i 1040	Department of the Treasury—Intern U.S. Individual Inc			U 10 01	1B No. 1545	A Property of the Property of	Carlotte Contract	not write or staple in this s	
	c. 31, 2016, or other tax year beginni			2016, ending		, 20		separate instruction r social security numb	
Your first name and	initial	Last name					You	r social security numb	Der
FREK	<u> 9</u>		SHMAN				Spot	ise's social security nun	nber
Tha joint return, spot	use's first name and initial	Last name	3						-
Home address (num	ber and street). If you have a P.0	D. box, see inst	ructions.			Apt. no.	A	Make sure the SSN(s) a	
						303	\$ 0.50 E	and on line 6c are con	<u> </u>
City, town or post office	ce, state, and ZIP code. If you have	a foreign address	, also complete spaces	below (see instruct	ions).		K. X - 900-10	esidential Election Camp here if you, or your spouse if	
			(oreign postal code	jointly,	want \$3 to go to this fund. C	hecking
Foreign country nan	me .		Foreign province/	state/county	['	oreign postal code	e box refund	below will not change your ta	x of ipouse
	1 Single			4	Head of ho	usehold (with qua	lifying p	erson). (See instruction	
Filing Status	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ntiv (even if o	nly one had income					ot your dependent, ente	
Check only one		化硫磺基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	r spouse's SSN ab	Control of the contro	child's nam	e here. 🟲 🔃			
box.	and full name he			5	Qualifying	widow(er) with	depend		
Exemptions	6a Vourself. If so	meone can c	laim you as a depe	ndent, do not (check box (За		Boxes checked on 6e and 6b	ı
Exemplions	b Spouse					r G abild under son d	<u>;:</u>)`	No. of children on 6c who:	Salata .
•	c Dependents:		(2) Dependent's (3) De		qualif	f child under age to ying for child tax cre	dit	 lived with you 	
	(1) First name Last	name	social security number	relationship to	200	(see instructions)		 did not live with you due to divorce 	
If more than four				-		<u> </u>	—: ()	or separation (see instructions)	,,,
dependents, see								Dependents on 6c not entered above	
instructions and check here ▶□								Add numbers on	$\overline{\Box}$
Clieck liese	d Total number of e	xemptions cla	aimed	3.0	المراجعين والمراجع		. , , , ,	ines above ►	\Box
	7 Wages, salaries, t	ips, etc. Attac	h Form(s) W-2				· ·7	D	00
Income	8a Taxable interest.		AND THE RESIDENCE OF THE SECOND SECOND		. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		8a		<u> </u>
	b Tax-exempt inter			8b	na kiji ngaga sa sa		200		
Attach Form(s) W-2 here, Also	9a Ordinary dividend	s. Attach Sch	edule B if required				9a		
attach Forms	b Qualified dividend			. 95			10	^	00
W-2G and	10 Taxable refunds, credits, or offsets of state and local income taxes								<u> </u>
1099-R if tax was withheld.	11 Alimony received								
	 Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required, if not required, check here ► □ 								
If you did not	13 Capital gain or (lo 14 Other gains or (lo						14		
get a W-2,	15a IRA distributions	. 15a		b Tax	able amoun	ransa.	15b		<u> </u>
see instructions.	16a Pensions and ann				able amoun		16b		<u> </u>
	17 Rental real estate	, royalties, pa	rtnerships, S corpo	rations, trusts,	etc. Attach	Schedule E	17		ļ
	18 Farm income or (18	870	00
	 Long and the control of the control of	50/ 00 NOVE (NO. 2015) SEC. 1					19	8 70	100
	20a Social security be	* G # 8 9 5 5 * * *	000.00	b 1ax	able amoun	Territoria (Contraction)	20b		
	21 Other income. Lis 22 Combine the amou	st type and ar ote in the far ri	nount ght column for lines 7	through 21. This	s is your tot a	al income	22	870	00
	23 Educator expens	3 - 3 - 1		23			100		
Adjusted			rvists, performing arti	and the first section of the section					
Gross	fee-basis governme	ent officials. Att	ach Form 2106 or 210	6-EZ 24					1
Income			tion. Attach Form 8						
8	26. Moving expenses	Appeller service in the first service in the service services and the service services and the services are services and the services are services and the services and the services are services and the services and the services are services and the servi		26	·				1
			nt tax. Attach Schedu						
		LOWER COMMENT OF THE STATE OF T	and qualified plans	28					ŀ
			e deduction		1				
	30 Penalty on early			30 31a					
	31a Allmony paid b			31a 32	 				
	32 IRA deduction .	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n						
		the service of all the	8917	and the same of th					
			eduction. Attach Forr	* * * : 	<u> </u>				
	36 Add lines 23 thro	ough 35	karin 13 - Arabi Tangan paganggan panggan				36	0	100
	37 Subtract line 36	from line 22.	This is your adjuste	d gross incon	ne	, , , >	37	870	DOE

