

2016 Sworn Statement R<sup>1</sup> Perez SS# .

Attached are corrected forms 4852 and 1099-DIV hereby submitted with my 2016 1040 and NM PIT-1 to rebut and correct erroneous information supplied to the IRS by the parties listed on forms 4852 line 5 and form 1099-DIV, the forms of which the "Payer" erroneously alleges that I, "Recipient" received payments from "Payer" in the course of or connected to a "Trade or Business", Federal or Federally connected employment, investment or other Federal taxable activities.

The payments made to me by this "Payer" did not result from any Federal taxable activity whatsoever and do not constitute any "taxable income" or "wages" as defined in 26 USC 3401(a).

In addition and included on 1040 line 64 (Federal Income Tax Withheld) and line 74 "Total Payments" is "Social Security" tax payments and "Medicare" tax payments which were also erroneously withheld as Federal taxes which again, do not qualify as Federal taxes Per 26 USC 3401(a).

All evidence to my knowledge conclude that the parties listed as "Payer" on these forms are <u>not</u> connected with any "Federal" activity or of a status which would render payments made to me "Recipient" subject to Federal income excise tax, nor am I connected to any "Federal" entity whatsoever.

Under penalties of perjury, I declare these statements and documents are true, correct and complete to the best of my knowledge.

Signature or "Recipient"	
Print Name	Penez
Print Name	
Date 10/10/2017	

#### For the year January 1 - December 31, 2016 or fiscal year beginning <sub>F.1</sub> ending <sub>F.2</sub> If amending use Form 2016 PIT-X. rint your name (first, middle, last) Age 65 Residency SOCIAL SECURITY NUMBER Aaxpayer's date of birth or over 7 rint your spouse's name (first, middle, last). If married filling separately, include spouse Spouse's date of birth 2€ If a deceased taxpayer's refund must Taxpayer's date of death If taxpayer or spouse died before this If the address is new or changed, mark this box be made payable to a person other 4c Mailing Address (Number and street) return is filed, enter than the taxpayer or spouse named date of death on this return, enter below the name Spouse's date of death and social security number of that 4d person. You must also attach Form City Postal/ZIP Code RPD-41083. rancho 8712 (iO Residency status: Fortaxpayer and spouse (1e and 2e), enter: f foreign address, enter country Foreign province and/or sta Name R If RESIDENT N if NON-RESIDENT 4h F If FIRST-YEAR RES. **EXEMPTIONS.** Number of Qualified Exemptions. SSN P if PART-YEAR RES. If you are a dependent of another taxpayer, enter 00. EXPENSION OF TIME TO FILE. If you have a federal or state extension, 6b 7. FILING STATUS. Mark only one box. mark the box and enter the extension date 8. DEPENDENTS. As listed on your federal return. (1) Single (You must report the first 5 dependents in this table and additional dependents on Schedule PIT-S.) (2) Married filing jointly Column 1 Column 2 Column 3 (3) Married filing separately (Enter spouse's name First name Last name Date of birth (MM/DD/CCYY) Dependent's SSN and social security number in 2a and 2b.) (4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified exemption on your federal return.) (5) Qualifying widow(er) with dependent child 9 FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22;..... or Form 1040EZ, line 4) 9a. If line 9 is negative, enter any federal net operating loss incurred.... 10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction ...... 10 claimed on federal Form 1040, Schedule A, line 5. See the worksheet in the instructions. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ..... 12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or 12 6300 Form 1040EZ, line 5)..... 4050 Federal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you..... 13 filed Form 1040EZ, leave blank) 14 14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions...... 15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ 15 Medical care expense deduction. See PIT-1 instructions..... 16 nust complete both lines 16 and 16a or the deduction will be denied. 16a 16a. Unreimbursed and uncompensated medical care expenses.... 17 NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16..... Cannot be less than zero. 18 18. New Mexico tax on amount on line 17 or from PIT-B, line 14..... O 18a. From Rate Table = **R**. From PIT-B, line 14 = **B**. 19 Additional amount for tax on lump-sum distributions. See PIT-1 instructions...... 20 20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or ...... part of the year. Include a copy of other state's return. See PIT-1 instructions. 21 Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR..... 21. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less 22 Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online,

Continue on the next page.

your due date is May 1, 2017. All others must file by April 18, 2017. See PIT-1 instructions for details.

