

Your First Name and Initial <b>Carlos A</b>	Last Name <b>Woolard</b>	PLEASE DO NOT WRITE IN THIS SPACE
If a Joint Return, Spouse's First Name and Initial	Last Name	
Current Mailing Address (Number and Street or PO Box) <b>4136 2<sup>nd</sup>, Omaha, NE 68107</b>		
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68107</b>

**Important: SSN(s) must be entered below.**

Your Social Security Number	Spouse's Social Security Number	High School District Code

(1) ☐ Farmer/Rancher      (2) ☐ Active Military      (1) ☐ Deceased Taxpayer(s) (first name & date of death):      /      /

**1 Federal Filing Status:**

(1) ☒ Single      (3) ☐ Married, filing separately—Spouse's SSN:      (4) ☐ Head of Household  
 (2) ☐ Married, filing jointly and Full Name      (5) ☐ Widow(er) with dependent children

**2a Check if YOU were:** (1) ☐ 65 or older      (2) ☐ Blind      **2b Check here if someone (such as your parent) can claim you or your spouse as a dependent:** (1) ☐ You      (2) ☐ Spouse

**2a SPOUSE was:** (3) ☐ 65 or older      (4) ☐ Blind

**3 Type of Return:**

(1) ☒ Resident      (2) ☐ Partial-year resident from      /      , 2013 to      /      , 2013 (attach Schedule III)  
 (3) ☐ Nonresident (attach Schedule III)

4 Federal exemptions (number of exemptions claimed on your 2013 federal return) .....	4	1
5 Federal adjusted gross income (AGI) (Federal Form 1040EZ, line 4; Federal Form 1040A, line 21; Federal Form 1040, line 37) .....	5	000
6 Nebraska standard deduction (if you checked any boxes on line 2a or 2b above, see instructions; otherwise, enter \$6,100 if single; \$12,200 if married, filing jointly or qualified widow(er); \$6,100 if married, filing separately; or \$8,950 if head of household) .....	6	6100 00
7 Total itemized deductions (Federal Schedule A, line 29 – see instructions) .....	7	0 00
8 State and local income taxes (Federal Form 1040, line 5, Schedule A – see instructions.) .....	8	0 00
9 Nebraska itemized deductions (line 7 minus line 8) .....	9	0 00
10 Nebraska standard deduction or the Nebraska itemized deductions, whichever is greater (the larger of line 6 or line 9) .....	10	6100 00
11 Nebraska income before adjustments (line 5 minus line 10) .....	11	0 00
12 Adjustments increasing federal AGI (line 53, from attached Nebraska Schedule I) .....	12	0 00
13 Adjustments decreasing federal AGI (line 71, from attached Nebraska Schedule I) .....	13	0 00
14 Nebraska Taxable Income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0-. Residents complete lines 15 and 16. Partial-year residents and nonresidents complete Nebraska Schedule III before continuing .....	14	0 00
15 Nebraska income tax (Resident paper filers may use the Nebraska Tax Table. All others must use Tax Calculation Schedule. Partial-year residents and nonresidents enter the result from line 85, Nebraska Schedule III) .....	15	0 00
16 Nebraska minimum or other tax:		
a Federal Alternative Minimum Tax (recalculated Form 6251). <b>16 a \$</b> .....		
b Federal Tax on Lump Sum Distributions (Form 4972) ..... <b>16 b \$</b> .....		
c Federal tax on early distributions (lesser of Form 5329 or line 58 Form 1040) ..... <b>16 c \$</b> .....		
d Total ..... <b>16 d \$</b> .....		
Residents multiply line 16d by 29.6% (.296) and enter the result on line 16. Partial-year residents and nonresidents enter the result from line 86, Nebraska Schedule III .....	16	0 00
17 Total Nebraska tax before personal exemption credit (add lines 15 and 16). Do not pay the amount on this line. Pay the amount from line 39 .....	17	0 00