	38 An	nount from line 37 (adjusted gross inco	me)			7	T	Page 4
Tax and	39a Ch	eck 🖂 You we	re born before Janu	ian/2 1052			38	870	0 00
	lf:	☐ Spouse	was born before J	any 2, 1902,					
Credits	ь lf v	Our spouse itemizes	on a separate return	anuary 2, 1902,	DIIII U	hecked ► 39a			
Standard	40 Ite	mized doductions	from Cob a del - Al	or you were a	duai-status alien,	cneck nere ►	39ь🗌 🎉		-
Deduction	41 Su	Mizeu deductions	(from Schedule A)	or your standar	d deduction (see	e left margin) .	40	630	O O
or-	1.1 (1) (1) (2)	btract line 40 from I		• • • •			. 41	-5431	00
People who heck any	42 Ex	mptions. If line 38 is	s \$155,650 or less, multi	iply \$4,050 by the i	number on line 6d. O	therwise, see instru	ctions 42	4050	
ox on line	43 Ta	cable income. Sub	otract line 42 from li	ne 41. If line 42	is more than line	41, enter -0	43		
19a or 39b or Vho can be	44 Tax	(see instructions). C	heck if any from: a [Form(s) 8814	b Form 49	72 c 🗆	44		2 00
laimed as a	45 Alt	ernative minimum	tax (see instruction	ns). Attach Forn	n 6251		45		
ependent, ee	46 Exc	ess advance prem	ium tax credit repay	ment Attach F	orm 8962	alkimis ol	46		20
nstructions.	47 Ad	d lines 44, 45, and 4	46				-		0
All others:	Production of the Control of the Con	[20] J. B. B. B. C. H. G. G. H. G. G. H. G. G. H. G.	ach Form 1116 if red	ruired		• • • •	▶ 47	O	2 00
ingle or larried filing			endent care expense		48				İ
eparately,			Form 8863, line 19		- 200 - 1 1 1 1 1 1 1 1 1 1 				
6,300 larried filing									
intly or	or ne	irement savings co	ontributions credit.	Attach Form 8	880 51				
ualifying idow(er),	52 Chi	id tax credit. Attac	h Schedule 8812, il	required	52				1
2,600	53 Res	idential energy cre-	dits. Attach Form 56	39 5 ,	. 53				
ead of			a 🔲 3800 b 🔲 88		54				
usehold, ,300	55 Add	l lines 48 through 5	4. These are your to	otal credits			55		7 7=
ليسسي	56 Sub	tract line 55 from II	ne 47. If line 55 is n	nore than line 4:	7, enter -0-		▶ 56		2 00
	57 Sel	-employment tax. /	Attach Schedule SE						00
ther	58 Unr	eported social secu	urity and Medicare t	au fram Cami.	~ [] 4407		57	·	
	59 Add	litional tay on IPAn	other evel-	ax iiom Form.	a 413/	b ∐ 8919 .	. 58		
axes		inchair tax oir innas, t	other qualified retire	ment plans, etc.	Attach Form 5329	3 If required .	. 59		
			taxes from Schedul				. 60a		
			redit repayment. Atta				60b		
	61 Hea	ith care: individual r	esponsibility (see ins	itructions) Ful	l-year coverage [Y	61		
	62 Tax	əs from: a 🔲 Forr	m 8959 b 🔲 Form	18960 c ∏ In	structions; ente	r code(s)	62		
