Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space 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 Gregory If a joint return, spouse's first name and initial Spouse's social security number Last name Fabiola 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 6c are correct. Ice, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking Foreign country name Foreign postal code Foreign province/state/county a box below will not change your tax or refund. You Spouse ☐ Single 1 Head of household (with qualifying person). (See instructions.) If Filing Status 2 Married filing jointly (even if only one had income) the qualifying person is a child but not your dependent, enter this Check only one child's name here. ☐ Married filing separately. Enter spouse's SSN above box. and full name here. 5 Qualifying widow(er) with dependent child 6a Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked Exemptions on 6a and 6b ✓ Spouse b No. of children (4) ✓ If child under age 17 Dependents: (2) Dependent's on Be who: C (3) Dependent's qualifying for child tax credit lived with you social security number relationship to you (1) First name Last name (see instructions) did not live with you due to divorce V Regina Father or separation (see instructions) If more than four K Father Emily dependents, see Dependents on 6c not entered above V Father Paul instructions and П check here ▶ Add numbers on ď Total number of exemptions claimed lines above 🕨 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 n Income 8a Taxable interest. Attach Schedule B if required 8a Tax-exempt interest. Do not include on line 8a . b 8b Attach Form(s) Ordinary dividends. Attach Schedule B if required 9a 9a W-2 here. Also b attach Forms W-2G and 10 Taxable refunds, credits, or offsets of state and local income taxes 10 1099-R if tax 11 11 was withheld. 12 Business Income or (loss). Attach Schedule C or C-EZ . 12 13 Capital gain or (loss). Attach Schedule D if required, If not required, check here 13 If you did not Other gains or (losses). Attach Form 4797 . . . . 14 14 get a W-2, 15a IRA distributions . 15a **b** Taxable amount 15b see instructions. 168 Pensions and annuities | 16a 18h **b** Taxable amount 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 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 23 **Adjusted** 24 Certain business expenses of reservists, performing artists, and Gross fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Income 25 Health savings account deduction. Attach Form 8889 . 25 26 Moving expenses. Attach Form 3903 . . . . . . 26 27 Deductible part of self-employment tax. Attach Schedule SE... 27

29

30

31a

32

33

35

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Self-employed SEP, SIMPLE, and qualified plans

Tultion and fees. Attach Form 8917. . . . . . .

Domestic production activities deduction. Attach Form 8903

Self-employed health insurance deduction

Penalty on early withdrawal of savings .

Alimony paid b Recipient's SSN ▶

Student loan interest deduction . . .

IRA deduction . . . . .

28

29

30

31a

32

33

34

35

36 37

▶ 37 No. 11320B F

36

Form 1040 (2016)

FOITH 1040 (2010	7			Page &
	38	Amount from line 37 (adjusted gross income)	38	0
Tax and	39a	Check Vou were born before January 2, 1952, Blind. Total boxes		
		if: Spouse was born before January 2, 1952, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
Deduction	41		41	(12.600)
for—			<del> </del>	
<ul> <li>People who check any</li> </ul>	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	20,250
box on line 39a or 39b or	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	0
who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	0
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.  • All others:	47	Add lines 44, 45, and 46	47	0
Single or	48	Foreign tax credit. Attach Form 1116 if required 48		
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
separately, 56,300	50	Education credits from Form 8863, line 19 50	]	
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51	]	
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52	]	
widow(er),	53	Residential energy credits. Attach Form 5695 53	1	
\$12,600 Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household,	55	Add lines 48 through 54. These are your total credits	55	0
\$9,300	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	0
	57		57	0
<b>~</b>	58	· ·	58	<u> </u>
Other		• • • • • • • • • • • • • • • • • • • •	59	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	<del> </del>
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	ļ
	63	Add lines 56 through 62. This is your total tax	63	0
Payments <b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099 64 14	4	
If you have a	65	2016 estimated tax payments and amount applied from 2015 return 65 0	1	
If you have a qualifying	<u>66</u> a	Earned income credit (EIC) 66a 0	1	
child, attach	b	Nontaxable combat pay election 66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67 0	]	
·	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69	_	
	70	Amount paid with request for extension to file 70		
	71	Excess social security and tier 1 RRTA tax withheld 71	7	
	72	Credit for federal tax on fuels. Attach Form 4136	]	]
	73	Credits from Form: a 2439 b Reserved c 8885 d 73	1	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	14
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here .	76a	14
Direct descrite		Routing number	1	11
Direct deposit? See	, d	Account number	1	1
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
You Owe	79		10	<u> </u>
			· C	plete below. No
Third Party	•	esignee's Phone Personal idea		,
Designee		arne ► no. ► number (PIN		<b>&gt;</b>
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowline	edge and	belief, they are true, correct, and
Here		tely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all info		
Joint return? See		our signature Your occupation	Davi	ime phone number
instructions.		Truspore 14 10-15-17 Chiropiaetor	#	
Keep a copy for your records.	S	pouse's signature. If provide the state of t	PIN, e	IHS sent you an loentity Protection inter it
your records.	10	byola A 10-15-17 housewife	here (	see inst.)
Paid	Pı	rint/Type preparer's name Preparer's signature Date		ck 🗆 if   PTIN
Preparer			self-	employed
Use Only	F	rm's name ▶	Firm	's EIN ▶
OUC OINY	F	rm's address ►	Phor	ne no.

(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 ► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

Department of the Treasury Internal Revenue Service

▶ Information about Form 4852 is available at www.irs.gov/form4852.

1 Name	e(s) shown on return			121	our soc	CIAI	Securi	ty numi	<del>ret</del>
abiola						$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$			
3 Addre	ess								
4 Ente	r year in space provided and check one	box. For the tax	vea	r ending December 31,	2016	,			
Lhav	e been unable to obtain (or have received	an incorrect)	Fo	m W-2 <b>OB</b> Form 10	99-R.				
I I I CAV	ve notified the IRS of this fact. The amount	e chour on line 7	' or	ine 8 are my heet estima	tes for a	all w	ages o	r pavme	nts
nav med	le to me and tax withheld by my employer	or paver named o	on li	ne 5.			<b></b>		
	loyer's or payer's name, address, and ZIP					6	Employ	er's or pay	er's
rchard	byer's or payer's frame, address, and 211	0000							ber (if know
	<del></del>						Г		7
	NA C Forth and the state of the same and	action and tayon		hold			——L		
	rm W-2. Enter wages, tips, other compens			State income tax withhe	J.d.				
a			f						
b		0	_	Local income tax withhe	egon				
C			g		siu				
d	Social security tips			(Name of locality)					
e	Federal income tax withheld	0	h	Social security tax with					
			ŧ	Medicare tax withheld			• •		
			<b>.</b> ?		IDAc is	nei ii	anca c	ontracts	etc
<b>8</b> Fo	orm 1099-R. Enter distributions from pensi	ons, annulues, re	ritei	detropront-straining biaris	111710, 11	iQUI	ance c	Ontracte	, 0.0.
	Our and disability when		4	Federal income tax with	held				
a			, ~	State income tax withh					
b	Taxable amount		g	Local income tax withh					
C		=	:	Employee contributions					
d			:	Distribution codes					
е	Capital gain (included in line 8b) .		,	Distribution codes			• •		
		7 0							
	v did you determine the amounts on lines 7								
Party ider	ntified as "Payer" in box c provided a W-2 wh	nich erroneously a	lega	d payment of IRC Section	3121 an	d 34	vi tran	sactions	in Line
7(a)-herby	y disputed. I deny that said Payer and I had a	iny IRU Section 31	27 a	ng 3401 transactions in 20	Tay Cto	+0~	ont		

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

none

### **General Instructions**

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at www.irs.gov/form4852. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

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 does not 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 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 February 14, 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, and 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 also will send you a Form 4852. If you do not 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 a my 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 differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

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:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

# Form **8965**

Department of the Treasury

Internal Revenue Service
Name as shown on return

## **Health Coverage Exemptions**

Attach to Form 1040, Form 1040A, or Form 1040EZ.

Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

OMB No. 1545-0074
2016

s.gov/form8965. Attachment Sequence No. 75

Your social security number

Gregory			······					<del></del>		··. ···.	··				<del></del>	
Compon on you	lete this form if you have ur return.	a Marketplace-g	ranted co	veraç	је ех	empt	tion o	r you	ı are	claim	ing a	COV	erage	exe	mptio	on
Part I	Marketplace-Grante have an exemption g							you a	ınd/o	ram	emb	er of	your	tax t	ouse	hold
	Name o	(a) of Individual			(D) SSN				(c) Exemption Certificate Number							
1	6							•			21/77.7.4					
2			- · · · · · · · · · · · · · · · · · · ·													
3															·	
4					<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>								
5	y											**************************************				
6 Part I	Coverage Evernette	ma Claimad an	V 5-4		37								·····			
7	Coverage Exemption  If you are claiming a coverage check here.									is be	olow t	he fili	ng th	reshol	ld,	 -1
Part II	Coverage Exemption household are claim	ons Claimed on ing an exemption	Your Ret	urn fo	or In	divid nplet	uals. te Pa	If yo	u and	d/or a	mer	nber	of yo	our te	x	
	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(I) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8																
9																
10																
11																
12																
13																

## **8082**

(Rev. December 2011) Department of the Treasury Internal Revenue Service

# Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs.)

► See separate instructions.

OMB No. 1545-0790

Attachment Sequence No. **84** 

		ace sehe	i ale ilisu ucuolis.						1			
Name(s) shown on return							Identify	ng nun	ber			
Regina M General Information							<u> </u>					
1 Check boxes that apply: (a) V Noti	oo of inc			• [	A							
(a) [2] Noti	ce or inc	onsistent	treatment (c	) [] /	Aam	inistr	ative ad	justme	ent rec	uest	(AAR)	
2 Identify type of pass-through entity:		7				~~~~						· · · · · · · · · · · · · · · · · · ·
(a) Partnership (b) S corpora		(c) 🗹 Es		ust	(e)		REMIC					
3 Employer identification number of pass-	through a	entity 5	Internal Revenue S	Service	e Ce	nter v	vhere pas	ss-thro	ugh er	ntity fil	ed its	return
4 Name, address, and ZIP code of pass-ti	hrough er	ntity 6	Tax year of pass	throu	ıah e	antity.	<del></del>					<del></del>
Educational Fund	in ough of	lately	rax year or pass		/ /	-		5 to	12 / 31 / 2		2016	
		7	Your tax year								<u> </u>	
				01		01	/ 201	6 to	12	/ 31	/	2016
Part II Inconsistent or Administrativ		tment F	(c) Amount as shown		1							
(a) Description of inconsistent or	or AAR is	to correct s that apply)	Schedule K-1, Schedule similar statement, a for	Q, or	1				g (e) Difference between (c) and (d)			
administrative adjustment request (AAR) items (see instructions)	Amount of	Treatment	trust statement, or your	return,	(d)	Amoun	it you are re	porting				ween
	item	of item	whichever applies (s instructions)	:0 <del>0</del>								
8 Part III, Line 4a Net long-term capital gain	•		4,804		ĺ		0				(4,804	$\downarrow$
			7,007						<del> </del>		(4,004	<del>}</del>
_												
9							·	ļ				
			:									
10					}							
								+	<del>                                     </del>			<del>- </del> -
44												
Part III Explanations—Enter the Part	Hitom	numb a	hafaya aaab a			14			<u> </u>			
continue your explanations o	n the ba	number ack.	beiore each ex	qəran	auc	m. H	more :	space	) is n	eede	d,	
												· · · · · · · · · · · · · · · · · · ·
Regina K performed NO "trade or busines	s" activiti	es as defi	ned in USC Title 26	Secti	on 7	701 (a	a)(26). Th	erefor	e NO '	'trade	or bu	siness"
income was produced as erroneously reported o	- v a - F	1.	talii et i gami gama	, <b>.</b> .								
modifie was produced as efforeously reported o	m K-1 by	f.	ducational Fund. T	nis to	rm is	s sub	mitted to	rebut	and c	orrect	infor	nation
on the K-1 submitted by the Educationa	l Fund. Ar	ıy payme	nts made to Regina	<u> </u>	<u> </u>	by thi	s Payer (	did not	resul	t from	anv t	axable
1			***************************************	1								
activity and do not constitute taxable income as	per (IRC)	6041(a) o	r IRC 6041A.							*******		
			**********************					·				
								*****				

## **8082**

(Rev. December 2011) Department of the Treasury Internal Revenue Service

# Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs.)

▶ See separate instructions.

OMB No. 1545-0790

Attachment Sequence No. **84** 

Name(s) shown on return					Identify	ng num	ber	
Emily K			···			L		
Part I General Information 1 Check boxes that apply: (a) ☑ Noti	ce of inco	neistant	treatment (h		Administrative ad	iuetmo	nt request (AAD)	
To ondok boxos trat appry. (a) E 1400	CC OI IIIC	JI ISISICI II	aeament <b>in</b>	/ [] /	administrative ad	Justine	m request (AAN)	
2 Identify type of pass-through entity:								***************************************
(a) Partnership (b) Scorpora		(c) 🗹 Es			(e) 🗌 REMIC			
3 Employer identification number of pass-	through 6	entity 5	Internal Revenue S	ervice	e Center where pa	ss-thro	ugh entity filed its re	eturn
4 Name, address, and ZIP code of pass-ti	hrough er	ntity 6	Tax year of pass-					
Educational Fund		-	Vous toy your	01	/ 01 / 201	6 to	12 / 31 / 2	2016
		'	Your tax year	01	/ 01 / 201	6 to	12 / 31 / 2	2016
Part II Inconsistent or Administrativ	e Adjus	tment R	equest (AAR) It		<u> </u>			
(a) Description of inconsistent or	or AAR is	stency is in, to correct	(c) Amount as shown Schedule K-1, Schedule					
administrative adjustment request (AAR) items (see instructions)	Amount of item	Treatment of item	similar statement, a for trust statement, or your i whichever applies (s instructions)	return, (d) Amount you are reporting		(e) Difference between (c) and (d)		
	_		และของเอาส					
8 Part III, Line 4a Net long-term capital gain			4,804		0		(4,804)	
9								
10								
						_		<del>                                     </del>
			·					
Part III Explanations – Enter the Par	t II itom	numbor	hoforo coch ov		otion H more		<u> </u>	<u> </u>
continue your explanations of	on the ba	ack.	before each ex	(pian	auon, it more	space	s is needed,	
Emily K performed NO "trade or business	" activitie	s as defin	ed in USC Title 26 S	Sectio	n 77 <b>01</b> (a)(26). Th	erefore	NO "trade or busir	ness"
income was produced as erroneously reported of	on K-1 by		ducational Fund. T	his fo	rm is submitted to	rebut	and correct inform	ation
on the K-1 submitted by the Educations	l Fund. A	ny payme	nts made to Regina	ĸ	by this Payer	did not	result from any ta	xable
activity and do not constitute taxable income as	per (IRC)	6041(a) o	r IRC 6041A.	<b></b>				
				\			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	As	VOLL CA	n see on this	form	ı. I made an e	error	having the	
	1	•	in for my dau		· ·		- 1	
			to Regina in	_	•		l.	
			ve been there				· L	
		perworl			<b>-</b>	•		
	<u> </u>							

