

**Label**

(See instructions on page 14.)  
Use the IRS label.  
Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 1/1, 2008, ending 12/31, 2008

OMB No. 1545-0074

Your first name and initial  
Nathan N

Last name  
Cooley

Your social security number  
[REDACTED]

If a joint return, spouse's first name and initial  
Lynela M

Last name  
Cooley

Spouse's social security number  
[REDACTED]

Home address (number and street). If you have a P.O. box, see page 14.  
[REDACTED]

Apt. no.  
[REDACTED]

▲ You must enter your SSN(s) above. ▲

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.  
[REDACTED]

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

**Presidential Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ▶  You  Spouse

**Filing Status**

Check only one box.

- 1  Single
- 2  Married filing jointly (even if only one had income)
- 3  Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4  Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5  Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

If more than four dependents, see page 17.

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) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17) |
|----------------|-----------|--|-------------------------------------|--|
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |

Boxes checked on 6a and 6b  
No. of children on 6c who:  
• lived with you /  
• did not live with you due to divorce or separation (see page 16) /

Dependents on 6c not entered above

Add numbers on lines above ▶ **2**

d Total number of exemptions claimed

**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 21.

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

|     |   |     |          |
|-----|---|-----|----------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2  | 7   | <u>8</u> |
| 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 (see page 21)   | 9b  |          |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes (see page 22)                            | 10  |          |
| 11  | Alimony received  | 11  | <u>7</u> |
| 12  | Business income or (loss). Attach Schedule C or C-EZ  | 12  | <u>8</u> |
| 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 (see page 23)  | 15b |          |
| 16a | Pensions and annuities  | 16a |          |
| b   | Taxable amount (see page 24)  | 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 (see page 26)  | 20b |          |
| 21  | Other income. List type and amount (see page 28)  | 21  |          |
| 22  | Add the amounts in the far right column for lines 7 through 21. This is your total income ▶                   | 22  |          |

**Adjusted Gross Income**

|     |  |     |  |
|-----|--|-----|--|
| 23  | Educator expenses (see page 28)  | 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 (see page 29)   | 29  |  |
| 30  | Penalty on early withdrawal of savings   | 30  |  |
| 31a | Alimony paid   | 31a |  |
| b   | Recipient's SSN ▶  | 31b |  |
| 32  | IRA deduction (see page 30)  | 32  |  |
| 33  | Student loan interest deduction (see page 33)  | 33  |  |
| 34  | Tuition and fees deduction. 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  |  |

*X-Multi 7/23/10*

**Tax and Credits**

**Standard Deduction for—**

• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.  
• All others:

Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

|     |   |    |           |
|-----|---|----|-----------|
| 38  | Amount from line 37 (adjusted gross income)   | 38 | 0         |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a |    |           |
| b   | If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b  |    |           |
| c   | Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c   |    |           |
| 40  | Itemized deductions (from Schedule A) or your standard deduction (see left margin)  | 40 | 10,900 00 |
| 41  | Subtract line 40 from line 38   | 41 | 10,900 00 |
| 42  | If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d                                       | 42 | 0         |
| 43  | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | 43 | 0         |
| 44  | Tax (see page 36). 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 page 39). Attach Form 6251   | 45 |           |
| 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  | Credit for the elderly or the disabled. Attach Schedule R   | 49 |           |
| 50  | Education credits. Attach Form 8863   | 50 |           |
| 51  | Retirement savings contributions credit. Attach Form 8880   | 51 |           |
| 52  | Child tax credit (see page 42). Attach Form 8901 if required  | 52 |           |
| 53  | Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 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 47 through 54. These are your total credits   | 55 |           |
| 56  | Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-   | 56 |           |

**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 |   |
| 60 | Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H | 60 |   |
| 61 | Add lines 56 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  | 7710 00  |
| 63  | 2008 estimated tax payments and amount applied from 2007 return  | 63  |          |
| 64a | Earned income credit (EIC)   | 64a |          |
| b   | Nontaxable combat pay election <input type="checkbox"/> 64b  |     |          |
| 65  | Excess social security and tier 1 RRTA tax withheld (see page 61)  | 65  | 7517 10  |
| 66  | Additional child tax credit. Attach Form 8812  | 66  |          |
| 67  | Amount paid with request for extension to file (see page 61)   | 67  |          |
| 68  | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 68  |          |
| 69  | First-time homebuyer credit. Attach Form 5405  | 69  |          |
| 70  | Recovery rebate credit (see worksheet on pages 62 and 63)  | 70  |          |
| 71  | Add lines 62 through 70. These are your total payments   | 71  | 15227 00 |

