

Tax and Credits**Standard Deduction for—**

• People who check any box on line 38a 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, \$8,250

38	Amount from line 37 (adjusted gross income)	38	-0-
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1951. <input type="checkbox"/> Blind. Total boxes	39a	1
b	If: <input type="checkbox"/> Spouse was born before January 2, 1951. <input type="checkbox"/> Blind. checked ► 39a	39b	<input type="checkbox"/>

40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6300 00
41	Subtract line 40 from line 38	41	<6300 00>
42	Exemptions. If line 38 is \$154,860 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	4000 00
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 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	
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 8950 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	-0-

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	-0-
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
b	Nonflexible combat pay election <input type="checkbox"/> 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
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"/> 2438 b <input type="checkbox"/> 8861 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	-0-

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		

Amount You Owe

77	Amount of line 75 you want applied to your 2016 estimated tax ► 77	77	
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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input type="checkbox"/> Yes, complete below. <input type="checkbox"/> No
Designee's name ►	Phone no. ► Personal identification number (PIN) ►

Sign Here

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

Your signature	Date 4/8/16	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity PTIN, enter it here (see inst.)

Paid Preparer Use Only

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

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 CORRECTED (if checked)

PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rent \$	OMB No. 1428-0716 2015	Miscellaneous Income
PACIFIC SECURED EQUITIES INC 6020 W OAKS BLVD STE 100 ROCKLIN, CA 95765-5472		2 Royalties \$	Agent 1099-MISC 3 Other income \$	4 Federal income tax withheld \$
PAYER's federal identification number	RECIPIENT's identification number	5 Fishing boat proceeds \$	6 Medical and health care payments 0.00	Copy B For Recipient
RECIPIENT's name PATRICK L. HART		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$	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.
Street address (including apt. no.) 17625 V		9 Pay made direct sales of \$1,000 or more of consumer products to a buyer (recipient) for resale * \$ 11	10 Crop insurance proceeds \$	
City or town, state or province, country, and ZIP or foreign postal code 12-9510		12 Gross garage/parts store payments \$	14 Gross proceeds paid to an attorney \$	
Account number (see instructions) VOSS	PATCA filing requirement <input type="checkbox"/>	15 State tax withheld \$	17 State/Payer's state no. --	18 State income \$
16a Section 408A deferrals \$	16b Section 408A income \$			

Form 1099-MISC (Keep for your records)

www.irs.gov/form/1099misc

Department of the Treasury - Internal Revenue Service

This corrected f1099-MISC rebuts the document submitted by the above "payer" which incorrectly classified payments to the "Recipient" as subject to self-employment tax and are not reportable per instructions for 1099-MISC. The recipient is not engaged in a "trade or business" nor in an excise taxable activity per relevant law. Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

Patrick L. Hart _____ Dated: _____

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	5 Gambling local proceeds \$	6 Medical and health care payments 0.00	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	9 Peer-to-peer direct sales of \$5,000 or more of consumer products to a buyer recipient for resale <input type="checkbox"/> <input checked="" type="checkbox"/> 11 \$	10 Drop insurance premiums \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$	15b Section 409A Income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	
STATE FARM FIRE AND CASUALTY CO. 3 STATE FARM PLAZA SOUTH P-4 BLOOMINGTON, IL 61791-0002																			
Payer's federal identification number / Recipient's identification number 37-0533100																			
RECIPIENT'S name PATRICK L HART																			
Street address (including apt. no.) 352-9510																			
City or town, state or province, country, ZIP or foreign postal code 15ROM0006187																			
Account number (see instructions)		<input type="checkbox"/>																	
Form 1099-MISC (Keep for your records)		www.irs.gov/Form1099MISC										Department of the Treasury - Internal Revenue Service							

CORRECTED (if checked)

2015

Miscellaneous Income

Copy B
For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

This corrected Form 1099-MISC rebuts the document submitted by the above "payer" which incorrectly classified payments to the "Recipient" as subject to self-employment tax and are not reportable per Instructions for 1099-MISC. The recipient is not engaged in a "trade or business" nor in an excise taxable activity per relevant law. Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