(Rev. December 2011) Department of the Treasury

### **Notice of Inconsistent Treatment or Administrative** Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs.)

Attachment

OMB No. 1545-0790

Sequence No. 84 internal Revenue Service See separate instructions. Name(s) shown on return Identifying number Paul K General Information Part I Check boxes that apply: (a) V Notice of inconsistent treatment (b) Administrative adjustment request (AAR) Identify type of pass-through entity: (a) Partnership (b) S corporation (c) V Estate (d) Trust (e) REMIC Employer identification number of pass-through entity Internal Revenue Service Center where pass-through entity filed its return 5 address, and ZIP code of pass-through entity Tax year of pass-through entity 01 / 01 / 2016 to 12 / 31 / Educational Fund Your tax year 01 / 01 / 2016 to 12 / 31 / 2016 Inconsistent or Administrative Adjustment Request (AAR) Items (b) Inconsistency is in, or AAR is to correct Schedule K-1, Schedule Q, or (a) Description of inconsistent or (check boxes that apply) similar statement, a foreign (e) Difference between administrative adjustment request (AAR) items (d) Amount you are reporting trust statement, or your return, (c) and (d) (see instructions) Amount of Treatment whichever applies (see of item instructions g Part III, Line 4a Net long-term capital gain 4,804 0 (4.804)9 10 11 Explanations—Enter the Part II item number before each explanation. If more space is needed, Part III continue your explanations on the back. Paul K performed NO "trade or business" activities as defined in USC Title 26 Section 7701 (a)(26). Therefore NO "trade or business" income was produced as erroneously reported on K-1 by Keilmen Educational Fund. This form is submitted to rebut and correct information on the K-1 submitted by the Educational Fund. Any payments made to Regina K by this Payer did not result from any taxable activity and do not constitute taxable income as per (IRC) 6041(a) or IRC 6041A. As you can see on this form, I made an error having the form filled in for my son Paul and yet there is a referrence to Regina in it that I missed and Paul's name should have been there instead. They still processed the paperwork.

Cat. No. 49975G

		X COULT	TILD (II CHECKED)		
PAYER'S name, street address, city or	r town, state o	r province, country, ZIP	1 Rents	OMB No. 1545-0115	
or foreign postal code, and telephone	no.				
	Ins Co	)	\$ 0.00	2016	Miscellaneous
			2 Royalties	2010	Income
			\$ 0.00	Form 1099-MISC	
			3 Other income	4 Federal income tax	withheld Copy B
			\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification number	RECIPIENT'	S identification number	5 Fishing boat proceeds	6 Medical and health care	-
			\$ 0.00	\$ 0.00	
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments	
Gregory K				dividends or interest	information and is
					being furnished to
			\$ 0.00	\$ 0.00	the internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	required to file a return, a negligence
			products to a buyer (recipient) for resale ▶	\$ 0.00	penalty or other sanction may be
			<sup>11</sup> 0.00	0.00	imposed on you if this income is taxable and the IRS
Account number (see instructions)		FATCA filing	13 Excess golden parachute payments	14 Gross proceeds pa	aid to an determines that it
		equirement	\$ 0.00	\$ 0.00	has not been reported.
15a Section 409A deferrals	15b Section	409A income	16 State tax withheld	17 State/Payer's state	no. 18 State income
			\$ 0.00		\$ 0.00
\$ 0.00	\$ 0.00		\$		\$
Form 1099-MISC (keep for	or your recor	ds) ww	w.irs.gov/form1099misc	Department of the	Treasury - Internal Revenue Service

IV COPPECTED (if chacked)

Signed:	Gropary Y	Date:	10-15-17
;			

1 Rents \$ 0.00 2 Royalties	омв No. 1545-0115 20 <b>16</b>	Miscellaneous	
	2016	Miscellaneous	
2 Royalties		_	
	2010	Income	
\$ 0.00	Form 1099-MISC		
3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy E For Recipien	
5 Fishing boat proceeds	6 Medical and health care payments		
	2.22		
\$ 0.00	\$ 0.00		
7 Nonemployee compensation	Substitute payments in lieu o dividends or interest	This is important tag information and is being furnished to	
\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are	
9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file return, a negligence	
products to a buyer (recipient) for resale ▶	\$ 0.00	penalty or othe sanction may b	
11 0.00	0.00	imposed on you this income i taxable and the IR	
13 Excess golden parachute	14 Gross proceeds paid to an attorney	determines that	
\$ 0.00	\$ 0.00	reported	
16 State tax withheld	17 State/Payer's state no.	18 State income \$ 0.00	
\$ 0.00		\$	
	3 Other income \$ 0.00  5 Fishing boat proceeds  \$ 0.00  7 Nonemployee compensation  \$ 0.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶ □  11  0.00  13 Excess golden parachute paymente \$ 0.00  16 State tax withheld \$ 0.00  \$	\$ 0.00 \$ 0.00  5 Fishing boat proceeds 6 Medical and health care payments  \$ 0.00 \$ 0.00  7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest  \$ 0.00 \$ 0.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶ □ \$ 0.00  11 0.00 \$ 0.00  12 0.00  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.	