**Refund**

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

|     |  |     |          |
|-----|--|-----|----------|
| 72  | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid                  | 72  | 15227 00 |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>      | 73a |          |
| b   | Routing number [redacted] ▶ c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |     |          |
| d   | Account number [redacted]  |     |          |
| 74  | Amount of line 72 you want applied to your 2009 estimated tax ▶  | 74  |          |

**Amount You Owe**

|    |   |    |  |
|----|---|----|--|
| 75 | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 ▶ | 75 |  |
| 76 | Estimated tax penalty (see page 65)   | 76 |  |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 66)?  Yes. Complete the following.  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.

|  |  |                 |                                    |                                    |
|--|--|-----------------|------------------------------------|------------------------------------|
| Joint return? See page 15. Keep a copy for your records. ▶ | Your signature<br><i>Jaden Coley</i>   | Date<br>7/28/10 | Your occupation<br>General Manager | Daytime phone number<br>[redacted] |
|  | Spouse's signature. If a joint return, both must sign.<br><i>Stephanie Coley</i> | Date<br>7/28/10 | Spouse's occupation                |                                    |

**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.

1 Type or print your first name and middle initial. Nathan N Last name Cooley 2 Social security number (SSN)

3 Address  
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2005,  
I have been unable to obtain (or have received an incorrect)  Form W-2 OR  Form 1099-R.  
*have notified* 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</u> | g State income tax withheld . . . . .    |
| b Social security wages . . . . .              | (Name of state) . . . . .                |
| c Medicare wages and tips . . . . .            | h Local income tax withheld . . . . .    |
| d Advance EIC payment . . . . .                | (Name of locality) . . . . .             |
| e Social security tips . . . . .               | i Social security tax withheld . . . . . |
| f Federal income tax withheld . . . . .        | j Medicare 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 . . . . . |
| 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 8b) . . . . .                | j Distribution codes . . . . .          |

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

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

**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 ▶ Nathan Cooley Date ▶ 7/6/2010

**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.

1 Type or print your first name and middle initial. Last name  
*Lynnda May* *Cooley*

2 Social security number (SSN)

3 Address  
[Redacted]

4 Enter year in space provided and check one box. For the tax year ending December 31, \_\_\_\_\_,  
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.

|  |  |
|--|--|
| a Wages, tips, and other compensation <u>0</u> | g State income tax withheld . . . . .    |
| b Social security wages . . . . .              | (Name of state) . . . . .                |
| c Medicare wages and tips . . . . .            | h Local income tax withheld . . . . .    |
| d Advance EIC payment . . . . .                | (Name of locality) . . . . .             |
| e Social security tips . . . . .               | i Social security tax withheld . . . . . |
| f Federal income tax withheld . . . . .        | j Medicare 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 . . . . . |
| 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 8b) . . . . .                | j Distribution codes . . . . .          |

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

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

**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 ▶ *Lynnda Cooley* Date ▶ *7/6/2010*

CORRECTED (if checked)

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>[REDACTED] |  | 1 Rents<br>\$  | OMB No. 1545-0115<br><b>2008</b><br>Form 1099-MISC  |  | Miscellaneous Income   |
| [REDACTED]   |  | 2 Royalties<br>\$  | No payments were received by the party identified as the recipient "from the party identified as the payer which were connected with the performance of the functions of a public office, or otherwise constituted gain, profit or income within the meaning of Federal law." |  |  |
| PAYER'S federal identification number<br>[REDACTED]                                  |  | RECIPIENT'S identification number<br>[REDACTED]  |   | 3 Other income<br>\$   | Copy B For Recipient   |
| RECIPIENT'S name:<br>Better Books By L&N   |  | 4 Federal income tax withheld<br>\$  |   | 5 Fishing boat proceeds<br>\$                                |  |
| Street address (including apt. no.)<br>[REDACTED]                                    |  | 7 Nonemployee compensation<br>\$   |   | 6 Medical and health care payments<br>\$                     | 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. |
| City, state, and ZIP code<br>[REDACTED]  |  | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> |   | 8 Substitute payments in lieu of dividends or interest<br>\$ |  |
| Account number (see instructions)<br>[REDACTED]                                      |  | 11 [REDACTED]  |   | 10 Crop insurance proceeds<br>\$                             |  |
| 15a Section 409A deferrals<br>\$   |  | 13 Excess golden parachute payments<br>\$  |   | 12 [REDACTED]  |  |
| 15b Section 409A income<br>\$  |  | 16 State tax withheld<br>\$  |   | 14 Gross proceeds paid to an attorney<br>\$                  |  |
|  |  | 17 State/Payer's state no.<br>\$   |   | 18 State income<br>\$  |  |