	63 Add	lines 56 through 6	2. This is your total	tax			▶ 63	0	0
ayments	64 Fed	eral income tax with	hheld from Forms W	/-2 and 1099	64	6118	15 30		1
			ents and amount app			<u>wiio</u>			
ou have a	66a Ear	ned income credit	(EIC)		66a				
alifying -	b Non	taxable combat pay e	election 66b	The Allegan Carrier	1 000				
hedule EIC.			it. Attach Schedule 8	940					
<u></u>	68 Ame	atican opposituality	oradit from Comedule 8	000 11 0	67				
			credit from Form 8		68				
			t. Attach Form 896		. 69				
			est for extension to		. 70				j
			nd tier 1 RRTA tax w		71				
	72 Cred	lit for federal tax on	fuels. Attach Form	4136	72				
	73 Credit	s from Form: a 🔲 2439	b 🔀 Reserved c 🗌 8	885 d 🗍	73				
	74 Add	lines 64, 65, 66a, a	nd 67 through 73. T	hese are your t	otal payments		> 74	1118	س، ا
fund	75 If lin	a 74 is more than li	ne 63, subtract line	63 from line 7	This is the serie			9110	175
	76a Amo	unt of line 75 your	unnt rofunded to	· 65 // 6/11 // 1/6 / /	i. This is the amo	unt you overpa		6118	15
	b Rou	ing number	vant refunded to y o	u. It Form 8888			76a	6118	15
ect deposit?	na i stoje najme i a ko			 	► c Type: ☐ Ch	ecking 🔲 Savin	gs /		
ructions.	and the second	ount number		<u> </u>				1	
	77 Amo	unt of line 75 you wa	nt applied to your 2	017 estimated t	ax ▶ 77	0	00]
_	78 Amo	unt you owe. Subt	ract line 74 from lin	e 63. For details	on how to pay,	see instructions	▶ 78		00
u Owe	79 Estin	nated tax penalty (s	ee instructions)		79		7.7		
ird Party	Do you v	ant to allow anothe	er person to discuss	this return with	the IRS (see ins	tructions)?	Yes. Compl	ete below. 🗹	Mc
signee	Designee'	•		Phone	V ∫ man#n z ± man#n		identification	IVI 1	IVU
	name 🚩			no. 🕨	***	number	(PIN)		\top
gu .	Inder penalties of courately list all		mined this return an	d accompanying sch	edules and statements,	and to the best of my i	mowledge and bel	ief, they are true, correct,	and
ere	Your sign		received diffilled (196.	lax year. Declaration	or preparer (other than t	axpayen is based on a	Il information of w	hich preparer has any knor	owledge.
t return? See	, , u.g/l			Date	Your occupation	. ,		phone number	
uctions.	Spourate			10/5/17		ECTOR SAL			
a copy for records.	Spouse's		both must sign.	Date	Spouse's occupati	on	If the IRS	sent you an Identity Profe	ection
· · · · · · · · · · · · · · · · · · ·				<u> </u>			PIN, enter here (see	(
	Print/Type	proping of the same	Preparer's signatu	ıre		Date		PTIN	
id			1				Check self-emp	∐ if	
			F						
eparer	Firm's nan	te ▶	<u> </u>			<u> </u>			
nid eparer se Only	Firm's nam					<u> </u>	Firm's E		