Patrick L. Hart _____ Dated: _____

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<input checked="" type="checkbox"/> CORRECTED (if checked)		Form 1099-MISC		Miscellaneous Income
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rent \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Medical and health care payments 0.00	DMB No. 1540-0115 2015	Copy B For Recipient
PROVIDENCE HEALTH PLAN PO BOX 4327 PORTLAND, OR 97208-4327		7 Nonemployee compensation \$ 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (Recipient) for resale <input type="checkbox"/> 10 Crop insurance proceeds \$ 11 12 13 Excess premium paid on life insurance payments \$ 14 Gross proceeds paid to an attorney \$ 15 State tax withheld \$ 16 State/Payer's state tax \$ 17 State/Payer's state tax \$ 18 State income \$ \$		
For whom a federal identification number (including a identification number 93-0863097		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 PATRICK L HART Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code 2 97352-9510				
Account number (see instructions) T62137000001		FATCA being required <input type="checkbox"/>		
15a Section 498A deferrals	15b Section 498A income			

Form 1099-MISC

Keep for your records

www.irs.gov/forms1099misc

Department of the Treasury - Internal Revenue Service

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<input checked="" type="checkbox"/> CORRECTED (if checked)		1 Period	OMB No. 1545-0115	2015	Miscellaneous Income
		\$ 2 Royalties			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		\$ 3 Other income	4 Federal income tax withheld	Copy B For Recipient	
ESURANCE INSURANCE SERVICES INC 650 DAVIS STREET SAN FRANCISCO, CA 94111 26-0034575		\$ 5 Fishing boat proceeds	\$ 6 Medical and health care expenses 0.00		
RECIPIENT'S name PATRICK L HART		\$ 7 Nonemployee compensation	\$ 8 Substitute payments in lieu of dividends or interest	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.	
Street address (including apt. no.) 2451 1/2 16th Street, San Francisco, CA 94103 City or town, state or province, country, and ZIP or foreign postal code 24510		\$ 9 Payer-made direct sales of \$5,000 or more of consumer products to a buyer (account) for resale <input type="checkbox"/>	\$ 10 Crop insurance proceeds		
Account number (see instructions) 55343		\$ 11	\$ 12	13 Excess golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15 State tax withheld \$ 16 State/Payer's state no. 17 State income \$ 18 Section 409A deferrals \$	
15b Section 409A income					

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury / Internal Revenue Service

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		<input checked="" type="checkbox"/> 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	OMB No. 1545-3115
AMCO INSURANCE COMPANY PO BOX 183142 COLUMBUS, OH 43218-3142		\$	2015
		\$	Form 1099-MISC
Payee's federal identification number	Recipient's identification number	3 Royalties	Miscellaneous Income
42-6054959		\$	Copy B For Recipient
		5 Other income	
		\$	
		6 Fishing boat proceeds	
		\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Subsidized payments in lieu of dividends or interest
PATRICK L HART		\$ 0.00	\$
Street address (including apt. no.)		9 Payor-made direct sales of \$5,000 or more of consumer products to a buyer (including for resale) <input type="checkbox"/>	10 Crop insurance proceeds
1'		\$	\$
(City or town, state or province, country, and ZIP or foreign postal code)		11	12
510			
Account number (see Instructions)		FATCA filing requirement <input type="checkbox"/>	13 Gross golden parachute payments
717878-GA 4470344			\$
15a Section 409A deferrals		15b Section 409A income	14 Gross proceeds paid to an attorney
\$		\$	\$
		16 State tax withheld	17 State/Payer's state no.
		\$	OR/426054959
		\$	\$
18 State income			