Signed:	Gregory X	Date:	16-17	_
	Gregory K			

	X CORRE	CTED (if checked)		
PAYER'S name, street address, city or		1 Rents	OMB No. 1545-0115	
or foreign postal code, and telephone	Ins Co	\$ 0.00 2 Royalties	2016	Miscellaneous Income
		\$ 0.00	Form <b>1099-MISC</b>	
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy B For Recipient
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	·
		\$ 0.00	\$ 0.00	
RECIPIENT'S name Gregory K		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to
<u> </u>		\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a
		products to a buyer (recipient) for resale ►	\$ 0.00	penalty or other sanction may be
	and the second s	11 0.00	0.00	imposed on you in this income is taxable and the IRS
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that it
		\$ 0.00	\$ 0.00	reported
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld \$ 0.00	17 State/Payer's state no.	18 State income \$ 0.00
\$ 0.00	\$ 0.00	\$		\$
Form 1099-MISC (keep to	r vour recorde\	u ire any/form1000mier	Department of the Tressury	- Internal Revenue Service

Signed: Aregory M	Date: <u>/0~/5~/7</u>
Gregory K	1

\X CORR	ECTED (if checked)		
PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no.	1 Rents	OMB No. 1545-0115	
Insurance Co	\$ 0.00	2016	Miscellaneous
	2 Royalties	2010	Income
	\$ 0.00	Form 1099-MISC	
	3 Other income	4 Federal income tax withhe	
	\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification number RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payme	nts
	\$ 0.00	\$ 0.00	
RECIPIENT'S name Gregory K	7 Nonemployee compensation	8 Substitute payments in lieu dividends or interest	information and is being furnished to
	\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	
	products to a buyer (recipient) for resale ►	\$ 0.00	penalty or other sanction may be
	11 0.00	0.00	imposed on you if this income is taxable and the IRS
Account number (see instructions) FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to a	determines that it
Tracking #:	\$ 0.00	\$ 0.00	has not been reported.
15a Section 409A deferrals 15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
	\$ 0.00	OR/q	<b>  \$ 0.00</b>
\$ 0.00	\$	<u> </u>	\$
Form 1099-MISC (keep for your records) v	ww.lrs.gov/form1099misc	Department of the Treasu	ıry - Internal Revenue Service

		X CORRE	CIED (II Checked)		
PAYER'S name, street addr	ess, city or town, :	state or province, country, ZIP	1 Rents	OMB No. 1545-0115	
	Insuranc	e Company	\$ 0.00	2016	Miscellaneous
			2 Royalties	2010	Income
			\$ 0.00	Form 1099-MISC	
			3 Other income	4 Federal Income tax with	held Copy B
			\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification	on number RECIP	PIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payr	nents
			\$ 0.00	\$ 0.00	
Gregory K		7 Nonemployee compensation	8 Substitute payments in li dividends or interest	ieu of This is important tax information and is being furnished to	
			\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceed	ds required to file a
	·····		products to a buyer (recipient) for resale ▶ □	\$ 0.00	penalty or other
			11 0.00	0.00	imposed on you in this income is taxable and the IRS
Account number (see instru	ictions)	FATCA filing	13 Excess golden parachute	14 Gross proceeds paid to attorney	determines that i
Tracking #:		requirement	\$ 0.00	\$ 0.00	has not beer reported
15a Section 409A deferrals	15b S	ection 409A income	16 State tax withheld	17 State/Payer's state no.	
			\$ 0.00	OR	\$ 0.00
\$ 0.00	\$ 0	0.00	\$		<b>-</b> '  \$
Form 1099-MISC	(keep for your	records) w	www.irs.gov/form1099misc	Department of the Trea	surv - Internal Revenue Service

Signed:	Grayery "K	Da	ite: _	10-15-17	
	Gregory K	_			

		X CORRE	ECTED (IT Checked)		
PAYER'S name, street address, city o or foreign postal code, and telephone		or province, country, ZIP	1 Rents	OMB No. 1545-0115	
Insu	rance (	Company	\$ 0.00	2016	Miscellaneous
			2 Royalties	2010	Income
			\$ 0.00	Form 1099-MISC	
		_	3 Other income	4 Federal income tax v	1
			\$ 0.00	\$ 0.00	For Recipien
PAYER'S federal identification number	RECIPIENT	I'S identification number	5 Fishing boat proceeds	6 Medical and health care	payments
			0.00	0.00	
	<b>│ └</b> ──		\$ 0.00	\$ 0.00	
RECIPIENT'S name Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest	
			\$ 0.00	\$ 0.00	the Internal Revenu Service. If you ar
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	required to file return, a negligence
			products to a buyer (recipient) for resale ►	\$ 0.00	penalty or othe sanction may b
			11 0.00	0.00	imposed on you this income i taxable and the IR
Account number (see instructions)		FATCA filing	13 Excess golden parachute payments	14 Gross proceeds pa	id to an determines that
Tracking #:		requirement	\$ 0.00	\$ 0.00	has not bee reported
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Proces state	
		_	\$ 0.00	OR/	\$ 0.00
\$ 0.00	\$ 0.0	0	\$		\$
- 1000 MICC //			ion any/format/000ming	Donortment of the	Freasury - Internal Revenue Service

Signed:	Gregory K	Date:	10-15-17
	Gregory K		

		X CONNE	CTED (II CHECKED)			
PAYER'S name, street address, city		or province, country, ZIP	1 Rents	OMB No. 1545-0115		
or foreign postal code, and telepho	ne no.					
Insurance	Company		\$ 0.00	2016	ľ	Miscellaneous
			2 Royalties			Income
			<b>\$</b> 0.00	Form 1099-MISC		
			3 Other income	4 Federal income tax	withheld	Сору В
			\$ 0.00	\$ 0.00		For Recipient
PAYER'S federal identification numb	per RECIPIENT	'S identification number	5 Fishing boat proceeds	6 Medical and health care	payments	-
			\$ 0.00	\$ 0.00		
RECIPIENT'S name Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest		This is Important tax information and is being furnished to
			\$ 0.00	\$ 0.00		the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	required to file a return, a negligence
			products to a buyer (recipient) for resale ➤	\$ 0.00		penalty or othe sanction may be
		11 0.00	0.00		imposed on you in this income is taxable and the IRS	
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds pa attorney \$ 0.00	id to an	determines that i has not beer reported
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Payer's state	no.	18 State income
	1		\$ 0.00			\$ 0.00
\$ 0.00	\$ 0.00	)	\$		4	\$
Form 1099-MISC (keep	for your reco	ords) www	w.irs.gov/form1099misc	Department of the	reasury -	Internal Revenue Service

V CORRECTED (# abackad)

Signed:	Gropary 1	Date	:_10-19-17
	Gregory K	······································	

		X CORRE	CTED (II checked)		
PAYER'S name, street address, city		or province, country, ZIP	1 Rents	OMB No. 1545-0115	
or foreign postal code, and telephone	e no.				
Insura	nce Co		\$ 0.00	2016	Miscellaneous
			2 Royalties	2010	Income
			\$ 0.00	Form <b>1099-MISC</b>	
			3 Other income	4 Federal income tax w	rithheld Copy B
			\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification number	RECIPIENT	r'S identification number	5 Fishing boat proceeds	6 Medical and health care p	
			\$ 0.00	\$ 0.00	
Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest	information and is being furnished to
			\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance prod	
			products to a buyer (recipient) for resale ➤	\$ 0.00	penalty or other sanction may be
			11 0.00	0.00	imposed on you if this income is taxable and the IRS
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds pair attorney	d to an determines that it has not been
			\$ 0.00	\$ 0.00	reported.
15a Section 409A deferrals	15b Sectio	n 409A income	16 State tax withheld \$ 0.00	17 State/POR /	\$ 0.00
\$ 0.00	\$ 0.00	)	\$	1	\$
Form 1099-MISC (keep	or your reco	ords) ww	w.irs.gov/form1099misc	Department of the Tr	reasury - Internal Revenue Service