Form 1040 (2016)

4852 om

(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.

	Name(s) shown on return			1	2 Yours	ocia	secu	rity number
Dere	k G Cushman				<u>.</u>			
3	Address							
4	Enter year in space provided and check one	e box. For the tax	ve	ar ending December 3	, 201	6		
•	I have been unable to obtain (or have received							
	have notified the IRS of this fact. The amount						vages	or payments
	made to me and tax withheld by my employer						_	
5	Employer's or payer's name, address, and ZIP	code				6		yer's or payer's
							identif	ication number (if known)
7	Form W-2. Enter wages, tips, other compen							
	a Wages, tips, and other compensation	0.00	f	State income tax with				2289.66
	b Social security wages	0.00		(Name of state) .	Ohio			_
	c Medicare wages and tips	0.00	g	Local income tax wit	nheid .			2361.04
	d Social security tips	0.00		(Name of locality)	1			4744.04
	e Federal income tax withheld	0.00	h	Social security tax wi		•		4711.91 1101.98
			•	Medicare tax withhel	·			1101.98
	Form 1099-R. Enter distributions from pensi	ione annuities rei	tira	ment or profit-sharing	olans IR	As ir	suran	ce contracts, etc.
8	O CONTRACTOR MANAGEMENT	0.00		Federal income tax v		, 10, 11		0.00
	b Taxable amount	0.00	a a	State income tax with				0.00
			h	Local income tax wit				0.00
	- · · ·	<u> </u>	i	Employee contribution	ns			0.00
	e Capital gain (included in line 8b) .	0.00	j	Distribution codes .				
_	,		•					
(3)	How did you determine the amounts on lines 7	7 and 8 above?		_			_	
Base	ed on records provided to me by Payer listed on L	ine 5, as well as re	sea	rch of relevant tax law a	nd the in	terna	Rever	nue Code. The
	unts on Lines 7e, 7f, 7g, 7h, 7i are correct as to the							1 to the ins by Payer.
1	Explain your efforts to obtain Form W-2, Form	1099-R, or Form	W-	2c, Corrected Wage ar	d Tax Si	atem	ent.	undadaa that fuuaa
Inot	ified Payer they reported BAD PAYER DATA on Foreign engaged in a taxable activity or taxable event with	orm W-2. Payer did h Payer I dispute t	no hat	ot respond. Based on m I was paid "wades" as f	y direct p Paver's "e	enso	vee" d	uring 2016.
NOI	engages in a taxable activity of taxable event with	Lyon i Laopute i		pg	7			
_				If you received an incom	act Form	W	or For	m 1000 P vou

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:

Form **4852**

(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. 1 Name(s) shown on return 2 Your social security number Derek G Cushman 3 Address 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 satisfactified 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) Form W-2. Enter wages, tips, other compensation, and taxes withheld. a Wages, tips, and other compensation 0.00 f State income tax withheld . 26.41 Social security wages 0.00 (Name of state) . h 0.00 g Medicare wages and tips Local income tax withheld 32.31 c 0.00 (Name of locality) d Social security tips . . . 180.69 h Federal income tax withheld Social security tax withheld 100.15 Medicare tax withheld . . 23.42 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. Gross distribution Federal income tax withheld 0.00 f 0.00 State income tax withheld **b** Taxable amount 0.00 g 0.00 h Local income tax withheld 0.00 c Taxable amount not determined . d Total distribution Employee contributions 0.00 Capital gain (included in line 8b) . 0.00 j Distribution codes 9 How did you determine the amounts on lines 7 and 8 above? Based on records provided to me by Payer listed on Line 5, as well as research of relevant tax law and the Internal Revenue Code. The amounts on Lines 7e, 7f, 7g, 7h, 7i are correct as to the amounts, but are OVERPAYMENTS that were mistakenly remitted to the IRS by Payer. 10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

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

I notified Payer they reported BAD PAYER DATA on Form W-2. Payer did not respond. Based on my direct personal knowledge that I was NOT engaged in a taxable activity or taxable event with Payer, I dispute that I was paid "wages" as Payer's "employee" during 2016.

