

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

Michael Last name

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

Lynn Last name

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

TX Foreign country name Foreign province/state/county Foreign postal code

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. ☐ You ☐ Spouse

Filing Status

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. ▶

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b ☒ Spouse

c Dependents:

(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see instructions)

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

Boxes checked on 6a and 6b 2

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 2

d Total number of exemptions claimed

Income

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

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 ▶ ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a 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 12,454 00

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

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 12,454 00

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 00

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 12,454 00

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2016)

1040 12454

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	12454	00
	39a	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 ▶ 39a <input type="checkbox"/>			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>			
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12600	00
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	-146	00
• All others:	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8100	00
Single or Married filing separately, \$6,300	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0	00
Married filing jointly or Qualifying widow(er), \$12,600	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"/>	44		
Head of household, \$9,300	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
	47	Add lines 44, 45, and 46	47	0	0
	48	Foreign tax credit. Attach Form 1116 if required	48	0	0
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
	55	Add lines 48 through 54. These are your total credits	55	0	0
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	0
Other Taxes	57	Self-employment tax. Attach Schedule SE	57		
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60a	Household employment taxes from Schedule H	60a		
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61		
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
	63	Add lines 56 through 62. This is your total tax	63	0	00
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	61763	55
	65	2016 estimated tax payments and amount applied from 2015 return	65		
	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70	0	00
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	61763	55
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	61763	55
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	61763	55
Direct deposit? See instructions.	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number <input type="text"/>			
	77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78		
	79	Estimated tax penalty (see instructions)	79		

Third Party Designee	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	
Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/>
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 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.	
Joint return? See instructions. Keep a copy for your records.	Your signature ▶ <i>Michael J. [Signature]</i>	Date ▶ 10/14/17
	Spouse's signature. If joint return, both must sign. ▶ <i>[Signature]</i>	Date ▶ 10/14/17
	Your occupation ▶ Sales	Daytime phone number ▶ [Redacted]
	Spouse's occupation ▶ Sales	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <input type="text"/>
Paid Preparer Use Only	Print type preparer's name ▶	Preparer's signature ▶
	Firm's name ▶	Check <input type="checkbox"/> if self-employed
	Firm's address ▶	PTIN ▶ <input type="text"/>
		Firm's EIN ▶ <input type="text"/>
		Phone no. ▶ <input type="text"/>

71202

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] [REDACTED] [REDACTED] [REDACTED]		1 Rents \$	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient 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.	
RECIPIENT'S name Mike [REDACTED] Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED] TX [REDACTED]		7 Nonemployee compensation \$ 0	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" to the party identified above as "RECIPIENT". PAYER erroneously alleges a payment to RECIPIENT of "gains, profit or income" made in the course of a "trade or business".

Under 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.

Michael J. [REDACTED]
Michael Wells

10/14/17
Date

3/14

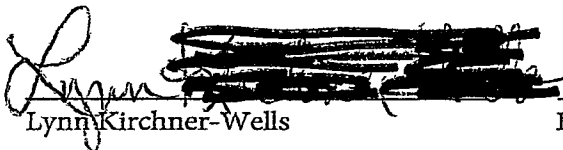
☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] [REDACTED] [REDACTED] [REDACTED]		1 Rents \$	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient	
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name LYNN [REDACTED] Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED], TX [REDACTED]		7 Nonemployee compensation \$ 0	8 Substitute payments in lieu of dividends or interest \$		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.
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
			11	12	
			13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Under 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.


Lynn Kirchner-Wells
Date 10/14/17

4/14

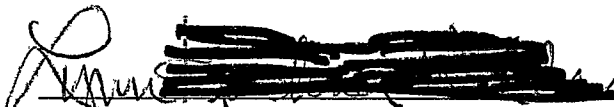
☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED]		1a Total ordinary dividends \$ 0	OMB No. 1545-0110 2016		Dividends and Distributions
		1b Qualified dividends \$ 0	Form 1099-DIV		
		2a Total capital gain distr. \$	2b Unrecap. Sec. 1250 gain \$		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		Copy B For Recipient 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.
RECIPIENT'S name LYNN A [REDACTED]		3 Nondividend distributions \$	4 Federal income tax withheld \$		
Street address (including apt. no.) [REDACTED]		6 Foreign tax paid \$	5 Investment expenses \$		
City or town, state or province, country, and ZIP or foreign postal code [REDACTED], TX [REDACTED]		8 Cash liquidation distributions \$	7 Foreign country or U.S. possession		
FATCA filing requirement <input type="checkbox"/>		10 Exempt-interest dividends \$	9 Noncash liquidation distributions \$		
Account number (see instructions) [REDACTED]		12 State	13 State identification no.	14 State tax withheld \$	

Form 1099-DIV (keep for your records) www.irs.gov/form1099div Department of the Treasury - Internal Revenue Service

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Under 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.