18	Amount from line 17 (Total Nebraska tax)	18	0	00
19	Nebraska personal exemption credit for residents only (\$126 per exemption)	19	126	00
20 a	Credit for tax paid to another state, Nebr. Sch. II, line 76. . . . . 20 a \$			
	(attach Nebr. Sch. II and the other state's return) plus			
20 b	Prior year AMT credit (attach Form 8801) . . . . . 20 b \$			
	Enter the total of lines 20a and 20b on line 20. . . . .	20	0	00
21	Credit for the elderly or disabled (attach copy of Federal Schedule R)	21	0	00
22	Community Development Assistance Act credit (see instructions)	22	0	00
23	Form 3800N nonrefundable credit (attach Form 3800N)	23	0	00
24	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	24	0	00
25	Credit for financial institution tax (see instructions) (attach Form NFC)	25	0	00
26	Total nonrefundable credits (add lines 19 through 25).	26	126	00
27	Subtract line 26 from line 18 (if line 26 is more than line 18, enter -0-). If the result is greater than your federal tax liability, complete the Federal Tax Liability Worksheet in the instructions. If entering federal tax, check box <input type="checkbox"/> and attach a copy of the federal return.	27	0	00
28	Nebr. income tax withheld (attach 2013 Forms W-2, W-2G, 1099-R, 1099-MISC, or K-1N).	28	153	00
29	2013 estimated tax payments (include any 2012 overpayment credited to 2013 and any payments submitted with an extension request).	29	0	00
30	Form 3800N refundable credit (attach Form 3800N)	30	0	00
31	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Federal Form 2441 or Nebraska Form 2441N)	31	0	00
32	Beginning Farmer credit	32	0	00
33	Nebraska earned income credit. Enter number of qualifying children 97 <input type="text"/> Federal credit 98 \$ <input type="text"/> .00 x .10 (10%) (attach federal return, pages 1 and 2 - see instructions)	33	0	00
34	Angel Investment Tax Credit (see instructions)	34	0	00
35	Total refundable credits (add lines 28 through 34).	35	153	00
36	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	36	0	00
37	Total tax and penalty. Add lines 27 and 36.	37	0	00
38	Use tax due on Internet and out-of-state purchases. See instructions. Enter purchases subject to state tax 91 \$ _____ State tax 92 \$ _____ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ _____ Local tax 94 \$ _____ (purchases x local rate of _____ %) 95 Local code _____ (see local rate schedule); Add state and local taxes and enter on line 38. If no use tax is due, enter -0- on line 38.	38	0	00
39	Total amount due. If line 35 is less than total of lines 37 and 38, subtract line 35 from the total of lines 37 and 38. Pay this amount in full. For electronic or credit card payment, check here <input type="checkbox"/> and see instructions . . .	39	0	00
40	Overpayment. If line 35 is more than total of lines 37 and 38, subtract total of lines 37 and 38 from line 35. . .	40	153	00
41	Amount of line 40 you want applied to your 2014 estimated tax	41	0	00
42	Wildlife Conservation Fund donation of \$1 or more.	42	0	00
43	Amount of line 40 you want refunded to you (line 40 minus lines 41 and 42). File early! It may take three months to receive your refund if you file a paper return.	43	153	00

**Expecting a Refund? Have it sent directly to your bank account! (see instructions)**

44a Routing Number           44b Type of Account  1 = Checking 2 = Savings

(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32;  
use an actual check or savings account number, not a deposit slip)

44c Account Number

(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. Enter from left to right and leave any unused boxes blank.)

44d ☐ Check this box if this refund will go to a bank account outside the United States.



**1099-R, Distributions from Pensions, Annuities, IRAs, etc.**

OMB No. 1545-0074

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

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

<b>1</b> Name(s) shown on return Carlos A Woolard	<b>2</b> Your social security number
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<b>3</b> Address 4136 R St, Omaha, Ne 68107-3121
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**4** Enter year in space provided and check one box. For the tax year ending December 31, 2013,  
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.

<b>5</b> Employer's or payer's name, address, and ZIP code Fat Brain Toys, LLC 1405 North 205th Street, Suite 120, Elkhorn, Ne 68022	<b>6</b> Employer's or payer's identification number (if known) 47-0892831
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**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	<u>0</u>	<b>g</b> State income tax withheld	<u>12.46</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state) <u>Nebraska</u>	
<b>c</b> Medicare wages and tips	<u>0</u>	<b>h</b> Local income tax withheld	
<b>d</b> Advance EIC payment		(Name of locality)	
<b>e</b> Social security tips		<b>i</b> Social security tax withheld	<u>62.06</u>
<b>f</b> Federal income tax withheld	<u>34.64</u>	<b>j</b> Medicare tax withheld	<u>14.52</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution		<b>f</b> Federal income tax withheld	
<b>b</b> Taxable amount		<b>g</b> State income tax withheld	
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	
<b>e</b> Capital gain (included in line 8b)		<b>j</b> Distribution codes	

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

Company provided W-2 which erroneously alleged payments of IRC sections 3401(a) and 3121(a) "wages".

