Department of the Treasury-Internal Revenue Service

Form

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017	•
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1040EZ	Joir	nt Filers With N	o Dependents (s	<sub>(9)</sub> <b>2</b> (	017		OMB N	io. 1545-0074		
Your first name an	nd initial		Last name	····			Your social :	security numb	ber	
Ruben .							1. 1.	4		
If a joint return, sp	ouse's first	name and initial	Last name				Spouse's soc	lal security nur	mber	
N/A							1			
	umber and s	treet). If you have a P.O. t	oox, see instructions.			Apt. no.	1.4	sure the SSN		
	w	Jan J. V. St.	-ien address ster appropria	anna halau (caa	instructions)					
-		no ZIP code, II you nave a lo	reign address, also complete s	paces below (see	manuononaj.		Check here if you	lection Campa	-	
Fullerton, Calif			I Caralan nas	vines let et s le su	.6.	Foreign postal code	jointly, want \$3 to	go to this fund. C	Crecking	
Foreign country n	ame		Poleigit pro	vince/state/cour	ity	1 diaign postal cool	a box below will r refund.			
		777	· (0) - 1-111			137.0		You S	Spouse	
Income	1	Attach your Form(s)	tips. This should be sho	wn in dox i oi	your roim(s)	) YV -2.	1	0	00	
Attach		Attach your Points)	44 - T'						00	
Form(s) W-2 here.	2	Taxable interest. If the	ne total is over \$1,500, y	ou cannot use	Form 1040E2	Z.	2.	0	00	
				· · · · · ·						
Enclose, but do not attach, any payment.	3	Unemployment com	pensation and Alaska Pe	rmanent Fund	dividends (se	e instructions).	3	0	00	
D. A. corrects,	4		. This is your adjusted				4	0	00	
	5		you (or your spouse if							
			s) below and enter the a	mount troin in	e worksneet o	п раск.				
		You _	Spouse	131 4 4		C -11				
			ou (or your spouse if a filing jointly. See back			ıj singie;	5	30 400	00	
							3	10,400	00	
	6		line 4. If line 5 is larger	than line 4, er	iler -u		6	•	0.0	
		This is your taxable		(7.0 1.1000			7	0	+	
Payments,	7		vithheld from Form(s)					1,373	-	
Credits,	oa 		dit (EIC) (see instruction		\.	5114	8a	0	00	
and Tax	b	Nontaxable combat	·		3b	N/A	9	•		
·	10	Add lines 7 and 8a.		0	00					
	10		t on line 6 above to find nter the tax from the tab			uic	10	0		
							11	0	+	
	11		ual responsibility (see in	structions)	Full-year co	overage	12	0	<del></del>	
	12		. This is your total tax.	0 C	ng.t.d		14	<u>U</u>		
Refund	13a		in line 12, subtract line	.2 from line 9.	ints is your i	reiuna.	13a	1 777		
Have it directly		If Form 8888 is atta	ened, check here	<u></u>			138	1,373	4	
deposited! See instructions and	<b>▶</b> b	Routing number			►с Туре: [	Checking S	vings			
fill in 135, 13c, and 13d, or		A a a a	1 1 1 1 1		1 1 1					
Form 8888.	<b>▶</b> d	Account number								
Amount	14	If line 12 is larger th	an line 9, subtract line 9	from line 12.	This is					
You Owe		the amount you ow	e. For details on how to	oay, see instruc	tions.	<b>&gt;</b>	14	0	0 0	
Third Party	Do yo	u want to allow anothe	er person to discuss this	return with the	IRS (see inst	ructions)? 🔲 Y	es. Complete	below.	☐ No	
Designee	Design	ce's		Phone		Personal ide	ntífication -		<del></del> ,	
	itame	<b>&gt;</b>		no. <b>&gt;</b>		number (Pl	√) →	<u> </u>		
Sign	Under	penalties of perjury, I de	clare that I have examined sources of income I receive	this return and,	to the best of	my knowledge and b	elief, it is true,	correct, and		
Here			reparer has any knowledge		,	on or proparer torner		101/10 00000		
Joint return? See	Your s	ign <del>al</del> pie	4	Date	Your occupati	οù	Daytime phon	e number		
instructions.	0 3 C (18 Unpriviledged Private Sector							r Decline		
Keep a copy for	Spous	e's signature. If a joint ret	um, both must sign.	Date	Spouse's occi	Upation	If the IRS sent yo	ou an Identity Pro	olection	
your records.	7		·				PIN, enter it here (see inst.)			
Paid	Print/Type	e preparer's name	Preparer's signature	· <del></del>		Date	Check if			
Preparer	Firm's na	me 🕨	1			Circula CIAL >		<u> </u>		
Use Only					<del>,</del>	Firm's EIN ▶				
	Firm's ad	U1622 P				Phone no.				

(Rev. September 2017)

# 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.

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

		e(s) shown on return			2 You	ur soc	cial se	curity number	
Rube									
3	Addr								
<b>*</b> ***		, Fullerton, California ,							
	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 made to me and tax withheld by my employer or payer named on line 5.								
by									
r T									
5	Empl	oyer's or payer's name, address, and Z	IP code				6 Em	ployer's or payer's ntification number (if kno	
		, National C	ity, CA 91950						
7	Fo	rm W-2. Enter wages, tips, other comp			hheld.			e	
	a	Wages, tips, and other compensation		f	State income tax withheld			5	
	b	Social security wages	0			fornia		<del></del>	
	C	Medicare wages and tips	0	g		١,.	, ,	•	
	d	Social security tips	0		(Name of locality)				
	θ	Federal income tax withheld	508.16	h					
				i	Medicare tax withheld .			164	
				.tiva	ment or profit-sharing plans	: IRA		rance contracts, etc.	
8	Fo	rm 1099-R. Enter distributions from pe	nsions, annuities, re	:tii 6	monto prom onaming plant	J, 11, 11 N	s, insu		
8	Fo a	orm 1099-R. Enter distributions from pe Gross distribution	nsions, annuities, re	f	Federal income tax withhe	eld .			
8			nsions, annuities, re	f g	Federal income tax withhe State income tax withheld	eld 1			
8	а	Gross distribution	nsions, annuities, re	f	Federal income tax withhele State income tax withhele Local income tax withhele	eld 1 . 1 .			
8	a b	Gross distribution		f	Federal income tax withhe State income tax withheld	eld . I . I .	· · ·		

#### **General Instructions**

Section references are to the Internal Revenue Code.

