

Name, Address, and SSN

See separate instructions.

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning , 2010, ending , 20

OMB No. 1545-0074

PRINT CLEARLY

Your first name and initial HOLIDAY Last name CHACK Your social security number [REDACTED]

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

[REDACTED] Apt. no. [REDACTED]

[REDACTED] City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.

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

Checking a box below will not change your tax or refund.

Presidential Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see instructions and check here ☐

Income

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

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ☐ You ☐ Spouse

1 ☒ **Single** **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**

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a. **6b** ☐ **Spouse**

6c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed 1

7 Wages, salaries, tips, etc. Attach Form(s) W-2 8

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** **b** Taxable amount

16a Pensions and annuities **16a** **b** Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** **b** Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total 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 One-half 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 **b** Recipient's SSN **31a**

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 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **37**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	5700 -
	41	Subtract line 40 from line 38	41	(5700 -)
	42	Exemptions. Multiply \$3,650 by the number on line 6d.	42	3660 -
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	
Other Taxes	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	
	Payments	56	Self-employment tax. Attach Schedule SE	56
57		Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59		a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
60		Add lines 55 through 59. This is your total tax	60	
61		Federal income tax withheld from Forms W-2 and 1099	61	3864 -
Refund	62	2010 estimated tax payments and amount applied from 2009 return	62	
	63	Making work pay credit. Attach Schedule M	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b	64b	
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71		
72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	3864 -	
Amount You Owe	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	3864 -
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a	74a	3864 -
	b	Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number		
75	Amount of line 73 you want applied to your 2011 estimated tax	75		
Third Party Designee	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see instructions	76	
	77	Estimated tax penalty (see instructions)	77	

If you have a qualifying child, attach Schedule EIC.

Direct deposit? See instructions.

Sign Here

Joint return? See page 12. Keep a copy for your records.

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)

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 Date Your occupation Daytime phone number

Spouse's signature Date Spouse's occupation

Paid Preparer Use Only

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

Firm's name Firm's EIN Phone no.

Firm's address

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

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Name(s) shown on return
Holiday Chock

2 Your social security number

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2010,
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</u>	g State income tax withheld	<u>1143.08</u>
b Social security wages	<u>0</u>	(Name of state) <u>Arizona</u>	
c Medicare wages and tips	<u>0</u>	h Local income tax withheld	
d Advance EIC payment		(Name of locality)	
e Social security tips	<u>0</u>	i Social security tax withheld	<u>2265.33</u>
f Federal income tax withheld	<u>1069.35</u>	j Medicare tax withheld	<u>529.79</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?
Company provided records and the statutory language behind IRC Sections 3401, 3121, and others.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None, the W-2 had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in line 7 above.

**Sign
Here**

Under penalties 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.

Signature ▶

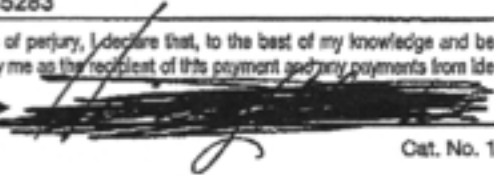
Date ▶

7/1/2013

2010**Form W-2G****Certain
Gambling
Winnings**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Copy C**For Winner's
Records**

PAYER'S name _____ Street address _____ City, state, and ZIP code Scottsdale, AZ 85271 Federal identification number _____ Telephone number _____	1 Gross winnings <div style="text-align: right;">\$0.00</div>	2 Federal income tax withheld <div style="text-align: right;">\$0.00</div>
WINNER'S name Holiday G. Chock Street address (including apt. no.) _____ City, state, and ZIP code Tempe, AZ 85283	3 Type of wager _____ 6 Transaction _____	4 Date won _____ 6 Race _____
	7 Winnings from identical wagers _____	8 Cashier _____
	9 Winner's taxpayer identification no. _____	10 Window _____
	11 First I.D. _____	12 Second I.D. _____
	13 State/Payer's state identification no. <div style="text-align: center;">0</div>	14 State income tax withheld <div style="text-align: right;">\$0.00</div>
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
Signature 	Date <u>7/1/2013</u>	

Form **W-2G**

Cat. No. 10138V

Department of the Treasury - Internal Revenue Service

*** NOTICE ***

This statement includes the above representation of a Form W-2G. The above form is not intended to represent a corrected W-2G filed by the party identified above as the "PAYER".

The correcting W-2G above is submitted to "REBUT" a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified as "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business".

Neither the "PAYER" nor the "RECIPIENT" engaged in any transaction(s) with each other that were made in the course of a "trade or business" as those terms are defined by code. This correcting form ends any such presumption.

Under the 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.


Date 7/1/2013

Holiday Chock