

Form WH-4852 Instructions

You must send a separate Form WH-4852 for each Form W-2 not received.
We will accept a copy of your federal Form 4852 as proof of your Indiana Income Tax withheld from your wages,
otherwise you will need to complete the Indiana Form WH-4852 below.

Taxpayer Information

Enter your Social Security Number, Name, Address, City, State and Zip Code.

Enter the tax year of the missing W-2 or 1099-R form.

Employer or Payer Information

Enter employer's or payer's ID Number (if known), Name, Address, City, State and Zip Code.

Enter wages, compensation and taxes withheld, or enter 1099-R information.

Complete Lines A through F using the amounts from your federal Form 4852.

Enter the period of time (month, day, year) you worked for your employer during the tax year.

How did you determine amounts of wages and withholding shown on your federal Form 4852? If from a paycheck stub, check box; if "Other", check box and please explain.

Attach photocopy of payroll check stub(s) or other document(s) to verify the Indiana withholding amount(s) claimed.

Please note: A refund cannot be claimed based upon estimated withholding credits.

Sign, date form and attach to income tax return.

For assistance call (317) 233-4016, or you may e-mail the Department of Revenue: www.in.gov/dor/contact/email.html



Form WH-4852
State Form 48326
(R2 / 5-06)

Indiana Department of Revenue

Indiana Substitute for Form W-2 or Form 1099-R

_____ **Tax Year**

You must send a separate Form WH-4852 for each Form W-2 not received.

We will accept a copy of your federal Form 4852 as proof of your Indiana Income Tax withheld from your wages.

Taxpayer Information

| | |
|---------------------|------------------------|
| _____ | Social Security Number |
| Name | |
| Address | |
| City/State/Zip Code | |

Enter wages, compensations and taxes withheld, or enter 1099-R information.

Complete the following lines using the amounts from your **federal Form 4852 line numbers.**

- A. Wages 7 (A) a _____
- B. State tax withheld..... g _____
Name of state _____
- C. Local tax withheldh _____
Name of locality _____
- D. Gross distribution 7 (B)1 _____
- E. Taxable amount2a _____
- F. State tax withheld5 _____
- G. Local tax withheld6 _____

Employer or Payer Information

| | |
|---------------------|--------------------------------------------------------|
| _____ | Employer's or payer's ID, FID or TID Number (if known) |
| Name | |
| Address | |
| City/State/Zip Code | |

Period worked for employer during the tax year: From ____/____/____ To ____/____/____

How did you determine the amounts used on federal Form 4852?

Paycheck Stub Other - Explain: _____

Attach photocopy of payroll check stub(s) or other documents(s) to verify the Indiana withholding amount(s) claimed.

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 _____