

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20		See separate instructions.
Your first name and initial L	Last name W	Your social security number [redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number [redacted]
Home address (number and street). If you have a P.O. box, see instructions. [redacted]		Apt. no.
City, town or post office, state, and ZIP code. 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 \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status** Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> 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. ▶
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b 1

b ☐ Spouse . . . . . } No. of children on 6c who:

<b>c Dependents:</b>		(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 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 ☐

d Total number of exemptions claimed . . . . . Add numbers on lines above ▶ 1

**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 instructions.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	0
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	0
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 0	b Taxable amount . . . . . 16b	
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	b Taxable amount . . . . . 20b	
21	Other income. List type and amount . . . . .	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	0

**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 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 35 . . . . .	36	0
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	0

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

38	Amount from line 37 (adjusted gross income)	38	0
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 ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5950 00
41	Subtract line 40 from line 38	41	<5950 00>
42	Exemptions. Multiply \$3,800 by the number on line 6d.	42	3800 00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Add lines 44 and 45	46	0
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 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required.	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	0
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0

**Other Taxes**

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	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	0

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2012 estimated tax payments and amount applied from 2011 return	63	2494 00
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	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"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	2494 00

**Refund**

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2494 00
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	2494 00

Direct deposit? See instructions.

b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
75	Amount of line 73 you want applied to your 2013 estimated tax ▶	75	0

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions)	77	

**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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶ Date 4-11-2013 Your occupation American 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.)

Joint return? See instructions. Keep a copy for your records.



**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

L [REDACTED] W [REDACTED]

**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, 2012,

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 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	_____	<b>g</b> State income tax withheld . . . . .	_____
<b>b</b> Social security wages . . . . .	_____	(Name of state) . . . . .	_____
<b>c</b> Medicare wages and tips . . . . .	_____	<b>h</b> Local income tax withheld . . . . .	_____
<b>d</b> Advance EIC payment . . . . .	_____	(Name of locality) . . . . .	_____
<b>e</b> Social security tips . . . . .	_____	<b>i</b> Social security tax withheld . . . . .	_____
<b>f</b> Federal income tax withheld . . . . .	_____	<b>j</b> Medicare tax withheld . . . . .	_____

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

<b>a</b> Gross distribution . . . . .	0	<b>f</b> Federal income tax withheld . . . . .	0
<b>b</b> Taxable amount . . . . .	0	<b>g</b> State income tax withheld . . . . .	0
<b>c</b> Taxable amount not determined . . . . .	<input type="checkbox"/>	<b>h</b> Local income tax withheld . . . . .	0
<b>d</b> Total distribution . . . . .	<input type="checkbox"/>	<b>i</b> Employee contributions . . . . .	0
<b>e</b> Capital gain (included in line 8b) . . . . .	0	<b>j</b> Distribution codes . . . . .	7

**9** How did you determine the amounts on lines 7 and 8 above?

Personal records, records provided by the company identified on line 5 above, and the statutory language behind IRC sections 3401 and 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

**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 ▶

[REDACTED]

Date ▶

4-11-2013

Department of the Treasury  
Internal Revenue Service  
Fresno, CA 93888-0015

Re: TY2012 Return

Dear Sir/Madam:

Please find enclosed the original filing of my 2012 1040 individual tax return. Please note that I have enclosed an attached Form 4852, due to the fact that my payer has issued an incorrect and erroneous 1099-R information return.

My payer has incorrectly listed payment amounts in Box 1 and Box 2a. The amounts provided to you by my payer are in error and in dispute.

No payments were received by the party identified thereon as "the recipient" from the party identified thereon as "the payer" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of relevant law.

Sincerely,

L W

A large black rectangular redaction box covers the bottom portion of the letter, obscuring the signature and any additional text or contact information that might have been present.