Signed:	Grogory K	Date:	10-15-17
	Gregory K		

	X CORRE	CTED (IT checked)		
PAYER'S name, street address, city or foreign postal code, and telephore	or town, state or province, country, ZIP ne no.	1 Rents	OMB No. 1545-0115	
Insura	nce Co	\$ 0.00	2016	Miscellaneous
		2 Royalties	2010	Income
		\$ 0.00	Form 1099-MISC	
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy B For Recipient
PAYER'S federal identification numb	er RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
		\$ 0.00	\$ 0.00	
Gregory K	-	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to
		\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a return, a negligence
		products to a buyer (recipient) for resale ►	\$ 0.00	penalty or othe sanction may be
		11 0.00	0.00	imposed on you this income in taxable and the IRS
Account number (see instructions) FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that
		\$ 0.00	\$ 0.00	reported
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld \$ 0.00	17 State/Parada state so OR /	18 State income \$ 0.00
\$ 0.00	\$ 0.00	\$ 0.00	l la	\$
Form 1099-MISC (keep	for your records) ww	w.irs.gov/form1099misc	Department of the Treasury	- Internal Revenue Servic

Signed: Tregory 1/	)ate: <u>/ () パラー   フ</u>
Gregory K	

☑ CORF	REC	TED (if checked)			
FILER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no. Services LLC	Р	PAYEE'S taxoaver identification no.  PAYEE'S taxoaver identification no.  1a Gross amount of payment card/third party network transactions  \$ 0.00	20 <b>16</b>	Payn	nent Card and Third Party Network Transactions
Check to indicate if FILER is a (an): Check to indicate transactions		1b Card Not Present transactions \$ 0.00	2 Merchant category 8041	code	Copy B For Payee
		Number of payment transactions	Federal income tax     withheld     0.00	×	This is important tax information and is
PAYEE'S name Gregory K		5a January \$ 0.00 5e March \$ 0.00	\$ 0.00 5d April \$ 0.00		being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other
		5e May \$ 0.00	\$ 0.00 \$ 0.00	sanction m imposed on taxable in	
		<b>5g</b> July \$ 0.00	5h August \$ 0.00	<del></del>	results from this transaction and the IRS determines that has not been
PSF'S name and telephone number		\$ 0.00	\$ 0.00		reported
Services LLC  Account number (see instructions)		\$ 0.00 6 State	\$ 0.00 7 State identification	on no.	8 State income tax withhel
POCOGIE FIGURES (See House 1979)					<b>\$</b>   <b>\$</b>
Form 1099-K (Keep for your records)		www.irs.gov/form1099	k Department of the	Treasury	- Internal Revenue Service

Signed: Areson Market Date: 15-17

Gregory K

X CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP 1 Rents OMB No. 1545-0115 or foreign postal code, and telephone no. \$ 0.00 Bolutions Inc Miscellaneous 2016 2 Royalties Income \$ 0.00 Form 1099-MISC 3 Other income Copy B 4 Federal income tax withheld \$ 0.00 0.00 For Recipient PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments 0.00 \$0.00RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu o This is important tax dividends or interest Gregory K information and is being furnished to the Internal Revenue \$ 0.00 \$ 0.00 Service. If you are 10 Crop insurance proceeds 9 Paver made direct sales of required to file a \$5,000 or more of consumer return, a negligence products to a buyer \$ 0.00 penalty or other (recipient) for resale ▶ sanction may be 12 imposed on you if 0.00 0.00this income is taxable and the IRS FATCA filing 14 Gross proceeds paid to an Account number (see instructions) 13 Excess golden parachute determines that it requirement has not been \$ 0.00 \$ 0.00 reported. 15b Section 409A income 15a Section 409A deferrals 16 State tax withheld 17 State/Payer's state no. 18 State income 0.00 OR / \$ 0.00 \$ 0.00 \$ 0.00 \$ Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

Signed:	Gregor	4 1		_ Date: _	10-15-17
	Gregory K			•	

		X CORRE	CTED (IT Checked)		
PAYER'S name, street address, city or foreign postal code, and telephone		or province, country, ZIP	1 Rents	OMB No. 1545-0115	
Inc			\$ 0.00	2016	Miscellaneous
			2 Royalties	2010	Income
			\$ 0.00	Form 1099-MISC	
			3 Other income \$ 0.00	4 Federal income tax wi \$ 0.00	ithheid Copy B For Recipient
PAYER'S federal identification number	RECIPIENT	r'S identification number	5 Fishing boat proceeds	6 Medical and health care p	ayments
			\$ 0.00	\$ 0.00	
RECIPIENT'S name Gregory K			7 Nonemployee compensation	8 Substitute payments in dividends or interest	information and is being furnished to
			\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proc	eeds required to file a return, a negligence
			products to a buyer (recipient) for resale ➤	\$ 0.00	penalty or othe sanction may be
			11 0.00	0.00	imposed on you this income i taxable and the IR
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid attorney \$ 0.00	
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Payer's state r	
\$ 0.00	\$ 0.00	)	\$ 0.00		\$ 0.00
\$ 0.00		)		17 State/Payer's state r	

Signed: Kregory K	Date: <u>10</u>	-15-17
Gregory K		

		X CURNE	CIED (II CHECKED)		
PAYER'S name, street address, city	or town, state	or province, country, ZIP	1 Rents	OMB No. 1545-0115	
or foreign postal code, and telephon					
	of Ore	gon	\$ 0.00	2016	Miscellaneous
			2 Royalties		Income
			\$ 0.00	Form 1099-MISC	
			3 Other income	4 Federal income tax	withheld Copy B
			\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification number	RECIPIEN	T'S identification number	5 Fishing boat proceeds	6 Medical and health care	
			\$ 0.00	\$ 0.00	
Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or Interest	
			\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds required to file a return, a negligence
		ا	products to a buyer (recipient) for resale ▶ □	\$ 0.00	penalty or other sanction may be
			11 0.00	0.00	imposed on you if this income is taxable and the IRS
Account number (see instructions)		FATCA filing	13 Excess golden parachute	14 Gross proceeds pa	
Tracking #:		requirement	\$ 0.00	\$ 0.00	has not beer reported
15a Section 409A deferrals	15b Section	on 409A income	16 State tax withheld	17 State/Payer's state	
			\$ 0.00	OR/	\$ 0.00
\$ 0.00	\$ 0.0	0	\$	<u> </u>	\$
Form 1099-MISC (keep	for your rec	ords) un	ow ire gov/form1099misc	Department of the	Treasury - Internal Revenue Service

IV COPPECTED (# abacked)

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "FILER" which erroneously alleges payments to the party identified above as "PAYEE" 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, accurate, and complete.