2016 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

## 2016 PIT-1 (page 2) NEW MEXICO PERSONAL INCOME TAX RETURN



### YOUR SOCIAL SECURITY NUMBER

**Do not** submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records.

If submitting this return by mail, send to: New Mexico Taxation and Revenue Department P. O. Box 25122 Santa Fe, New Mexico 87504-5122

THIS BOX IS INTENTIONALLY LE	FT	BLANK
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24. Total claimed on rebate and credit schedule (PIT-RC, line 25 ). Attach PIT-RC.  25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.).  25a. The amount of federal earned income credit (EIC) reported on your 2016 federal income tax return.  25a. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR.  27. New Mexico income tax withheld. Attach annual statements of income and withholding.  28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285.  29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359.  30. 2016 estimated income tax payments. See PIT-1 instructions.  31. Other Payments.	San	ta Fe, New Mexico 87504-5122					
24   Total claimed on rebate and credit schedule (PT-RC, line 25) Attach PT-RC.   24   25   25   Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)	23.	The amount on line 22 from page 1				23	Ø
25. Working families tax cradit. (You must complete both lines 25 and 25a or the deduction will be denied.)  25a. The amount of federal earned income credit (EIC)  25a. The amount of federal earned income credit (EIC)  25a. The amount of federal earned income credit (EIC)  25a. The amount of federal earned income credit (EIC)  25a. The amount of federal earned income tax retim.  25b. Refundable business-related income tax retim.  27	24.					_	Ø
Refundable business-related income tax return.	25.						65
27   12   25   25   27   27   27   27   27   2	2	<ol> <li>The amount of federal earned income credit (EIC) reported on your 2016 federal income tax return</li> </ol>	25a	<u> </u>		<del></del>	7
28. New Mexico income tax withheld from a) and gas proceeds. Attach 1099-Milsc or RPD-41285. + 28	26.					26	Ø
29. New Mexico income tax withheld from a pass-through entity. Attach 1999-Misc or RPD-41359.    2016 estimated income tax payments. See PIT-1 instructions.    30	27.					27	1225
30. 2016 estimated income tax payments. See PIT-1 instructions	28.	New Mexico income tax withheld from oil and gas prod	ceeds. Attach 1099-Mi	sc or RPD-41285	+	28	Ø
31. OTHER Payments	29.					29	Ø
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31						30	` <b>&amp;</b>
33. TAX DUE. If line 23 is greater than line 32, enter the difference here						31	
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank						32	1225
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	33.	TAX DUE. If line 23 is greater than line 32, enter the	difference here			33	Ø
underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	34.	Penalty on underpayment of estimated tax. If you want	t penalty computed for	you, leave blank	+	34	Ø
underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	35.	Special method allowed for calculation of underpayme	ent of estimated tax pen	alty. If you owe penalty on		ليبينا	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank		underpayment of estimated tax and you qualify, enter	1, 2, 3, 4, or 5 in the box	c. Attach RPD-41272		35.	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank						<del>,</del>	
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37	36.	Penalty. See PIT-1 instructions. If you want penalty cor	mputed for you, leave b	lank	+	36	Ø
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37	37.	Interest See PIT-1 instructions If you want interest co	mouted for you leave h	ulani.	+	37	of the second
39 (225 40. Refund voluntary contributions (PIT-D, line 16). Attach PIT-D					=	-	<u> </u>
41. Amount from line 39 you want applied to your 2017 Estimated Tax		, and the second	0 1, 00, and 01			-	- X
41. Amount from line 39 you want applied to your 2017 Estimated Tax	39.	OVERPAYMENT. If line 23 is less than line 32, enter t	the difference here			39	1225
41. Amount from line 39 you want applied to your 2017 Estimated Tax	40.	Refund voluntary contributions (PIT-D, line 16). Attach	n PIT-D			40	Ø
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41					·		
REGUIRED: You must answer this question.  RE.1 Routing number:  RE.2 Account number:  RE.3 Type: Checking Checking RE.3 Type: Checking RE.4 Routing number:  RE.5 Type: Checking RE.6 Account number:  RE.6 Account number:  RE.7 Type: Checking RE.8 Account number:  RE.8 Account number:  RE.9 Type: Checking RE.9 Mark x by your choice.  RE.9 No   RE.9 No   RE.9 Mark x by your choice.  RE.9 No   RE	41.	Amount from line 39 you want applied to your 2017 E	stimated Tax		•	41	Ø
Paid preparer's use only:    REQUIRED: You must answer this question.   RE.3 Type:   Choose one.   C	42.	AMOUNT TO BE REFUNDED TO YOU. Line 39 minus	s lines 40 and 41		=	42	1225
RE.1 Routing number:  RE.2 Account number:  RE.3 Type: Checking Ch	!! F	REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED!	SEE INSTRUCTIONS AND CO	OMPLETE ALL REQUIRED: You			
RE.2 Account number:    Checking   your choice.   not use this refund delivery option. See instructions.   Re.4   YES   NO			RE.3 Type: Cho	LOCATED OUTS			
declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.    Date		-			delivery	option	n. See instructions.
Ments, and to the best of my knowledge and belief it is true, correct, and complete.  Your signature  Date  Date  P.1 Firm's name (or yours, if self-employed)  P.2 NM CRS identification number  REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID No. or "NONE"  State Expiration Date  P.1 Firm's name (or yours, if self-employed)  P.2 NM CRS identification number  P.3 Preparer's PTIN  P.4 FEIN  P.5 Preparer's phone number  Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	RE.2	Account number:	Savings	RE.4 YES	Ш	NO	
Signature of preparer  Date  Date  P.1 Firm's name (or yours, if self-employed)  P.2 NM CRS identification number  P.3 Preparer's PTIN  P.4 FEIN  P.5 Preparer's phone number  Mark this box if Form RPD-41338 is on file  P.6 for this taxpayer. See PIT-1 instructions.	l dec	lare I have examined this return, including accompanyings, and to the best of my knowledge and belief it is true, it	ng schedules and state- correct, and complete.	Paid preparer's use only:			
REQUIRED: DRIVER'S LICENSE, STATE ID No. or "NONE"  State   Expiration Date   P.1 Firm's name (or yours, if self-employed)   P.2 NM CRS identification number   P.3 Preparer's PTIN   P.4 FEIN   P.5 Preparer's phone number   Mark this box if Form RPD-41338 is on file   P.6   Mark this box if Form RPD-41338 is on file   P.6   For this taxpayer. See PIT-1 instructions.	Your s	ignature	Date	Signature of preparer			Date
Note   2/11/20   P.1 Firm's name (or yours, if self-employed)   P.2 NM CRS identification number   P.3 Preparer's PTIN   P.4 FEIN   P.5 Preparer's phone number   Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	BEOL	UDED DOUGEST ACTIVE OF THE STATE OF	9/29/11				54.0
P.1 Firm's name (or yours, if self-employed) P.2 NM CRS identification number P.3 Preparer's PTIN P.4 FEIN P.5 Preparer's phone number  Mark this box if Form RPD-41338 is on file P.6 for this taxpayer. See PIT-1 instructions.	KEQU		Expiration Date	***			
P3 Preparer's PTIN P4 FEIN P5 Preparer's phone number  Wark this box if Form RPD-41338 is on file P6 For this taxpayer. See PIT-1 instructions.	n.			1		•	i)
REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID No. or "NONE" State Expiration Date  (If filing jointly, BOTH must sign even if only one had income.)  Taxpayer's phone number Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	Spous	e's signature	Date	P.2 NM CRS identification numb	er _		
(If filing jointly, BOTH must sign even if only one had income.)  Taxpayer's phone number  Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	DEO	IDED: SPONGERS DRIVERS HOTHER STATE IN A MARKET		P.3 Preparer's PTIN			_
Taxpayer's phone number Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	NEWU	State   State   State   State   State   State   State	Expiration Date				
Taxpayer's phone number Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.	(If fil	ing jointly BOTH must sign even if only one had income		P.5 Preparer's phone number .			
Tot this taxpayer, See P11-1 instructions,			<del>c.</del> ,				
taspayer a errain auditeas	•		<del>_</del>	P.6 I for this taxpayer. See F	PIT-1	instru	uctions.
	IUAL	Myer 9 eman address					