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>[REDACTED] |  | 1 Rents<br>\$  | OMB No. 1545-0115<br><b>2008</b><br>Form 1099-MISC  |  | Miscellaneous Income  |
| [REDACTED]   |  | 2 Royalties<br>\$  | No payments were received by the party identified as the recipient "from the party identified as the payer which were connected with the performance of the functions of a public office, or otherwise constituted gain, profit or income within the meaning of Federal law." |  |   |
| PAYER'S federal identification number<br>[REDACTED]                                  |  | RECIPIENT'S identification number<br>[REDACTED]  |   | 3 Other income<br>\$   | Copy C For Payer or State Copy or Copy 2  |
| RECIPIENT'S name, address, city and ZIP code<br>Better Books By L & N                |  | 4 Federal income tax withheld<br>\$  |   | 5 Fishing boat proceeds<br>\$                                |   |
| Street address (including apt. no.)<br>[REDACTED]                                    |  | 7 Nonemployee compensation<br>\$   |   | 6 Medical and health care payments<br>\$                     | For Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G. |
| City, state, and ZIP code<br>[REDACTED]  |  | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> |   | 8 Substitute payments in lieu of dividends or interest<br>\$ |   |
| Account number (see instructions)<br>[REDACTED]                                      |  | 11 [REDACTED]  |   | 10 Crop insurance proceeds<br>\$                             |   |
| 2nd TIN not <input type="checkbox"/>   |  | 13 Excess golden parachute payments<br>\$  |   | 12 [REDACTED]  |   |
| 15a Section 409A deferrals<br>\$   |  | 16 State tax withheld<br>\$  |   | 14 Gross proceeds paid to an attorney<br>\$                  |   |
| 15b Section 409A income<br>\$  |  | 17 State/Payer's state no.<br>\$   |   | 18 State income<br>\$  |   |

Form 1099-MISC

Printed on Recycled Paper

Department of the Treasury - Internal Revenue Service

VOID     CORRECTED

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br><div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div> |  | 1 Rents<br>\$   | 2 Royalties<br>\$                        | OMB No. 1545-0115<br><br><div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div> Form 1099-MISC | <b>Miscellaneous<br/>Income</b>   |
| PAYER'S federal identification number<br><div style="background-color: black; width: 100px; height: 20px;"></div>  |  | RECIPIENT'S identification number<br><div style="background-color: black; width: 100px; height: 20px;"></div> |  | Copy C<br>For Payer<br>or State Copy<br>or Copy 2  |   |
| RECIPIENT'S name, address, city and ZIP code<br><br>Better Books By L&N<br><br><div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div>   |  | 3 Other income<br>\$  | 4 Federal income tax withheld<br>\$      |  | For Privacy Act<br>and Paperwork<br>Reduction Act<br>Notice, see the<br>2008 General<br>Instructions for<br>Forms 1099,<br>1098, 5498,<br>and W-2G. |
| Account number (see instructions)<br><br>2nd TIN not <input type="checkbox"/>  |  | 5 Fishing boat proceeds<br>\$   | 6 Medical and health care payments<br>\$ |  |   |
| 15a Section 408A deferrals<br>\$   |  | 15b Section 408A income<br>\$   |  |  |   |
| 16 State tax withheld<br>\$  |  | 17 State/Payer's state no.<br>\$  |  |  |   |
| 18 State income<br>\$  |  | 19 State income<br>\$   |  |  |   |

Form 1099-MISC     Printed on Recycled Paper    Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>ALASKA SPORTSMAN'S LODGE, L.L.C.<br>PO BOX 231985<br>ANCHORAGE, AK 995231985<br>907-276-7605   |  | No payments were received by the party identified herein as "the recipient" from the party identified herein 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. |  | OMB No. 1545-0115<br><br><div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div> Form 1099-MISC | <b>Miscellaneous<br/>Income</b>  |
| PAYER'S federal identification number<br>91-1790500  |  | RECIPIENT'S identification number<br><div style="background-color: black; width: 100px; height: 20px;"></div>   |  | Copy B<br>For Recipient  |  |
| RECIPIENT'S name, address, city and ZIP code<br><br>Better Books By L & N<br><br><div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div> |  | 7 Nonemployee compensation<br>\$  | 8 Substitute payments in lieu of dividends or interest<br>\$ |  | 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)  |  | 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<br>\$                             |  |  |
| 15a Section 408A deferrals<br>\$   |  | 15b Section 408A income<br>\$   |  |  |  |
| 16 State tax withheld<br>\$  |  | 17 State/Payer's state no.<br>\$  |  |  |  |
| 18 State income<br>\$  |  | 19 State income<br>\$   |  |  |  |

