

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

Brian

Wright

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Make sure the SSN(s) above and on line 8c are correct.

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

Presidential Election Campaign

Novi, MI 48375

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

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 instructions.) If the qualifying person is a child but not your dependent, enter this child's 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:

Table with 4 columns: (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)

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 instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

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

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a 0 00

b Taxable amount

16a Pensions and annuities

16a 0 00

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a 18060 00

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8803

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

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Tax and Credits		38	Amount from line 37 (adjusted gross income)	38		
39a		Check <input checked="" type="checkbox"/> You were born before January 2, 1962, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1962, <input type="checkbox"/> Blind. checked \blacktriangleright 39a		1		
b		If your spouse itemizes on a separate return or you were a dual-status alien, check here \blacktriangleright 39b		<input type="checkbox"/>		
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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6300	00	
	41	Subtract line 40 from line 38	41	-6300	00	
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4050	00	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0	00	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4872 c <input type="checkbox"/>	44	0	00	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0	00	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	0	00	
	47	Add lines 44, 45, and 46	47	0	00	
	48	Foreign tax credit. Attach Form 1116 if required	48	0	00	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	0	00	
	50	Education credits from Form 8863, line 19	50	0	00	
	51	Retirement savings contributions credit. Attach Form 8880	51	0	00	
	52	Child tax credit. Attach Schedule 8812, if required	52	0	00	
	53	Residential energy credits. Attach Form 5695	53	0	00	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	0	00		
55	Add lines 48 through 54. These are your total credits	55	0	00		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	00		
Other Taxes		57	Self-employment tax. Attach Schedule SE	57	0	00
58		Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58	0	00
59		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	0	00
60a		Household employment taxes from Schedule H		60a	0	00
b		First-time homebuyer credit repayment. Attach Form 5405 if required		60b	0	00
61		Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>		61	0	00
62		Taxes from: a <input type="checkbox"/> Form 8950 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)		62	0	00
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	2174	52
65		2016 estimated tax payments and amount applied from 2015 return		65	0	00
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)		66a	0	00
	b	Nontaxable combat pay election <input type="checkbox"/> 66b 0 00				
	67	Additional child tax credit. Attach Schedule 8812		67	0	00
	68	American opportunity credit from Form 8863, line 8		68	0	00
	69	Net premium tax credit. Attach Form 8962		69	0	00
	70	Amount paid with request for extension to file		70	0	00
	71	Excess social security and tier 1 RRTA tax withheld		71	0	00
	72	Credit for federal tax on fuels. Attach Form 4136		72	0	00
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8885 c <input type="checkbox"/> 8885 d <input type="checkbox"/>		73	0	00
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74	2174	52
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	2174	52
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here \blacktriangleright <input type="checkbox"/>		76a	2174	52	
Direct deposit? See instructions.	b	Routing number <input type="text"/> \blacktriangleright 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 \blacktriangleright 77		77			
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions \blacktriangleright		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)? 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 accurately list all accounts 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.

Your signature Date 4/11/17 Your occupation Analyst and Med Tech Driver 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 last.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no.

Form **4852**
(Rev. September 2014)

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 Forms 1040, 1040A, 1040-EZ, or 1040X.
▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name(s) shown on return
Brian R. Wright

2 Your social security number

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2016.
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

6 Employer's or payer's identification number (if known)

MRS Envision

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>480.73</u>
b Social security wages	<u>0</u>	(Name of state) <u>Michigan</u>	
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	
d Social security tips	<u>0</u>	(Name of locality)	
e Federal income tax withheld	<u>1015.00</u>	h Social security tax withheld	<u>939.74</u>
		i Medicare tax withheld	<u>219.78</u>

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 line 8b)		j Distribution codes	


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

Party identified as "Payer" on Line 5 provided a W-2 that erroneously alleged payment of an IRC Section 3121 or 3401 transactions in Line 7(a) hereby disputed. I deny that said Payer and I had any IRC Section 3121 or 3401 transactions in 2016.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None.

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This Form 4852 is submitted to rebut a document known to have been submitted by the party identified above as "Payer", which erroneously alleges a payment to the party identified above as "Recipient" of IRC Section 3121 or 3401 wages. 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.

 Date 4/11/17
Brian R. Wright

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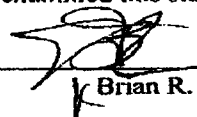
VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code, and telephone No. PEARSON EDUCATION INC. PO BOX 3003 LIVONIA MI 48150 Toll free# (888)315-9255 Opt 1 Ext 47407		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	MISCELLANEOUS INCOME
PAYER'S Federal identification number RECIPIENT'S identification number		2 Royalties \$ -0-	3 Other income \$ 0.00	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code WRIGHT, BRIAN NOVI MI 48375		4 Federal income tax withheld \$ 0.00	5 Fishing boat proceeds \$ 0.00	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.
Account number (optional) C00258821		6 Medical and health care payments \$ 0.00	7 Nonemployee compensation \$ 0.00	
FATCA filing requirement <input type="checkbox"/> 2nd TIN NO. <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest \$ 0.00	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
15a Section 408A deferrals \$		10 Crop insurance proceeds \$ 0.00	11	
15b Section 408A income \$		13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
		16 State tax withheld \$	17 State Payer's state no. \$	18 State income \$

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This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "Payer", which erroneously alleges a payment to the party identified above as "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.


 Brian R. Wright

Date 4/11/17

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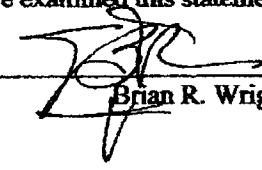
CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Amazon.com, Inc. PO Box 80683 Seattle, WA 98108-0883 (206) 266-2595 10899@amazon.com		1 Rents \$	2 Royalties \$ -0-	OMB No. 1545-0115 2016 Form 1099-MISC Miscellaneous Income 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.
PAYER'S federal identification number RECIPIENT'S identification number		3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name BRIAN WRIGHT AD		5 Fishing boat proceeds \$	6 Medical & health care payments \$	
Account number (see instructions) FATCA filing requirement <input type="checkbox"/>		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a major recipient for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
		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/form1099-misc Department of the Treasury - Internal Revenue Service

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This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "Payer", which erroneously alleges a payment to the party identified above as "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.


 Date 4/11/17
 Brian R. Wright