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

None. Company issued W-2 before "wage" errors were noted. The amounts they identified as withheld are correct, however.

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.

**Sign  
Here**Signature ▶ Carlos WoolardDate ▶ 4/10/14

**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](http://www.irs.gov/form4852).

OMB No. 1545-0074

<b>1</b> Name(s) shown on return Carlos A Woolard	<b>2</b> Your social security number												
<b>3</b> Address 4136 R St, Omaha, NE 68107-3121													
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, <u>2013</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <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.													
<b>5</b> Employer's or payer's name, address, and ZIP code DBA The Stadium Club, 414 S 10th St, Omaha, NE 68102	<b>6</b> Employer's or payer's identification number (if known) 009952896												
<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table border="0" style="width:100%"><tr><td style="width:45%"><b>a</b> Wages, tips, and other compensation <u>0</u></td><td style="width:45%"><b>g</b> State income tax withheld <u>140.34</u></td></tr><tr><td><b>b</b> Social security wages <u>0</u></td><td>(Name of state) <u>Nebraska</u></td></tr><tr><td><b>c</b> Medicare wages and tips <u>0</u></td><td><b>h</b> Local income tax withheld <u>0</u></td></tr><tr><td><b>d</b> Advance EIC payment <u>0</u></td><td>(Name of locality) <u>0</u></td></tr><tr><td><b>e</b> Social security tips <u>0</u></td><td><b>i</b> Social security tax withheld <u>455.89</u></td></tr><tr><td><b>f</b> Federal income tax withheld <u>428.00</u></td><td><b>j</b> Medicare tax withheld <u>106.62</u></td></tr></table>		<b>a</b> Wages, tips, and other compensation <u>0</u>	<b>g</b> State income tax withheld <u>140.34</u>	<b>b</b> Social security wages <u>0</u>	(Name of state) <u>Nebraska</u>	<b>c</b> Medicare wages and tips <u>0</u>	<b>h</b> Local income tax withheld <u>0</u>	<b>d</b> Advance EIC payment <u>0</u>	(Name of locality) <u>0</u>	<b>e</b> Social security tips <u>0</u>	<b>i</b> Social security tax withheld <u>455.89</u>	<b>f</b> Federal income tax withheld <u>428.00</u>	<b>j</b> Medicare tax withheld <u>106.62</u>
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**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 ▶

Carlos Woolard

Date ▶

4/10/14

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. <b>Jim LaHood Construction Inc.</b>  <b>802 S. 50th Ave</b> <b>Omaha, NE 68106</b>		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115  <b>2013</b>  Form 1099-MISC	<b>Miscellaneous Income</b>  <b>Copy B</b> <b>For Recipient</b>
PAYER'S federal identification number  <b>47-0734751</b>	RECIPIENT'S identification number  _____	4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Medical and health care payments \$	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 <b>Carlos Woolard</b> Street address (including apt. no.) <b>4136 R St</b> City or town, province or state, country, and ZIP or foreign postal code _____		7 Nonemployee compensation \$ <b>0</b> 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 Foreign tax paid \$		
Account number (see instructions) _____		12 Foreign country or U.S. possession _____ 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](http://www.irs.gov/form1099misc)

Department of the Treasury - Internal Revenue Service

This statement includes the above representation of a Form 1099-MISC. The above form is not intended to represent a corrected 1099-MISC filed by the party identified above as the "PAYER".

The correcting 1099-MISC above is submitted to "REBUT" a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified as "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business".

Neither the "PAYER" nor the "RECIPIENT" engaged in any transaction(s) with each other that were made in the course of a "trade or business" as those terms are defined. This correcting form ends any such presumption.

Under the 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.

Carlos Woolard 4/10/14  
(signature and date signed)