

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
 Gregory K
 If a joint return, spouse's first name and initial Last name
 Fabiola K

Your social security number
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 Make sure the SSN(s) above and on line 6c are correct.

Foreign country name Foreign province/state/county Foreign postal code
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

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

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
 b ☒ Spouse

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
Regina	K		Father	<input checked="" type="checkbox"/>
Emily	K		Father	<input checked="" type="checkbox"/>
Paul	K		Father	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

Boxes checked on 6a and 6b
 No. of children on 6c who:
 • lived with you 3
 • did not live with you due to divorce or separation (see instructions) _____
 Dependents on 6c not entered above _____
 Add numbers on lines above ▶ **5**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	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	0

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	0

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	0
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
41	Subtract line 40 from line 38	41	(12,600)
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
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0
57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0
64	Federal income tax withheld from Forms W-2 and 1099	64	14
65	2016 estimated tax payments and amount applied from 2015 return	65	0
66a	Earned income credit (EIC)	66a	0
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
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	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14
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 refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	14
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
77	Amount of line 75 you want applied to your 2017 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No

Designee's name Phone no. Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>Gregory H</i>	10-15-17	Chiropractor	
Spouse's signature. If <input type="checkbox"/> joint sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>Tabitha H</i>	10-15-17	Housewife	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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

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

OMB No. 1545-0074

1 Name(s) shown on return Fabiola		2 Your social security number [redacted]	
3 Address [redacted]			
4 Enter year in space provided and check one box. For the tax year ending December 31, 2016 , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code Orchard [redacted] [redacted]		6 Employer's or payer's identification number (if known) [redacted]	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation 0 b Social security wages 0 c Medicare wages and tips 0 d Social security tips 0 e Federal income tax withheld 0	f State income tax withheld 0 (Name of state) <u>Oregon</u> g Local income tax withheld (Name of locality) h Social security tax withheld 11 i Medicare tax withheld 3		
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution b Taxable amount c Taxable amount not determined <input type="checkbox"/> d Total distribution <input type="checkbox"/> e Capital gain (included in line 8b)	f Federal income tax withheld g State income tax withheld h Local income tax withheld i Employee contributions j Distribution codes		
9 How did you determine the amounts on lines 7 and 8 above? Party identified as "Payer" in box c provided a W-2 which erroneously alleged payment of IRC Section 3121 and 3401 transactions in Line 7(a)-herby disputed. I deny that said Payer and I had any IRC Section 3121 and 3401 transactions in 2016.			
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.			

none

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**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

2016Attachment
Sequence No. **75**

Name as shown on return

Gregory K

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☒**Part III** **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(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	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8																
9																
10																
11																
12																
13																

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37787G

Form **8965** (2016)

**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

Regina K []

Identifying number

Part I General Information1 Check boxes that apply: (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 Identify type of pass-through entity:

(a) ☐ Partnership (b) ☐ S corporation (c) ☒ Estate (d) ☐ Trust (e) ☐ REMIC

3 Employer identification number of pass-through entity

5 Internal Revenue Service Center where pass-through entity filed its return

4 Name, address, and ZIP code of pass-through entity

6 Tax year of pass-through entity

Educational Fund

01 / 01 / 2016 to 12 / 31 / 2016

7 Your tax year

01 / 01 / 2016 to 12 / 31 / 2016

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)		(d) Amount you are reporting		(e) Difference between (c) and (d)	
	Amount of item	Treatment of item						
8 Part III, Line 4a Net long-term capital gain	✓		4,804		0		(4,804)	
9								
10								
11								

Part III Explanations—Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

Regina 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 [] 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 [] by this Payer did not result from any taxable activity and do not constitute taxable income as per (IRC) 6041(a) or IRC 6041A.

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

Emily K [redacted]

Identifying number

Part I General Information1 Check boxes that apply: (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 Identify type of pass-through entity:

(a) ☐ Partnership (b) ☐ S corporation (c) ☒ Estate (d) ☐ Trust (e) ☐ REMIC

3 Employer identification number of pass-through entity

5 Internal Revenue Service Center where pass-through entity filed its return

4 Name, address, and ZIP code of pass-through entity

6 Tax year of pass-through entity

01 / 01 / 2016 to 12 / 31 / 2016

7 Your tax year

01 / 01 / 2016 to 12 / 31 / 2016

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting		(e) Difference between (c) and (d)
	Amount of item	Treatment of item				
8 Part III, Line 4a Net long-term capital gain	✓		4,804	0		(4,804)
9						
10						
11						

Part III Explanations—Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

Emily K [redacted] 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 [redacted] Educational Fund. This form is submitted to rebut and correct information on the K-1 submitted by the [redacted] Educational Fund. Any payments made to Regina K [redacted] 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 daughter Emily and yet there is a reference to Regina in it that I missed and Emily's name should have been there instead. They still processed the paperwork.