Lynn A. Kirchner-Wells

10/14/17
Date

5/14

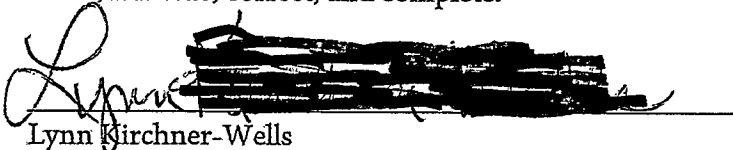
☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] [REDACTED] [REDACTED]		1a Total ordinary dividends \$ 0	OMB No. 1545-0110 2016 Form 1099-DIV		Dividends and Distributions Copy B For Recipient 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.
		1b Qualified dividends \$ 0			
		2a Total capital gain distr. \$ 0	2b Unrecap. Sec. 1250 gain \$		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		
RECIPIENT'S name LYNN [REDACTED]		3 Nondividend distributions \$	4 Federal income tax withheld \$		
Street address (including apt. no.) [REDACTED]		6 Foreign tax paid \$ 0	5 Investment expenses \$		
City or town, state or province, country, and ZIP or foreign postal code [REDACTED], TX [REDACTED]		8 Cash liquidation distributions \$	7 Foreign country or U.S. possession		
FATCA filing requirement <input type="checkbox"/>		10 Exempt-interest dividends \$	9 Noncash liquidation distributions \$		
		11 Specified private activity bond interest dividends \$			
Account number (see instructions) [REDACTED]		12 State	13 State identification no.	14 State tax withheld \$	
				\$	

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Lynn Kirchner-Wells

Date 10/14/17

6/14

☒ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED]		Payer's RTN (optional)	OMB No. 1545-0112
		1 Interest income \$ 0	2016 Interest Income
		2 Early withdrawal penalty \$	
		Form 1099-INT	
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Interest on U.S. Savings Bonds and Treas. obligations \$ 0	
RECIPIENT'S name LYNN [REDACTED]		4 Federal income tax withheld \$	5 Investment expenses \$
Street address (including apt. no.) [REDACTED]		6 Foreign tax paid \$	7 Foreign country or U.S. possession
City, state, and ZIP code [REDACTED], TX [REDACTED]		8 Tax-exempt interest \$	9 Specified private activity bond interest \$
Account number (see instructions) [REDACTED]			

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

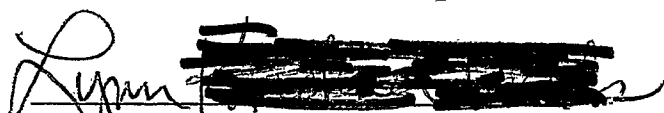
Copy B

For Recipient

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.

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Under 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.


Lynn Kirchner-Wells

10/14/17
Date

7/14


☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED]		1a Total ordinary dividends \$ 0	OMB No. 1545-0110 2016 Form 1099-DIV		Dividends and Distributions
		1b Qualified dividends \$ 0			
		2a Total capital gain distr. \$	2b Unrecap. Sec. 1250 gain \$		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		Copy B For Recipient 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.
RECIPIENT'S name LYNN [REDACTED]		3 Nondividend distributions \$	4 Federal income tax withheld \$		
Street address (including apt. no.) [REDACTED]		6 Foreign tax paid \$	5 Investment expenses \$		
City or town, state or province, country, and ZIP or foreign postal code [REDACTED], TX [REDACTED]		8 Cash liquidation distributions \$	7 Foreign country or U.S. possession		
FATCA filing requirement <input type="checkbox"/>		10 Exempt-interest dividends \$	9 Noncash liquidation distributions \$		
Account number (see instructions) [REDACTED]		12 State	13 State identification no.	11 Specified private activity bond interest dividends \$	
				14 State tax withheld \$	

Form 1099-DIV (keep for your records) www.irs.gov/form1099div Department of the Treasury - Internal Revenue Service

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Under 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.


Lynn Kirchner-Wells

Date 10/14/17

8/14

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED]		1a Total ordinary dividends \$ 0	OMB No. 1545-0110 2016 Form 1099-DIV		Dividends and Distributions Copy B For Recipient 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.
		1b Qualified dividends \$ 0			
		2a Total capital gain distr. \$ 0	2b Unrecap. Sec. 1250 gain \$		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		
RECIPIENT'S name LYNN A [REDACTED]		3 Nondividend distributions \$	4 Federal income tax withheld \$		
		5 Investment expenses \$			
Street address (including apt. no.) [REDACTED]		6 Foreign tax paid \$ 0	7 Foreign country or U.S. possession		
		8 Cash liquidation distributions \$	9 Noncash liquidation distributions \$		
City or town, state or province, country, and ZIP or foreign postal code [REDACTED], TX [REDACTED]		10 Exempt-interest dividends \$	11 Specified private activity bond interest dividends \$		
		FATCA filing requirement <input type="checkbox"/>			
Account number (see instructions) [REDACTED]		12 State	13 State identification no.	14 State tax withheld \$	
				\$	

Form 1099-DIV (keep for your records) www.irs.gov/form1099div Department of the Treasury - Internal Revenue Service

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Under 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.


Lynn Kirchner-Wells

Date 10/14/17

9/14

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.