Future developments, Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at 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 do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 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 will also 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 differs from the information reported on your return, you must amend your return by filing Form 1040X, 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:

(Rev. September 2017)

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.

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OMB No. 1545-0074

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

2 Your social security number

Department of the Treasury Internal Revenue Service

1 Name(s) shown on return

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

`	idress , Fullerton, California nter year in space provided and check one box. For the tax	yea	ar ending December 31, 2017		,	
4 I F	have been unable to obtain (or have received an incorrect)	Fo	orm W-2 <b>OR</b>			
	TAVE HORIZONI IC II IO OI WING INCL. THE CITYOUT TO COME			il wa	ages or pay	yments
<u>' m</u>	hade to me and tax withheld by my employer or payer named o	)[] []	ille 5.	6	Employer's or	oaver's
5 En	nployer's or payer's name, address, and ZIP code			"	identification	number (if know
	LLC,, ,) ersey City, NJ 07303-0484			ļ		
7	Form W-2. Enter wages, tips, other compensation, and taxes	wit	ihheld.			
	a Wages, tips, and other compensation	f	State income tax withheld	٠	· ·	<del></del>
	b Social security wages		(Name of state) .			
	c Medicare wages and tips	g	Local income tax withheld			<del></del>
	d Social security tips		(Name of locality)			
	e Federal income tax withheld	h	Social security tax withheld.		, , <u> </u>	
		i	Medicare tax withheld	•	٠	
8	Form 1099 . Enter distributions from pensions, annuities, re	tire	ement or profit-sharing plans, IRA	s, in:	surance co	ntracts, etc.
u	a Gross distribution . ,0	f	Federal income tax withheld			
	2 C1000 C1011100	g				
	c Taxable amount not determined .		Local income tax withheld .		. ,	
	d Total distribution	į	Employee contributions	. ,	1 )	
		i	Distribution codes			

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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 differs from the information reported on your return, you must amend your return by filing Form 1040X, 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.

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1 Name(s) shown on return	2 Your social security number
Ruben '.	
3 Address	
Fullerton, California	
4 Enter year in space provided and check one box. For the tax year ending Decem	ber 31,,
I have been unable to obtain (or have received an incorrect) 🔲 Form W-2 OR 🔝	
I have been unable to obtain (or have received an incorrect) Li Form w-2 OR Le l'have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my be	st estimates for all wages or payments
made to me and tax withheld by my employer or payer named on line 5.	C Franciscopio ov procedo
5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's identification number (if known
Omaha, NE	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.	لما مراطفان
a magazi abaj ana ama ama a	ax withheld
b Social security wages (Name of state)	ax withheld , .
	***************************************
d Social security tips (Name of locali	tax withheld
e Federal income tax withheld h Social security i Medicare tax w	· · · · · · · · · · · · · · · · · · ·
I Wedicale rax A	viciniera
8 Form 1099 Enter distributions from pensions, annuities, retirement or profit-sh	paring plans IRAs, insurance contracts, etc.
	e tax withheld
	ax withheld
	ax withheld
	tributions
	des
9 How did you determine the amounts on lines 7 and 8 above?	
Records from the party identified as "payer" on line 5.	
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected W	age and Tax Statement.
None.	

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OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

h

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3	Addr					
		, Fullerton, California :				
4	Ente	r year in space provided and check one box. For the tax	ye:	ar ending December 31, 2017	1	
νi		e been unable to obtain (or have received an incorrect)				
٠,	I Hav	re notified the IRS of this fact. The amounts shown on line	7 or	line 8 are my best estimates for a	all wages	or payments
<u>,</u>		e to me and tax withheld by my employer or payer named oyer's or payer's name, address, and ZIP code	OH I	nie 5.	6 Emple	oyer's or payer's
Ð	Emp	loyer s or payer s name, address, and zir sode				fication number (if knov
	~ *	, St. Paul, MN				,
7	Fo	rm W-2. Enter wages, tips, other compensation, and taxes	wit	thheld.	1	
•	a	Wages, tips, and other compensation	f			•
	b	Social security wages	•	(Name of state) .		<del>, , , , , , , , , , , , , , , , , , , </del>
	6	Medicare wages and tips	g	· · · · · · · · · · · · · · · · · · ·	. , ,	<del></del>
	d	Social security tips	. •	(Name of locality)		
	e	Federal income tax withheld	h	Social security tax withheld,		<del>-</del>
			i	Medicare tax withheld		
8	Ec	rm 1099 🛣 Enter distributions from pensions, annuities, re	atire	ement or profit-sharing plans. IBA	s. insurai	nce contracts, etc.
o	a		f			
	b	Taxable amount				
	c	Taxable amount not determined .	. ~	Local income tax withheld .		
	d	Total distribution	I	Employee contributions		•
		Capital gain (included in line 8b) . 0				

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