Form **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

Paul K. [redacted]

Identifying number

Part I General Information1 Check boxes that apply: (a) ☒ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)

2 Identify type of pass-through entity:

(a) ☐ Partnership (b) ☐ S corporation (c) ☒ Estate (d) ☐ Trust (e) ☐ REMIC

3 Employer identification number of pass-through entity

5 Internal Revenue Service Center where pass-through entity filed its return

4 Name, address, and ZIP code of pass-through entity

Educational Fund

6 Tax year of pass-through entity

01 / 01 / 2016 to 12 / 31 / 2016

7 Your tax year

01 / 01 / 2016 to 12 / 31 / 2016

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting		(e) Difference between (c) and (d)	
	Amount of item	Treatment of item					
8 Part III, Line 4a Net long-term capital gain	✓		4,804	0		(4,804)	
9							
10							
11							

Part III Explanations—Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

Paul K. [redacted] 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 Kellmen Educational Fund. This form is submitted to rebut and correct information on the K-1 submitted by the [redacted] Educational Fund. Any payments made to Regina K. [redacted] 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 reference to Regina in it that I missed and Paul's name should have been there instead. They still processed the paperwork.

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [Redacted] Ins Co [Redacted]		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number [Redacted]	RECIPIENT'S identification number [Redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K [Redacted] [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
		11 0.00	12 0.00		
Account number (see instructions) [Redacted]		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no.		
			18 State income \$ 0.00		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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: Gregory K [Redacted] Date: 10-15-17
[Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [Redacted] Ins Co [Redacted]		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number [Redacted]	RECIPIENT'S identification number [Redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K [Redacted] [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00		
Account number (see instructions) [Redacted]	FATCA filing requirement <input type="checkbox"/>	11 0.00	12 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
		15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00		
		16 State tax withheld \$ 0.00	17 State/Payer's state no. \$		18 State income \$ 0.00

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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: Gregory K [Redacted] Date: 10-15-17

Gregory K [Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Ins Co</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number <div></div>	RECIPIENT'S identification number <div></div>	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K <div></div>		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
Account number (see instructions) <div></div>		FATCA filing requirement <input type="checkbox"/>	11 0.00	12 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
			13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
			15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	
			16 State tax withheld \$ 0.00	17 State/Payer's state no.	18 State income \$ 0.00

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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: Gregory K

Gregory K

Date: 10-15-17

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Insurance Co [Redacted]		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number [Redacted]	RECIPIENT'S identification number [Redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Gregory K [Redacted] [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00	
		11 0.00	12 0.00	
Account number (see instructions) [Redacted] Tracking #: [Redacted]	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR / 0 [Redacted]	18 State income \$ 0.00

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Signed: _____

Gregory K [Redacted]

Date: _____

10-15-17

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Insurance Company</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number <div></div>	RECIPIENT'S identification number <div></div>	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K <div></div>		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
		11 0.00	12 0.00		
Account number (see instructions) Tracking #: <div></div>	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR <div></div>		
			18 State income \$ 0.00		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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: Gregory K Date: 10-17-17
Gregory K

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$ 0.00		OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
Insurance Company		2 Royalties \$ 0.00				
		3 Other income \$ 0.00		4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds \$ 0.00		Copy B For Recipient
				6 Medical and health care payments \$ 0.00		
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00		8 Substitute payments in lieu of dividends or interest \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$ 0.00		
		11 0.00		12 0.00		
Account number (see instructions) Tracking #:		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments \$ 0.00		
				14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00		15b Section 409A income \$ 0.00		16 State tax withheld \$ 0.00		17 State/Power of attorney OR
						18 State income \$ 0.00

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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: Gregory K Date: 12-15-17

Gregory K

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [Redacted] Insurance Company [Redacted]		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number [Redacted]	RECIPIENT'S identification number [Redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K [Redacted] [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00	
Account number (see instructions) [Redacted]	FATCA filing requirement <input type="checkbox"/>	11 0.00	12 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. \$	
			18 State income \$ 0.00	