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 filling 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:

ı	CORRECTED	(if checked)
		(

PAYER'S name, street address, city or town, province or state, country, ZIP, or foreign postal code, and telephone no. OHIO DEPARTMENT OF JOB & FAMILY SERVICES P.O. BOX 182059 COLUMBUS, OH 43218-2059 1-877-644-6562			hemployment compensation \$870.00 tate or local income tax efunds, credits, or offsets	OMB No. 1545-0120 2016 Form 1099- G	Certain Government Payments
PAYER'S Federal identification number 31-1334373		3. Box 2 amount is for tax year		4. Federal income tax withheld \$0.00	- For Recipient:
RECIPIENT'S name DEREK CUSHMAN Street address (including apt no.)			5. RTAA payments \$0.00	6. Taxable grants	This is important tax information and is being turnished to the Internal Revenue Service. If you are required to file a
			7. Agriculture payments	B. If checked, bax 2 is trade or business income	return, a negligence penalty or other sanction may be imposed on you if this income is taxable
City or town, province or state, country, and Zi	P or foreign postal code		9. Market gain		and the IRS determines that it has not been reported.
		10a. State	10b. State identification no.	11. State income tax withheld	7
Account number (see instructions)				- \$ \$	

Form 1099-G

(keep for your records)

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Recipient's Identification Number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or empolyer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

- Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2015 taxes.
- Box 4. Shows backup withholding or withholding you requested on unemployment compensation. Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Box 5. Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.
- Box 6. Shows taxable grants you received from a federal, state, or local government.
- Box 7. Shows your taxable Department of Agriculture payments. If the paver shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.
- Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.
- Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the instructions for Schedule F (Form 1040).

Boxes 10a-11. State income tax withheld reporting boxes. Future developments. For the latest information about developments releated to Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099g.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traduccion.

DSN: 231330 Page 2 of 2

PSN: 0231330 NOTICE: JITTN1





10211411

tax.ohio.gov

<u>1099-G</u> <u>2016</u>



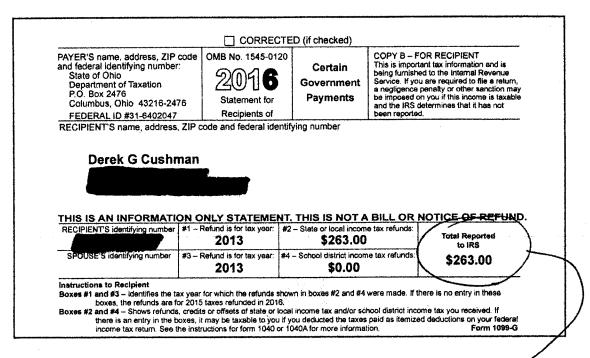
056296

<u>IMPORTANT TAX DOCUMENT</u> <u>- INFORMATION ONLY -</u>

Below is a statement from the Ohio Department of Taxation that shows the amount of your overpayment during 2016.

Note: Box #2 shows the total overpayment calculated on your return before any reductions for donations or for payment of use tax. For example, if your refund check was for \$400 and your return shows that you donated \$20 to Ohio's wildlife fund and paid \$35 of use tax, the amount shown in box #2 would be \$455, which is your overpayment before any deductions.

THIS IS NOT A BILL OR A NOTICE OF REFUND.



HAVE MORE QUESTIONS ABOUT THIS DOCUMENT?
 Please see reverse side for additional information –

THIS IS NOT A TAXABLE REFUND, NOR INCOME.

THIS IS AN OVERPAYMENT REFUND OF NON-TAXABLE RECEIPTS,

AND IT WAS NOT TAKEN AS AN ITEMIZED DEDUCTION

ON MY 2013 INFORMATION RETURN.