Form 1099-MISC

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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 Rent \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Gaming local proceeds \$ 6 Medical and health care payments \$ 7 8 9 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds \$ 11 12 13 14 Gross proceeds paid to an attorney \$ 15 16 17 State/Moyer's state no. OR / 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 229 230 231 232 233 234 235 236 237 238 239 239 240 241 242 243 244 245 246 247 248 249 249 250 251 252 253 254 255 256 257 258 259 259 260 261 262 263 264 265 266 267 268 269 269 270 271 272 273 274 275 276 277 278 279 279 280 281 282 283 284 285 286 287 288 289 289 290 291 292 293 294 295 296 297 298 299 299 300 301 302 303 304 305 306 307 308 309 309 310 311 312 313 314 315 316 317 318 319 319 320 321 322 323 324 325 326 327 328 329 329 330 331 332 333 334 335 336 337 338 339 339 340 341 342 343 344 345 346 347 348 349 349 350 351 352 353 354 355 356 357 358 359 359 360 361 362 363 364 365 366 367 368 369 369 370 371 372 373 374 375 376 377 378 379 379 380 381 382 383 384 385 386 387 388 389 389 390 391 392 393 394 395 396 397 398 399 399 400 401 402 403 404 405 406 407 408 409 409 410 411 412 413 414 415 416 417 418 419 419 420 421 422 423 424 425 426 427 428 429 429 430 431 432 433 434 435 436 437 438 439 439 440 441 442 443 444 445 446 447 448 449 449 450 451 452 453 454 455 456 457 458 459 459 460 461 462 463 464 465 466 467 468 469 469 470 471 472 473 474 475 476 477 478 479 479 480 481 482 483 484 485 486 487 488 489 489 490 491 492 493 494 495 496 497 498 499 499 500 501 502 503 504 505 506 507 508 509 509 510 511 512 513 514 515 516 517 518 519 519 520 521 522 523 524 525 526 527 528 529 529 530 531 532 533 534 535 536 537 538 539 539 540 541 542 543 544 545 546 547 548 549 549 550 551 552 553 554 555 556 557 558 559 559 560 561 562 563 564 565 566 567 568 569 569 570 571 572 573 574 575 576 577 578 579 579 580 581 582 583 584 585 586 587 588 589 589 590 591 592 593 594 595 596 597 598 598 599 599 600 601 602 603 604 605 606 607 608 609 609 610 611 612 613 614 615 616 617 618 619 619 620 621 622 623 624 625 626 627 628 629 629 630 631 632 633 634 635 636 637 638 639 639 640 641 642 643 644 645 646 647 648 649 649 650 651 652 653 654 655 656 657 658 659 659 660 661 662 663 664 665 666 667 668 669 669 670 671 672 673 674 675 676 677 678 679 679 680 681 682 683 684 685 686 687 688 689 689 690 691 692 693 694 695 696 697 698 698 699 699 700 701 702 703 704 705 706 707 708 709 709 710 711 712 713 714 715 716 717 718 719 719 720 721 722 723 724 725 726 727 728 729 729 730 731 732 733 734 735 736 737 738 739 739 740 741 742 743 744 745 746 747 748 749 749 750 751 752 753 754 755 756 757 758 759 759 760 761 762 763 764 765 766 767 768 769 769 770 771 772 773 774 775 776 777 778 779 779 780 781 782 783 784 785 786 787 788 789 789 790 791 792 793 794 795 796 797 798 798 799 799 800 801 802 803 804 805 806 807 808 809 809 810 811 812 813 814 815 816 817 818 819 819 820 821 822 823 824 825 826 827 828 829 829 830 831 832 833 834 835 836 837 838 839 839 840 841 842 843 844 845 846 847 848 849 849 850 851 852 853 854 855 856 857 858 859 859 860 861 862 863 864 865 866 867 868 869 869 870 871 872 873 874 875 876 877 878 879 879 880 881 882 883 884 885 886 887 888 889 889 890 891 892 893 894 895 896 897 898 898 899 899 900 901 902 903 904 905 906 907 908 909 909 910 911 912 913 914 915 916 917 918 919 919 920 921 922 923 924 925 926 927 928 929 929 930 931 932 933 934 935 936 937 938 939 939 940 941 942 943 944 945 946 947 948 949 949 950 951 952 953 954 955 956 957 958 959 959 960 961 962 963 964 965 966 967 968 969 969 970 971 972 973 974 975 976 977 978 979 979 980 981 982 983 984 985 986 987 988 988 989 989 990 991 992 993 994 995 996 997 997 998 998 999 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1088 1089 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1098 1099 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1169 1170 1171 1172 1173 1174 1175 1176 1177 1178 1179 1179 1180 1181 1182 1183 1184 1185 1186 1187 1188 1188 1189 1189 1190 1191 1192 1193 1194 1195 1196 1197 1198 1198 1199 1199 1200 1201 1202 1203 1204 1205 1206 1207 1208 1209 1209 1210 1211 1212 1213 1214 1215 1216 1217 1218 1219 1219 1220 1221 1222 1223 1224 1225 1226 1227 1228 1229 1229 1230 1231 1232 1233 1234 1235 1236 1237 1238 1239 1239 1240 1241 1242 1243 1244 1245 1246 1247 1248 1249 1249 1250 1251 1252 1253 1254 1255 1256 1257 1258 1259 1259 1260 1261 1262 1263 1264 1265 1266 1267 1268 1269 1269 1270 1271 1272 1273 1274 1275 1276 1277 1278 1279 1279 1280 1281 1282 1283 1284 1285 1286 1287 1288 1288 1289 1289 1290 1291 1292 1293 1294 1295 1296 1297 1298 1298 1299 1299 