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Signed: Gregory K [Redacted] Date: 10-19-17
Gregory K [Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Insurance Co		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00	
		11 0.00	12 0.00	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/ OR / \$	18 State income \$ 0.00

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Signed: Gregory K [Signature] Date: 10-15-17
Gregory K [Signature]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [redacted] Insurance Co [redacted]		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number [redacted]	RECIPIENT'S identification number [redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K [redacted] [redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00	
		11 0.00	12 0.00	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Pseudo state no. OR / [redacted]	
		18 State income \$ 0.00		

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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: Gregory K [redacted] Date: 10-15-17
Gregory K [redacted]

☒ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Services LLC</div>		FILER'S federal identification no. <div></div>	OMB No. 1545-2205	Payment Card and Third Party Network Transactions		
PAYEE'S taxover identification no. <div></div>		2016	Form 1099-K			
1a Gross amount of payment card/third party network transactions \$ 0.00		2 Merchant category code 8041	4 Federal income tax withheld \$ 0.00			
1b Card Not Present transactions \$ 0.00		3 Number of payment transactions 0	Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>				
PAYEE'S name Gregory K <div></div>		5a January \$ 0.00			5b February \$ 0.00	
		5c March \$ 0.00			5d April \$ 0.00	
		5e May \$ 0.00			5f June \$ 0.00	
		5g July \$ 0.00			5h August \$ 0.00	
		5i September \$ 0.00			5j October \$ 0.00	
PSE'S name and telephone number <div>Services LLC</div>		5k November \$ 0.00			5l December \$ 0.00	
Account number (see instructions) <div></div>		6 State			7 State identification no.	8 State income tax withheld \$ \$

Form 1099-K (Keep for your records) www.irs.gov/form1099k Department of the Treasury - Internal Revenue Service

This corrected Form 1099-K 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: Gregory K Date: 10-15-17
Gregory K

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Solutions Inc</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		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 \$ 0.00	6 Medical and health care payments \$ 0.00		
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00	
			11 0.00	12 0.00	
13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00				
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR /	18 State income \$ 0.00	

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Signed:

Gregory K

Date:

10-15-17

Gregory K

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Inc</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number <div></div>	RECIPIENT'S identification number <div></div>	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K <div></div>		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		11 0.00	12 0.00		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00		
			14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no.	18 State income \$ 0.00	

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [redacted] of Oregon [redacted]		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number [redacted]	RECIPIENT'S identification number [redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K [redacted] [redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00	
Account number (see instructions) Tracking #: [redacted]	FATCA filing requirement <input type="checkbox"/>	11 0.00	12 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR/	
			18 State income \$ 0.00	

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Signed: Gregory K [redacted]

Date: 10-15-17

Gregory K [redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Reporting Inc</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number <div></div>	RECIPIENT'S identification number <div></div>	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name Gregory K <div></div>		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00		
		11 0.00	12 0.00		
Account number (see instructions) Tracking # <div></div>	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR/ <div></div>	18 State income \$ 0.00	

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Signed: Gregory K

Gregory K

Date: 12-15-17

☒ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Bank</div>		FILER'S federal identification no. <div></div>	OMB No. 1545-2205	Payment Card and Third Party Network Transactions	
PAYEE'S taxpayer identification no. <div></div>		2016	Form 1099-K		
1a Gross amount of payment card/third party network transactions \$ 0.00		2 Merchant category code 8041			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.	
PAYEE'S name Gregory K <div></div>		3 Number of payment transactions 0	4 Federal income tax withheld \$ 0.00		
PSE'S name and telephone number BANK <div></div>		5a January \$ 0.00	5b February \$ 0.00		
		5c March \$ 0.00	5d April \$ 0.00		
		5e May \$ 0.00	5f June \$ 0.00		
		5g July \$ 0.00	5h August \$ 0.00		
Account number (see instructions) <div></div>		5i September \$ 0.00	5j October \$ 0.00		
		5k November \$ 0.00	5l December \$ 0.00		
		6 State	7 State identification no.		8 State income tax withheld \$ \$

Form 1099-K

(Keep for your records)

www.irs.gov/form1099k

Department of the Treasury - Internal Revenue Service

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Signed:

Gregory K

Date:

