withheld	<u>28.26</u>	h	Social security tax withheld	<u>24.90</u>
			i	Medicare tax withheld	<u>5.82</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/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? *I used the W-2 issued by the entity on line 5, but the taxable amounts on the W-2 lines 2, 3, and 5 are incorrect. No taxable activity occurred were I was liable.*

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. *My attempt to correct the information with the entity on line 5, failed.*

**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, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).1 Name(s) shown on return  
*Desiree Kathleen Stumo*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.Hereby  
VS → 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  
location number (if known)  
[REDACTED]

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

a Wages, tips, and other compensation	_____	f State income tax withheld	_____
b Social security wages	_____	(Name of state)	_____
c Medicare wages and tips	_____	g Local income tax withheld	_____
d Social security tips	_____	(Name of locality)	_____
e Federal income tax withheld	_____	h Social security tax withheld	_____
		i Medicare tax withheld	_____

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

a Gross distribution	<i>4,953.12</i>	f Federal income tax withheld	<i>0.00</i>
b Taxable amount	<i>0.00</i>	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? *I used the 1099-R issued by the entity on line 5, but the taxable amount on 1099-R line 2a, is incorrect. No taxable activity occurred where I was liable.*10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. *My attempt to correct the information with the entity on line 5, failed.*