1300 1301 1302 1303 1304 1305 1306 1307 1308 1309 1309 1310 1311 1312 1313 1314 1315 1316 1317 1318 1319 1319 1320 1321 1322 1323 1324 1325 1326 1327 1328 1329 1329 1330 1331 1332 1333 1334 1335 1336 1337 1338 1339 1339 1340 1341 1342 1343 1344 1345 1346 1347 1348 1349 1349 1350 1351 1352 1353 1354 1355 1356 1357 1358 1359 1359 1360 1361 1362 1363 1364 1365 1366 1367 1368 1369 1369 1370 1371 1372 1373 1374 1375 1376 1377 1378 1379 1379 1380 1381 1382 1383 1384 1385 1386 1387 1388 1388 1389 1389 1390 1391 1392 1393 1394 1395 1396 1397 1398 1398 1399 1399 1400 1401 1402 1403 1404 1405 1406 1407 1408 1409 1409 1410 1411 1412 1413 1414 1415 1416 1417 1418 1419 1419 1420 1421 1422 1423 1424 1425 1426 1427 1428 1429 1429 1430 1431 1432 1433 1434 1435 1436 1437 1438 1439 1439 1440 1441 1442 1443 1444 1445 1446 1447 1448 1449 1449 1450 1451 1452 1453 1454 1455 1456 1457 1458 1459 1459 1460 1461 1462 1463 1464 1465 1466 1467 1468 1469 1469 1470 1471 1472 1473 1474 1475 1476 1477 1478 1479 1479 1480 1481 1482 1483 1484 1485 1486 1487 1488 1488 1489 1489 1490 1491 1492 1493 1494 1495 1496 1497 1498 1498 1499 1499 1500 1501 1502 1503 1504 1505 1506 1507 1508 1509 1509 1510 1511 1512 1513 1514 1515 1516 1517 1518 1519 1519 1520 1521 1522 1523 1524 1525 1526 1527 1528 1529 1529 1530 1531 1532 1533 1534 1535 1536 1537 1538 1539 1539 1540 1541 1542 1543 1544 1545 1546 1547 1548 1549 1549 1550 1551 1552 1553 1554 1555 1556 1557 1558 1559 1559 1560 1561 1562 1563 1564 1565 1566 1567 1568 1569 1569 1570 1571 1572 1573 1574 1575 1576 1577 1578 1579 1579 1580 1581 1582 1583 1584 1585 1586 1587 1588 1588 1589 1589 1590 1591 1592 1593 1594 1595 1596 1597 1598 1598 1599 1599 1600 1601 1602 1603 1604 1605 1606 1607 1608 1609 1609 1610 1611 1612 1613 1614 1615 1616 1617 1618 1619 1619 1620 1621 1622 1623 1624 1625 1626 1627 1628 1629 1629 1630 1631 1632 1633 1634 1635 1636 1637 1638 1639 1639 1640 1641 1642 1643 1644 1645 1646 1647 1648 1649 1649 1650 1651 1652 1653 1654 1655 1656 1657 1658 1659 1659 1660 1661 1662 1663 1664 1665 1666 1667 1668 1669 1669 1670 1671 1672 1673 1674 1675 1676 1677 1678 1679 1679 1680 1681 1682 1683 1684 1685 1686 1687 1688 1688 1689 1689 1690 1691 1692 1693 1694 1695 1696 1697 1698 1698 1699 1699 1700 1701 1702 1703 1704 1705 1706 1707 1708 1709 1709 1710 1711 1712 1713 1714 1715 1716 1717 1718 1719 1719 1720 1721 1722 1723 1724 1725 1726 1727 1728 1729 1729 1730 1731 1732 1733 1734 1735 1736 1737 1738 1739 1739 1740 1741 1742 1743 1744 1745 1746 1747 1748 1749 1749 1750 1751 1752 1753 1754 1755 1756 1757 1758 1759 1759 1760 1761 1762 1763 1764 1765 1766 1767 1768 1769 1769 1770 1771 1772 1773 1774 1775 1776 1777 1778 1779 1779 1780 1781 1782 1783 1784 1785 1786 1787 1788 1788 1789 1789 1790 1791 1792 1793 1794 1795 1796 1797 1798 1798 1799 1799 1800 1801 1802 1803 1804 1805 1806 1807 1808 1809 1809 1810 1811 1812 1813 1814 1815 1816 1817 1818 1819 1819 1820 1821 1822 1823 1824 1825 1826 1827 1828 1829 1829 1830 1831 1832 1833 1834 1835 1836 1837 1838 1839 1839 1840 1841 1842 1843 1844 1845 1846 1847 1848 1849 1849 1850 1851 1852 1853 1854 1855 1856 1857 1858 1859 1859 1860 1861 1862 1863 1864 1865 1866 1867 1868 1869 1869 1870 1871 1872 1873 1874 1875 1876 1877 1878 1879 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1888 1889 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1898 1899 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1988 1989 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1998 1999 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 202
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		X CORRECTED (if checked)				
PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rent \$ 0.00	CASE No. 1648-3115			
Laube Farms		2 Royalties \$	2015		Miscellaneous Income	
E Weddle Road		3 Other income \$	Form 1099-MISC		Copy B	
Jefferson, OR 97352		4 Federal income tax withheld \$			For Recipient	
Payer's federal identification number (McLinen's ID identification number)	5 Fishing boat proceeds 30-0067028	6 Medical and health care payments 0.00				
RECIPIENT's name PATRICK L HART		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		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.	
Street address (including apt. no.) PHONE NUMBER & AREA CODE		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (resident) for resale ► <input type="checkbox"/>	10 Crop insurance proceeds \$			
City or town, state or province, county, and ZIP or foreign postal code		11	12			
Account number (see instructions) 100000316271		FATCA filing requirement <input type="checkbox"/>	13 Legal action payments \$			14 Gross proceeds paid to an attorney \$
15a Section 409A deferrals \$	15b Section 409A income \$		16 State tax withheld \$			17 State/Payer's state no. S
						18 State income \$