Form 1099-MISC     Printed on Recycled Paper    (keep for your records)    Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>[REDACTED] |  | 1 Rents<br>No payments were received by the party identified herein as "the recipient" from the party identified herein 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" |  | OMB No. 1545-0115<br>2008<br>Form 1099-MISC  |  | Miscellaneous Income   |  |
| PAYER'S federal identification number<br>[REDACTED]                                  |  | RECIPIENT'S identification number<br>[REDACTED]  |  | 3 Other income<br>\$   |  | 4 Federal income tax withheld<br>\$  |  |
| RECIPIENT'S name, address, and ZIP code<br>Better Books By L&N<br>[REDACTED]         |  | 5 Fishing boat proceeds<br>\$  |  | 6 Medical and health care payments<br>\$   |  | 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)  |  | 7 Nonemployee compensation<br>\$   |  | 8 Substitute payments in lieu of dividends or interest<br>\$   |  |  |  |
| 15a Section 409A deferrals<br>\$   |  | 15b Section 409A income<br>\$  |  | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/><br>\$ |  |  |  |
| 11 [REDACTED]  |  | 12 [REDACTED]  |  | 13 Excess golden parachute payments<br>\$  |  | 14 Gross proceeds paid to an attorney<br>\$  |  |
| 16 State tax withheld<br>\$  |  | 17 State/Payer's state no.<br>\$   |  | 18 State income<br>\$  |  |  |  |

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

33-2099803

CORRECTED (if checked)

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>[REDACTED]                                  |  | 1 Rents<br>No payments were received by the party identified herein as "the recipient" from the party identified herein 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" |  | OMB No. 1545-0115<br>2008<br>Form 1099-MISC  |  | Miscellaneous Income   |  |
| PAYER'S federal identification number<br>[REDACTED]   |  | RECIPIENT'S identification number<br>[REDACTED]  |  | 3 Other income<br>\$   |  | 4 Federal income tax withheld<br>\$  |  |
| RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code<br>Better Books By L&N<br>[REDACTED] |  | 5 Fishing boat proceeds<br>\$  |  | 6 Medical and health care payments<br>\$   |  | 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)   |  | 7 Nonemployee compensation<br>\$   |  | 8 Substitute payments in lieu of dividends or interest<br>\$   |  |  |  |
| 11 [REDACTED]   |  | 12 [REDACTED]  |  | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/><br>\$ |  |  |  |
| 13 Excess golden parachute payments<br>\$   |  | 14 Gross proceeds paid to an attorney<br>\$  |  | 16 State tax withheld<br>\$  |  | 17 State/Payer's state no.<br>\$   |  |
| 15a Section 409A deferrals<br>\$  |  | 15b Section 409A income<br>\$  |  | 18 State income<br>\$  |  |  |  |

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

|  |                               |   |   |  |
|--|-------------------------------|---|---|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>[REDACTED] |                               | 1 Rents<br>No payments were received by the party identified herein as "the recipient"  | OMB No. 1545-0115<br><b>2008</b><br>Form 1099-MISC  | Miscellaneous Income   |
| PAYER'S federal identification number<br>[REDACTED]                                  |                               | 2 Royalties<br>from the party identified herein as "the payer" which was connected with the performance of the functions of a public office, or otherwise constituted gain, profit or income within the meaning of subsection (a) | 3 Other income<br>\$ [REDACTED]   |  |
| RECIPIENT'S name, address, city and ZIP code<br>Better Books By L&N<br>[REDACTED]    |                               | 4 Federal income tax withheld<br>\$   | 5 Fishing boat proceeds<br>\$   | Copy B For Recipient   |
| RECIPIENT'S identification number<br>[REDACTED]                                      |                               | 6 Medical and health care payments<br>\$  | 7 Nonemployee compensation<br>\$ $\emptyset$  |  |
| Account number (see instructions)  |                               | 8 Substitute payments in lieu of dividends or interest<br>\$  | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ | 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. |
| 11 [REDACTED]  |                               | 10 Crop insurance proceeds<br>\$  | 12 [REDACTED]   |  |
| 13 Excess golden parachute payments<br>\$  |                               | 14 Gross proceeds paid to an attorney<br>\$   |   |  |
| 15a Section 409A deferrals<br>\$   | 15b Section 409A income<br>\$ | 16 State tax withheld<br>\$   | 17 State/Payer's state no.  | 18 State income<br>\$  |

Form 1099-MISC

Printed on Recycled Paper

(keep for your records)

Department of the Treasury - Internal Revenue Service