Signed: Date: 16-15-17

Gregory K

	X CORRE	CTED (if checked)			
PAYER'S name, street address, city or foreign postal code, and telepho	or town, state or province, country, ZIP ne no.	1 Rents	OMB No. 1545-0115		
Re	portina Inc	\$ 0.00	2016	ŧ	<b>Viscellaneous</b>
		2 Royalties	2010		Income
		\$ 0.00	Form 1099-MISC		
	Control of the Contro	3 Other income	4 Federal income tax	vithheld	Copy B
		\$ 0.00	\$ 0.00		For Recipient
PAYER'S federal identification numb	per RECIPIENT'S identification number	5 Fishing boat proceeds	8 Medical and health care	payments	-
		\$ 0.00	\$ 0.00		
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments dividends or interest	in lieu of	This is important tag
Gregory K	***************************************				being furnished to
		\$ 0.00	\$ 0.00		the internal Revenue Service. If you are
		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro-	ceeds	required to file a return, a negligence
		products to a buyer (recipient) for resale ►	\$ 0.00		penalty or othe sanction may be
		11 0.00	0.00		imposed on you this income in taxable and the IRS
Account number (see instructions)	FATCA filing	13 Excess golden parachute	14 Gross proceeds pa	id to an	determines that
Tracking #	requirement	\$ 0.00	\$ 0.00		has not been reported
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state	no.	18 State income
0.00		\$ 0.00	OR/	<u></u>	\$ 0.00
\$ 0.00	\$ 0.00	\$			\$
Form 1099-MISC (keep	for your records) ww	w.irs.gov/form1099misc	Department of the T	reasury -	Internal Revenue Servic

Signed:	Grogory W	Date: ˌ	16-15-17
	Gregory K	•	

☑ CORRE	CTED (if checked)		
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Bank	PAYEE'S taxpayer identification no.  PAYEE'S taxpayer identification no.  1a Gross amount of payment card/third party network transactions \$ 0.00	20 <b>16</b> Form <b>1099-K</b>	Payment Card and Third Party Network Transactions
Check to indicate if FILER is a (an): Check to indicate transactions	1b Card Not Present transactions \$ 0.00	2 Merchant category of 8041	Copy B For Payee
Payment settlement entity (PSE)	3 Number of payment transactions 0	Federal income tax withheld     0.00	This is important tax information and k
Gregory K	5a January \$ 0.00 5o March \$ 0.00	\$ 0.00 5d April \$ 0.00	being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or othe
	5e May \$ 0.00	5f June \$ 0.00	sanction may be imposed on you taxable income
	5g July \$ 0.00	5h August \$ 0.00	results from the transaction and the IRS determines that
PSE'S name and telephone number	5i September \$ 0.00	5j October \$ 0.00	has not been reported
BANK	5k November \$ 0.00	\$ 0.00	
Account number (see instructions)	6 State	7 State identification	\$
Form 1099-K (Keep for your records)	www.irs.gov/form1099	Department of the Ti	reasury - Internal Revenue Servic

Signed: New Market Date: 10-15-17

Gregory K

		X CORRE	CTED (if checked)			
PAYER'S name, street address, city o or foreign postal code, and telephone		vince, country, ZIP	1 Rents	OMB No. 1545-0115		
Plan			\$ 0.00	2016	1	Miscellaneous
			2 Royalties	<u> </u>		Income
			\$ 0.00	Form 1099-MISC		
			3 Other income \$ 0.00	4 Federal income tax \$ 0.00	withheld	Copy B For Recipient
PAYER'S federal identification number	RECIPIENT'S idea	ntification number	5 Fishing boat proceeds	6 Medical and health care	payments	•
			\$ 0.00	\$ 0.00		
Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest		This is important tax information and is being furnished to
			\$ 0.00	\$ 0.00		the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	required to file a return, a negligence
			products to a buyer (recipient) for resale ▶ □	\$ 0.00		penalty or other sanction may be
			11 0.00	0.00		imposed on you if this income is taxable and the IRS
Account number (see instructions)		A filing ement	13 Excess golden parachute payments	14 Gross proceeds pa attorney	aid to an	determines that it
			\$ 0.00	\$ 0.00		reported.
15a Section 409A deferrals	15b Section 409A	income	16 State tax withheld	17 State/Payer's state	no.	18 State income
\$ 0.00	\$ 0.00		\$ 0.00			\$ 0.00 \$
Form 1099-MISC (keep to	or your records)	\.	w ire gov/form1099misc	Department of the	Transuni	Internal Payanua Sanian

Signed: Aropary K	_ Date: _	10-15-17
Gregory K	1	

	X CORRE	CTED (II checked)		
PAYER'S name, street address, city or foreign postal code, and telephor	or town, state or province, country, ZIP e no.	1 Rents	OMB No. 1545-0115	
Corporation		\$ 0.00	2016 '	Miscellaneous
		2 Royalties	2010	Income
		\$ 0.00	Form 1099-MISC	
		3 Other income	4 Federal income tax withheld	Copy B
		\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification number	er RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
		\$ 0.00	\$ 0.00	
RECIPIENT'S name Gregory K		7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to
		\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a return, a negligence
		products to a buyer (recipient) for resale ▶	\$ 0.00	penalty or other sanction may be
		11 0.00	0.00	imposed on you if this income is taxable and the IRS
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	determines that if
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld \$ 0.00	17 State/Paver's state no. OR	18 State income \$ 0.00
\$ 0.00	\$ 0.00	\$ 0.00		\$
Form 1099-MISC (keep	for your records) www	w irs gov/form1099misc	Department of the Treasury	- Internal Revenue Service

Signed: Date: 16-15-17

X CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP OMB No. 1545-0115 or foreign postal code, and telephone no. Mutual Co \$ 0.00 Miscellaneous 2016 2 Royalties Income g 0.00 Form 1099-MISC 3 Other income 4 Federal income tax withheld Copy B \$ 0.00 0.00 For Recipient PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments \$ 0.00 0.00 RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of This is important tax dividends or interest Gregory K information and is being furnished to \$ 0.00 the Internal Revenue \$ 0.00 Service. If you are 9 Payer made direct sales of 10 Crop insurance proceeds required to file a \$5,000 or more of consumer return, a negligence products to a buyer penalty or other \$ 0.00 (recipient) for resale ▶ sanction may be 12 imposed on you if 0.00 0.00 this income is taxable and the IRS Account number (see instructions) **FATCA filing** 13 Excess golden parachute 14 Gross proceeds paid to an determines that it requirement payments attorney has not been Tracking #: \$ 0.00 0.00 reported. 15a Section 409A deferrals 17 State/Payer's state no. 15b Section 409A income 16 State tax withheld 18 State income ORA \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Service www.irs.gov/form1099misc

Signed:	Graport K	Date:	10-15-17
	Gregory K	•	

		CTED (if checked)		
PAYER'S name, street address, city	or town, state or province, country, ZIP	1 Rents	OMB No. 1545-0115	
	Co	\$ 0.00 2 Royalties	2016	Miscellaneous
		\$ 0.00	Form <b>1099-MISC</b>	income
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy B For Recipient
PAYER'S federal identification numb	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
		\$ 0.00	\$ 0.00	
Gregory K		7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to
		\$ 0.00	\$ 0.00	the internal Revenue Service, if you are
		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a
		products to a buyer (recipient) for resale ►	\$ 0.00	return, a negligence penalty or other sanction may be
		11 0.00	0.00	imposed on you in this income is taxable and the IRS
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	determines that if has not beer reported
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00
1000 11100		ν.irs.gov/form1099misc	Department of the Treasury	<u> </u>