## Form 4852

(Rev. September 2017)

Department of the Treasury Internal Revenue Service

# 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.

► Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

1	Name(s) shown on return	2 Your social	security number
Ro	Perez		-
3	Address		
	Rio Rancho, NM 87124	·	
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 ir		
		own on line 7 or line 8 are my best estimates for all w	vages or navments
	made to me and tax withheld by my employer or pa	ayer named on line 5.	ragoo or paymonia
5	Employer's or payer's name, address, and ZIP code	6	Employer's or payer's
			identification number (if known)
Gard	cia v	CO 80021	
7	Form W-2. Enter wages, tips, other compensatio	n, and taxes withheld.	
	<ul> <li>Wages, tips, and other compensation</li> </ul>	of State income tax withheld	14
	<b>b</b> Social security wages	0 (Name of state) . New Mexico	And the second s
	c Medicare wages and tips	g Local income tax withheld	0
	d Social security tips	0 (Name of locality)	
	e Federal income tax withheld	71 h Social security tax withheld	18
		i Medicare tax withheld	4
8	Form 1099-R. Enter distributions from pensions,	annuities, retirement or profit-sharing plans, IRAs, in	surance contracts, etc.
	a Gross distribution	<b>f</b> Federal income tax withheld	4 •
	<b>b</b> Taxable amount	<b>g</b> State income tax withheld	• •
	c Taxable amount not determined .	h Local income tax withheld	
	d Total distribution	i Employee contributions	
	e Capital gain (included in line 8b) .	j Distribution codes	
9	How did you determine the amounts on lines 7 and	8 above?	
		1 AC	M (-)   150 - 7 ( )   19   19   10   10   10
(i) we	7 (a), (b) and (c) were corrected as I did not receive any ere derived from the erroneous W-2 sent to me by the "	wages as defined in Section 3401 (a) and Section 312  Paver" on line 5. (See 2016 sworn statement from P	Perez attached.
10	Explain your efforts to obtain Form W-2, Form 1099	-R, or Form W-2c, Corrected Wage and Tax Statemen	ent.
	·		
None	3		

#### **General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at. www.irs.gov/Form4852.

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when **(a)** your employer or payer doesn't issue you a Form W-2 or Form 1099-R or **(b)** an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

## Form **4852**

(Rev. September 2017)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

Go to www.irs.gov/Form4852 for the latest information.