10-15-17

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Plan</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
		11 0.00	12 0.00		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no.	18 State income \$ 0.00	

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Signed: Gregory K Date: 10/15/17

Gregory K

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Corporation		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		11 0.00	12 0.00	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR	
			18 State income \$	

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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Signed: Gregory K [Redacted] Date: 10-15-17
Gregory K [Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [Redacted] Mutual Co		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
[Redacted]		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number [Redacted]	RECIPIENT'S identification number [Redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K [Redacted] [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		11 0.00	12 0.00		
Account number (see instructions) Tracking #: [Redacted]	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR [Redacted]		
			18 State income \$ 0.00		

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Signed: Gregory K [Redacted] Date: 10-15-17
Gregory K [Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP [Redacted] Co		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
[Redacted]		2 Royalties \$ 0.00		
[Redacted]		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number [Redacted]	RECIPIENT'S identification number [Redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
[Redacted]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
[Redacted]		11 0.00	12 0.00	
Account number (see instructions) [Redacted]	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. \$	
			18 State income \$ 0.00	

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Signed: Gregory K [Redacted] Date: 10-15-17
Gregory K [Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div>Co</div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
		11 0.00	12 0.00		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no. OR/	18 State income \$ 0.00	

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Department of the Treasury - Internal Revenue Service

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Signed:

Gregory K

Gregory K

Date:

10-15-17

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [redacted] Inc		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
[redacted]		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number [redacted]	RECIPIENT'S identification number [redacted]	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		Copy B For Recipient
RECIPIENT'S name Gregory K [redacted] [redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		11 0.00	12 0.00		
Account number (see instructions) [redacted]	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
		15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00		
		16 State tax withheld \$ 0.00	17 State/Payer's state no. \$		18 State income \$ 0.00

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Gregory K [redacted]

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PAYER'S name, street address, city or town, state or province, country, ZIP phone no. Insurance Co		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		11 0.00	12 0.00	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00	
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no.	18 State income \$ 0.00

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Department of the Treasury - Internal Revenue Service

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Signed:

Gregory K

Date:

10-15-17

Gregory K

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code and telephone no. [Redacted] Bank		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC	Miscellaneous Income
[Redacted]		2 Royalties \$ 0.00		
PAYER'S federal identification number [Redacted]		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	
RECIPIENT'S identification number [Redacted]		5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient
RECIPIENT'S name Gregory K [Redacted] [Redacted]		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	
Account number (see instructions) [Redacted]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 0.00	10 Crop insurance proceeds \$ 0.00	
FATCA filing requirement <input type="checkbox"/>		11 0.00	12 0.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
13 Excess golden parachute payments \$ 0.00		14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00		15b Section 409A income \$ 0.00		
16 State tax withheld \$ 0.00		17 State/Payer's state no. OR/ [Redacted]		18 State income \$ 0.00

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Signed: Gregory K [Redacted]

Date: 10-15-17

Gregory K [Redacted]

☒ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP and telephone no. Health Plans		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
		11 0.00	12 0.00		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00	17 State/Payer's state no.	18 State income \$ 0.00	
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				Department of the Treasury - Internal Revenue Service	

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Gregory K [Redacted]

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$ 0.00		OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
Health Plans		2 Royalties \$ 0.00				
		3 Other income \$ 0.00		4 Federal income tax withheld \$ 0.00		
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds \$ 0.00		6 Medical and health care payments \$ 0.00
RECIPIENT'S name Gregory K		7 Nonemployee compensation \$ 0.00		8 Substitute payments in lieu of dividends or interest \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$ 0.00		
		11 0.00		12 0.00		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments \$ 0.00		
14 Gross proceeds paid to an attorney \$ 0.00		15a Section 409A deferrals \$ 0.00		15b Section 409A income \$ 0.00		16 State tax withheld \$ 0.00
17 State/Payer's state no. OR		18 State income \$ 0.00				

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Signed: Gregory K [Redacted] Date: 10-15-17
Gregory K [Redacted]

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block; vertical-align: middle;"></div> Inc <div style="border: 1px solid black; width: 200px; height: 40px; display: inline-block; vertical-align: middle;"></div>		1 Rents \$ 0.00	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00	Copy B For Recipient	
PAYER'S federal identification number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	RECIPIENT'S identification number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		
RECIPIENT'S name Gregory K <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 240px; height: 50px; display: inline-block;"></div>		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
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Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
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