\$ 0.00  Solver income \$ 0.00  PAYER'S federal identification number   Securification number   Securifi	
\$ 0.00  \$ 0.00  \$ 0.00  \$ 0.00  Form 1099-MISC  3 Other income \$ 0.00  \$ 0.00  For Re  PAYER'S federal identification number   RECIPIENT'S identification number    \$ 0.00  \$ 0.00  \$ 0.00  For Re  This is important in the original formation of dividends or interest    \$ 0.00  \$	
\$ 0.00 Form 1099-MISC  3 Other income \$ 0.00 \$ 0.00 For Re  PAYER'S federal identification number RECIPIENT'S identification number \$ 5 Fishing boat proceeds \$ 6 Medical and health care payments  \$ 0.00 \$ 0.00 \$  RECIPIENT'S name \$ 0.00 \$ 0.00 \$  This is imposing furnities of dividends or interest \$ 0.00 \$ 0.00 \$  \$ 0.00 \$ 0.00 \$ 0.00 \$  Payer made direct sales of \$ 0.00	ous;
3 Other income \$ 0.00 \$ 0.00 For Re  PAYER'S federal identification number RECIPIENT'S identification number \$ 0.00 \$ 0.00 \$ 0.00  RECIPIENT'S name  Gregory K  \$ 0.00 \$ 0.00 \$ 0.00  This is important dividends or interest of the Internal Service. If \$ 0.00 \$ 0.00 \$ 0.00  Payer made direct sales of \$ 0.00 \$ 0.	ome
PAYER'S federal identification number RECIPIENT'S identification number  \$ 0.00 \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ Medical and health care payments  \$ 0.00 \$ Medical and health care payments  This is imposing furnity to be information to be informat	
PAYER'S federal identification number RECIPIENT'S identification number \$ 5 Fishing boat proceeds \$ 0.00 \$ 0.00 \$  RECIPIENT'S name 7 Nonemployee compensation dividends or interest 5 Fishing boat proceeds 5 Fishing boat proceeds 6 Medical and health care payments 5 Fishing boat proceeds 5 0.00 \$	ору В
RECIPIENT'S name  7 Nonemployee compensation dividends or interest of the internal service. It is a payments in lieu of dividends or interest of the internal service. It is a payments in lieu of dividends or interest of the internal service. It is a payer made direct sales of \$0.00 to Crop Insurance proceeds or required return, a new payments in lieu of the internal service. It is a payer made direct sales of \$0.00 to Crop Insurance proceeds or required return, a new payments in lieu of the internal service. It is a payer made direct sales of \$0.00 to Crop Insurance proceeds or required return, a new payments in lieu of the internal service. It is a payer made direct sales of \$0.00 to Crop Insurance proceeds or required return, a new payments in lieu of the internal service. It is a payer made direct sales of \$0.00 to Crop Insurance proceeds or required return, a new payments in lieu of the internal service. It is a payer made direct sales of \$0.00 to Crop Insurance proceeds or required returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or required returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns, a new payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or returns a payer made direct sales of \$0.00 to Crop Insurance proceeds or to Crop	ipient
RECIPIENT'S name  7 Nonemployee compensation dividends or interest dividends or interest of the internation	
RECIPIENT'S name  7 Nonemployee compensation dividends or interest dividends or interest of the international Service. If the international Service is the international Service. If the international Service is the international S	
\$ 0.00 \$ 0.00 Service. It shows the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service. It is shown to be the information being furnithe Internal Service and the Internal Service and Internal Service and Internal Service a	
\$ 0.00 \$ 0.00 the internal Service. It should be proceeds a payer made direct sales of \$5,000 or more of consumer the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeds and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service. It is should be proceeded and the internal service and the internal service. It is should be proceeded and the internal service are should be proceeded as the internal service. It is should be proceeded and the internal service and the internal service are should be proceeded as the internal service and the	
\$ 0.00 \$ 0.00 the Internal Service. It services of \$ 0.00 the Internal Service. It services the Internal Service. It services the Internal Services is serviced to the Internal Service. It services the Internal Services is serviced to the Internal Services. It is serviced to the Internal Services to the Internal Services to the Internal Services. It is serviced to the Internal Services to the Internal Se	
\$5,000 or more of consumer return, a ne	evenue
products to a buyer (recipient) for resale ► □ \$ 0.00 penalty sanction	or othe
11 0.00 12 imposed this interval taxable and	come is
Account number (see instructions) FATCA filing 13 Excess golden parachute 14 Gross proceeds paid to an determin	s that i
	ot beer
	·
15a Section 409A deferrals 15b Section 409A Income 16 State tax withheld 17 State/Payer's state no. 18 State incom	1
1 0.00	
\$ 0.00 \$ 0.00 \$ Department of the Treasury - Internal Reven	

Signed: 10~15~17

Gregory K

	X CORNE	CTED (II CHecked)		
PAYER'S name, street address, city or foreign, postal code, and telephor	or town, state or province, country, ZIP	1 Rents	OMB No. 1545-0115	
Inc		\$ 0.00	2016	Miscellaneous
		2 Royalties		Income
		\$ 0.00	Form 1099-MISC	_
	1	3 Other income	4 Federal income tax withheld	Copy B
		\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal identification numb	er RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
		\$ 0.00	\$ 0.00	
Gregory K		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to
		\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a return, a negligence
		products to a buyer (recipient) for resale ▶ □	\$ 0.00	penalty or other sanction may be
		11 0.00	0.00	imposed on you if this income is taxable and the IRS
Account number (see instructions) FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that it
		\$ 0.00	\$ 0.00	reported.
15e Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
. 0.00	0.00	\$ 0.00		\$ 0.00
\$ 0.00	\$ 0.00	\$	<u> </u>	\$
Form 1099-MISC (keep	for your records) ww	rw.lrs.gov/form1099misc	Department of the Treasury	- Internal Revenue Service

IV CORDECTED (# abackad)

Signed:	Grogory Y	Date:	10-15-17
	Gregory K		

		X CORRE	CTED (II CHECKED)			
PAYER'S name, street address, city		or province, country, ZIP	1 Rents	OMB No. 1545-0115		
	ne no. Nurance	Co	\$ 0.00 2 Royalties	2016	r	Miscellaneous Income
			\$ 0.00	Form 1099-MISC		
		]	3 Other income \$ 0.00	4 Federal income tax \$ 0.00	withheld	Copy B For Recipient
PAYER'S federal identification numb	er RECIPIEN	T'S identification number	5 Fishing boat proceeds	6 Medical and health care	payments	•
			\$ 0.00	\$ 0.00		
Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest		This is important ta information and is being furnished to
			\$ 0.00	\$ 0.00		the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	required to file a return, a negligence
			products to a buyer (recipient) for resale ►	\$ 0.00		penalty or othe sanction may be
			11 0.00	0.00		imposed on you i this income is taxable and the IRS
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds pa attorney \$ 0.00	id to an	determines that i has not been reported
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld \$ 0.00	17 State/Payer's state	no.	18 State income \$ 0.00
\$ 0.00	\$ 0.00	)	\$ 0.00			\$ 0.00
Form 1099-MISC (keep	for your rec	ords) ww	w irs gov/form1099misc	Department of the	Freesury -	Internal Revenue Service