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Department of the Treasury - Internal Revenue Service

This corrected f1099-MISC rebuts the document submitted by the above "payer" which incorrectly classified payments to the "Recipient" as subject to self-employment tax and are not reportable per Instructions for 1099-MISC. The recipient is not engaged in a "trade or business" nor in an excise taxable activity per relevant law. Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

Patrick L. Hart _____ Dated: _____

FILE COPY **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 \$ 3 Royalties \$	DMB No. 1648-0115 2015 Form 1099-MISC	Miscellaneous Income
AMICA MUTUAL INSURANCE COMPANY PO BOX 6008 PROVIDENCE, RI 02904-9986		2 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
Payer's federal identification number (including a termination number) 05-0348344		5 Parting boast proceeds \$	6 Medical and health care payments 0.00	
RECIPIENT'S name PATRICK L HART		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	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.
Street address (including apt. no.) 110 Lark Street city, state, ZIP or foreign postal code 2-9510		9 Payer made direct sales of \$5,000 or more of consumer products (e.g., buyer's incident) for resale ► <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (See instructions) 11a Section 409A deferrals		11 Excess golden parachute payments \$	12 Gross proceeds paid to an attorney \$	
11b Section 409A income		13 State tax withheld \$	14 State/Payer's state tax \$	
		15 State income \$	16 State income \$	

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Patrick L. Hart _____ Dated: _____