1	Name(s) shown on return			2 Your soc	cial security number	
R	Perez					
_ 3	Address					
11:	Rio Rancho, NM 87124					
4	Enter year in space provided and check one box. For the ta	х уе	ear ending December 3	, 2016		
	I have been unable to obtain (or have received an incorrect)	<b> 7 F</b> ⋅	orm W-2 OR	1099-R.		
	I have notified the IRS of this fact. The amounts shown on line	7 o	r line 8 are my best esti	mates for al	Il wages or payments	
	made to me and tax withheld by my employer or payer named	on	line 5.			
5	Employer's or payer's name, address, and ZIP code				6 Employer's or payer's	
					identification number (if kn	own)
Tho	mas				2:	
7	Form W-2. Enter wages, tips, other compensation, and taxe	s wi	thheld.			
	a Wages, tips, and other compensation	) f	State income tax with	nheld		211
	b Social security wages (	)	(Name of state) .	New Mexico	)	
		g	Local income tax with	nheld		0
	d Social security tips	)	(Name of locality)			
	e Federal income tax withheld 3591	i h	Social security tax wi	thheld		872
		i	Medicare tax withheld	t	* *	671
8	Form 1099-R. Enter distributions from pensions, annuities, re	etire	ement or profit-sharing p	olans, IRAs,	, insurance contracts, etc	
	a Gross distribution	f	Federal income tax w	ithheld .	• • •	
	b Taxable amount	g	State income tax with	held		
	c Taxable amount not determined .	h				
	d Total distribution	ì	Employee contributio	ns		
	e Capital gain (included in line 8b) .	i	Distribution codes .			
		-				
9	How did you determine the amounts on lines 7 and 8 above?					
l ine	7 (a), (b) and (c) were corrected as I did not receive any "wages" as	: def	ined in section 3401 (a) a	nd section 3	3121 (a) Line 7 (e) (f) (h) :	hnd
	ere derived from the erroneous W-2 sent to me by the "payer" on lin				Perez attached.	17 16.2
10	Explain your efforts to obtain Form W-2, Form 1099-R, or Form	ı W-	2c, Corrected Wage an	d Tax State	ment.	
None	e.					

#### General Instructions

Section references are to the Internal Revenue Code.

**Future developments.** Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

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Note: Retain a copy of Form 4852 for your records. To help **protect** your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

00RT08 (Rev. 12/15)

### PNM Resources, Inc.

PAYER'S Federal Identification number: 85-0468296 PAYER'S name. strest address, city, state, and ZIP code

PO BOX 43078

RECIPIENT'S ID No. ending in: 452,159811
Account number (see instructions): C0000140724
RECIPIENT'S name, street address, city, state, ZIP code

PO BOX 44802 RIO RANCHO NM 87174

Form 1099-DIV (keep for your records)

	15 Qualified dividends	
ta Total ordinary dividends	5	
2a Total capital gain distr.	2b Unrecep. Sec. 1250 pain	OMB No. 1545-0110
\$ 0.00	\$ 0.00	
2n Section 1202 gain	2d Collectibles (28%) gain	2016
\$ 0.00	\$ 0.00	
3 Nondividend distributions	4 Federal Income tax withheld	Form 1099-DIV
\$ 0.00	\$ 0.00	Folia 1000 Di
5 Investment expenses	e Foreign tax paid	Copy B
\$ 0.00	Ceah liquidation distributions	
7 Foreign country or U.S. possession	\$ 0.00	For Recipien
10 Exampt-Interest divisional	11 Specified private extraly burnifronces delicities.	This is important tax information and is being furnished to the
2 0,00	\$ 0.00	internal Revenue Service. If yo
The reportable amounts above inclu	de the following additional income:	negligence penalty or other
Company Pald Fees	Company Paid Service Charges	senction may be imposed or you if this income is taxable on
\$ 0.04	\$ 0.00	the IRS determines that it has
Discount on Reinvestment		not been reporter
s 0.00	t	

- Internal Revenue Service

### D CORRECTED (if checked)

This corrected Form 1099-DIV is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified above as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business". Under the penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

10/10/2017