Signed: Thegary X	Date: 16-17
Gregory K	

		X CORRE	CTED (if checked)				
PAYER'S name, street address, cit or foreign postal code, and telepho	y or town, state	or province, country, ZIP	1 Rents	OMB No. 1545-0115			
Bank			\$ 0.00	0046		Miscellaneous	
				2016		Income	
			\$ 0.00	Form 1099-MISC		_	
			3 Other income \$ 0.00	4 Federal income tax \$ 0.00	withheld	Copy B For Recipient	
PAYER'S federal identification numb	Der RECIPIENT	'S identification number	5 Fishing boat proceeds	6 Medical and health care	payments		
			\$ 0.00	\$ 0.00			
RECIPIENT'S name Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest		information and is	
			\$ 0.00	\$ 0.00		being furnished to the Internal Revenue Service. If you are	
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	\$ 0.00	ceeds	required to file a return, a negligence penalty or other	
			(recipient) for resale ▶ ☐	12	sanction may		
		0.00	0.00		this income is taxable and the IRS		
Account number (see instructions) FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds pa attorney	id to an	determines that it		
			\$ 0.00	\$ 0.00		reported.	
15a Section 409A deferrals	15b Section	1 409A income	16 State tax withheld \$ 0.00	17 State/Payer's state OR/	no.	18 State income \$ 0.00	
\$ 0.00	\$ 0.00	)	\$ 0.00	J		\$ 0.00	
Form 1099-MISC (keep	for your reco	rds) www	w irs gov/form1099misc	Department of the T	reaction.	Internal Revenue Service	

Signed: Gropory K	Date: 10-15-17
Gregory K	

		X CORRE	CTED (if checked)				
PAYER'S name, street address, city		e or province, country, ZIP	1 Rents	OMB No. 1545-0115			
nd telephone no. Health Plans			\$ 0.00	2016	P	Miscellaneous	
			2 Royalties	<u> </u>		Income	
			\$ 0.00	Form 1099-MISC			
			3 Other income \$ 0.00	4 Federal income tax \$ 0.00	withheld	Copy B For Recipient	
PAYER'S federal identification number	RECIPIEN	T'S identification number	5 Fishing boat proceeds	6 Medical and health care	payments		
			\$ 0.00	\$ 0.00			
Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest		This is important tax information and is being furnished to	
			\$ 0.00	\$ 0.00		the Internal Revenue Service. If you are	
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	required to file a return, a negligence	
			products to a buyer (recipient) for resale ▶	\$ 0.00		penalty or othe sanction may be	
			11 0.00	0.00		imposed on you i this income is taxable and the IRS	
Account number (see instructions) FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds pa	id to an	determines that i		
			\$ 0.00	\$ 0.00		has not beer reported	
15a Section 409A deferrals	15b Section	on 409A income	16 State tax withheld	17 State/Payer's state	no.	18 State income	
\$ 0.00	\$ 0.00	n	\$ 0.00	 		\$ 0.00	
1000 1000	or your rec		w irs gov/form1099misc	Department of the 3	Traceiny .	Internal Revenue Service	

Signed: Lagrany K	Date: _	10-15-17
Gregory K	ł	

			X CONNEC	STED (II CHECKED)		
PAYER'S name, street	address, city or to	own, state or	province, country, ZIP	1 Rents	OMB No. 1545-0115	
or foreign postal code		) <u>.                                    </u>				B.44
		Heal	th Plans	\$ 0.00	2016	Miscellaneous
Ţ		_Ŋ		2 Royalties	<u> </u>	Income
				\$ 0.00	Form 1099-MISC	
				3 Other income	4 Federal income tax	withheld Copy B
<u> </u>				\$ 0.00	\$ 0.00	For Recipient
PAYER'S federal ident	ification number F	RECIPIENT'S	identification number	5 Fishing boat proceeds	6 Medical and health care	payments
<del></del>		1				
		L		\$ 0.00	\$ 0.00	
RECIPIENT'S nar				7 Nonemployee compensation	8 Substitute payments dividends or interest	
Gregory K				ļ		being furnished to
				\$ 0.00	\$ 0.00	the Internal Revenue Service. If you are
				9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	required to file a return, a negligence
				products to a buyer (recipient) for resale	\$ 0.00	penalty or othe sanction may be
				11 0.00	0.00	imposed on you in this income is taxable and the IRS
Account number (see	instructions)		ATCA filing	13 Excess golden parachute payments	14 Gross proceeds po	
		] *		\$ 0.00	\$ 0.00	reported
15a Section 409A de	ferrals	15b Section	409A income	16 State tax withheld	17 State/Payer's state	
10a Oction 403A de				\$ 0.00	OR	\$ 0.00
\$ 0.00		\$ 0.00		\$	<u> </u>	\$
- 1000 MISC	//com for	VOUR PROOF	rie) un	w irs gov/form1099misc	Department of the	Treasury - Internal Revenue Service

IV CORRECTED (if checked)

Signed:	Gragory K	Date:	10-15-17	<del></del>
	Gregory K			

		X CORREC	CTED (if checked)			
PAYER'S name, street address, city of		r province, country, ZIP	1 Rents	OMB No. 1545-0115		
or foreign postal code, and telephone no.			\$ 0.00 2 Royalties	2016	N	discellaneous Income
		•	\$ 0.00	Form <b>1099-MISC</b>		
			3 Other income \$ 0.00	4 Federal income tax v	withheld	Copy B For Reciplent
PAYER'S federal identification number	RECIPIENT'	S identification number	5 Fishing boat proceeds	6 Medical and health care	payments	·
			\$ 0.00	\$ 0.00		
RECIPIENT'S name Gregory K			7 Nonemployee compensation	8 Substitute payments dividends or interest		This is important tax information and is being furnished to
			\$ 0.00	\$ 0.00		the Internal Revenue Service. If you are
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	required to file a return, a negligence
			products to a buyer (recipient) for resale ►	\$ 0.00		penalty or other sanction may be
			0.00	0.00		Imposed on you i this income is taxable and the IRS
Account number (see instructions)		FATCA filing equirement	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds pa attorney \$ 0.00	id to an	determines that i has not beer reported
15a Section 409A deferrals	15b Section	409A income	16 State tax withheld \$ 0.00	17 State/Payer's state	no.	18 State income \$ 0.00
\$ 0.00	\$ 0.00		\$ 0.00			\$
Form 1099-MISC (keep f	or your recor	ds) ww	w.irs.gov/form1099misc	Department of the 1	Freasury -	Internal Revenue Service

Signed: Kropary K	Date: 10-15-17
Gregory K	