FILE COPY**X CORRECTED (if checked)**

PAYER's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rent \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Medical and health care payments 0.00 7 Nonemployee compensation \$ 8 Subsidized payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$6,600 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> <input checked="" type="checkbox"/> 10 Crop insurance proceeds \$ 11 12 13 Income golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15a Section 49A deferrals \$ 15b Section 49A Income \$ 16 State tax withheld \$ 17 State/Payer's state inc. \$ 18 State income \$	DME no. 1545-0115 2015 Form 1099-MISC 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
STATE FARM MUTUAL AUTO. INS. CO. 3 STATE FARM PLAZA SOUTH P-4 BLOOMINGTON, IL 61791-0002	PAYER's federal identification number (required if identification number 37-0533100		
RECIPIENT's name PATRICK L HART Street address (including apt. no.) SE City or town, state or province, country, and ZIP or foreign postal code 77352-0510			
Account number (see instructions) 15ROM0006186		FATCA King requirement <input type="checkbox"/>	

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FILE COPY

<input checked="" type="checkbox"/> CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AMERICAN COMMERCE INSURANCE CO. 211 MAIN STREET WEBSTER, MA 01570		1 Rent: \$ 2 Royalties \$ 3 Other income \$ 4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Medical and health care payments \$ 7 Nonemployee compensation \$ 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> \$ 10 Drop insurance proceeds \$ 11 \$ 12 \$ 13 Gross golden parachute payments \$ 14 Gross proceeds paid to an attorney \$ 15 State tax withheld \$ 16 State Payer's state no. \$ 17 State income \$ 18 State income	OMB No. 1145-0115 2015 Form 1099-MISC Miscellaneous Income Copy B For Recipient
PAYER's telephone identification number 314361173			
RECIPIENT's name PATRICK L HART			
Street address (including apt. no.) SE City, and ZIP or foreign postal code 2510			
Account number (see instructions) V12 05		KATCA filing requirement <input type="checkbox"/>	
15a Section 423A deferrals \$	15b Section 423A Income \$		

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Patrick L. Hart _____ Dated: _____

FILE COPY

X CORRECTED (if checked)

PAYER'S name, easier address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Recipient's name	Code No. 1099-0118	2015 Form 1099-MISC	Miscellaneous Income
SUBLIMITY INSURANCE COMPANY PO BOX 2219 SUBLIMITY, OR 97385		\$	\$		
PAYER'S name, easier address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		2 Royalties	\$		
93-0164790		3 Other income	4 Federal income tax withheld		Copy B For Recipient
		\$	\$		
		5 Filing joint proceeds	6 Medical and health care payments		
		\$	0.00		
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		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.
		\$	\$		
Street address (including apt. no.) ----- DE		9 Player made direct sales of \$5,000 or more of consumer products to a buyer (proceeds for resale) <input type="checkbox"/>	10 Crop insurance proceeds		
Country, and ZIP or foreign postal code JEFFERSON, OR 97350-29510		\$	\$		
Account number (see instructions) 20160127264		FATCA filing requirement <input type="checkbox"/>	11	12	
15a Section 408A deferrals		13 Business expense payments	14 Gross proceeds paid to an attorney		
		\$	\$		
15b Section 408A income		15 State tax withheld	17 State/Payer's state no.		18 State income
\$		\$	\$		\$

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Patrick L. Hart _____ Dated: _____

FEDERAL TAX FORMS

 CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rent \$	OMB No. 1545-2115 2015
Mutual of Enumclaw Insurance Co 1460 Wells Street Enumclaw, WA 98022		2 Royalties \$	Form 1099-MISC
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other income \$	4 Federal income tax withheld \$
91-0217580		5 Fishing boat proceeds \$	6 Medical and health care payments 0.00
RECIPIENT'S name PATRICK L. HART		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$
Street address (including apt. no.) JEF		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (include) (or resale) <input type="checkbox"/>	10 Crop insurance proceeds \$
Account number (see instructions) 4000000082833T2		11	12
16a Section 408A deferrals \$	15b Section 408A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
		16 State tax withheld \$	17 State/Payer's state no. 18 Gain income \$

Form 1099-MISC

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Department of the Treasury - Internal Revenue Service

Miscellaneous Income

Copy B
For Recipient

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