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

▶ Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

1 Name(s) shown on return Lynn A [REDACTED]		2 Your social security number [REDACTED]	
3 Address [REDACTED], TX [REDACTED]			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> 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.			
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)	
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>998.93</u>	h Social security tax withheld	<u>7347.00</u>
		i Medicare tax withheld	<u>2766.76</u>
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution	<u> </u>	f Federal income tax withheld	<u> </u>
b Taxable amount	<u> </u>	g State income tax withheld	<u> </u>
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	<u> </u>
d Total distribution	<input type="checkbox"/>	i Employee contributions	<u> </u>
e Capital gain (included in line 8b)	<u> </u>	j Distribution codes	<u> </u>

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

Line 7- I am a private-sector worker, not an 'employee' as defined in IRC 3401(c) and IRC 3121. I worked with a private-sector company, not a federal employer as defined in IRC 3401(d). I did not engage in 'trade or business' as defined in USC Section 7701(a)(26)

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

Did not ask Payer to issue corrected forms listing my payments of 'wages' as defined in IRC 3401(c) and IRC 3121 for fear of creating a conflicted work environment. Line 7(e)(h)(i) reflect accurately withheld values submitted by Payer W-2.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at www.irs.gov/form4852. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.**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 does not 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.

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- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

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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.**

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

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OMB No. 1545-0074

1 Name(s) shown on return Lynn [REDACTED]		2 Your social security number [REDACTED]												
3 Address [REDACTED], Tx [REDACTED]														
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> 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. <table border="0" style="width:100%"><tr><td style="width:50%">a Wages, tips, and other compensation <u>0.00</u></td><td style="width:50%">f State income tax withheld <u>0.00</u></td></tr><tr><td>b Social security wages <u>0.00</u></td><td>(Name of state) _____</td></tr><tr><td>c Medicare wages and tips <u>0.00</u></td><td>g Local income tax withheld <u>0.00</u></td></tr><tr><td>d Social security tips <u>0.00</u></td><td>(Name of locality) _____</td></tr><tr><td>e Federal income tax withheld <u>448.09</u></td><td>h Social security tax withheld <u>6332.75</u></td></tr><tr><td></td><td>i Medicare tax withheld <u>1481.05</u></td></tr></table>			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) _____	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>448.09</u>	h Social security tax withheld <u>6332.75</u>		i Medicare tax withheld <u>1481.05</u>
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9 How did you determine the amounts on lines 7 and 8 above?

Line 7- I am a private-sector worker, not an 'employee' as defined in IRC 3401(c) and IRC 3121. I worked with a private-sector company, not a federal employer as defined in IRC 3401(d). I did not engage in 'trade or business' as defined in USC Section 7701(a)(26).

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

Did not ask Payer to issue corrected forms listing my payments of 'wages' as defined in IRC 3401(c) and IRC 3121 for fear of creating a conflicted work environment. Line 7 (e)(h)(i) reflect accurately withheld values submitted by Payer on W-2.

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OMB No. 1545-0074

1 Name(s) shown on return Michael J [REDACTED]		2 Your social security number [REDACTED]			
3 Address [REDACTED], Tx [REDACTED]					
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> 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]		
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► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

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OMB No. 1545-0074

1 Name(s) shown on return MICHAEL [REDACTED]		2 Your social security number [REDACTED]												
3 Address [REDACTED], TX [REDACTED]														
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input type="checkbox"/> Form W-2 OR <input checked="" type="checkbox"/> 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. <table border="0" style="width:100%"><tr><td style="width:50%">a Wages, tips, and other compensation _____</td><td style="width:50%">f State income tax withheld _____</td></tr><tr><td>b Social security wages _____</td><td>(Name of state) _____</td></tr><tr><td>c Medicare wages and tips _____</td><td>g Local income tax withheld _____</td></tr><tr><td>d Social security tips _____</td><td>(Name of locality) _____</td></tr><tr><td>e Federal income tax withheld _____</td><td>h Social security tax withheld _____</td></tr><tr><td></td><td>i Medicare tax withheld _____</td></tr></table>			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 _____
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d Social security tips _____	(Name of locality) _____													
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8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc. <table border="0" style="width:100%"><tr><td style="width:50%">a Gross distribution <u>16,048.16</u></td><td style="width:50%">f Federal income tax withheld _____</td></tr><tr><td>b Taxable amount <u>0.00</u></td><td>g State income tax withheld _____</td></tr><tr><td>c Taxable amount not determined <input type="checkbox"/></td><td>h Local income tax withheld _____</td></tr><tr><td>d Total distribution <input type="checkbox"/></td><td>i Employee contributions _____</td></tr><tr><td>e Capital gain (included in line 8b) _____</td><td>j Distribution codes _____</td></tr></table>			a Gross distribution <u>16,048.16</u>	f Federal income tax withheld _____	b Taxable amount <u>0.00</u>	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 _____		
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9 How did you determine the amounts on lines 7 and 8 above? Line 7 - No incorrect W-2's received. Line 8 - (a) Correct distribution amount. (b) Erroneously reported as taxable on original 1099-R.														
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.														

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b Social security wages	g Local income tax withheld		
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d Social security tips	i Medicare tax withheld		
e Federal income tax withheld			
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		
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