

William F. Wadsworth  
[REDACTED]  
[REDACTED]

October 13, 2012

Priority Mail Delivery Confirmation  
No. 0308 2040 0000 5555 5983

Department of the Treasury  
Internal Revenue Service Center  
P.O. Box 802501  
Cincinnati, OH 45280-2501

Re: 2011 - 1040 Tax Return

Dear Sir/Madam,

Please find attached as part of this communication the enclosed filing of my 1040 return for calendar year 2011. Please note that with the enclosed return, I have attached corrected Form(s) 1099-MISC with information properly documented. These forms are being presented to you as my notification, based on personal knowledge, that I am rebutting the erroneous information known to have been submitted to you on Form 1099-MISC; alleging payments to me as "Nonemployee compensation" and "Medical and health care payments".

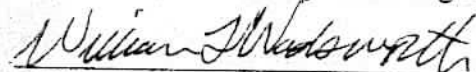
This is my Sworn Statement that I am a private sector person [non-Federal worker], and during Tax Year 2011, I was in the service of private sector persons and private sector companies, [non-Federal entity], nor was I an "Employee" or "Employer" as defined in IRC Section 3401(c)(d). I was not engaged in a "trade or business, nor was I engaged in "the performance of the functions of a public office" as defined in IRC section 7701(a)(26). Nor was I an "officer of a corporation". Therefore, I had no Section 3401(a) or 3121(a), "wages", paid to me in 2011.

Specific Instructions for Form 1099-MISC state:

"Report on Form 1099-MISC only when payments are made in the course of your **trade or business**. Personal payments are **not** reportable."

(Emphasis added) see Copy Enclosed

Under penalty of perjury, I declare that I have examined the above statement and that it is true and correct to the best of my knowledge and belief.



William F. Wadsworth  
Private Sector Person

Enclosures:

Copy - 2011 Instructions for Form 1099-MISC  
Nine (6) corrected 1099 MISC Forms.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning ., 2011, ending ., 20

Your first name and initial: William F Last name: Wadsworth See separate instructions. Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street): [REDACTED] Apt. no.: [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code: [REDACTED] Presidential Election Campaign

Foreign country name: Foreign province/county: Foreign postal code: 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 [X] Married filing separately. Enter spouse's SSN above and full name here. Caroline A Wadsworth 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

Exemptions: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. b [ ] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax credit (see instructions) d Total number of exemptions claimed 1

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 8a Taxable interest. Attach Schedule B if required 8a 0 b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 0 b Qualified dividends 9b 0 10 Taxable refunds, credits, or offsets of state and local income taxes 10 0 11 Alimony received 11 0 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 [ ] 13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a 0 b Taxable amount 15b 0 16a Pensions and annuities 16a 0 b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a 23058 b Taxable amount 20b 9800 21 Other income. List type and amount 0 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 9800

Adjusted Gross Income: 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 0 26 Moving expenses. Attach Form 3903 26 0 27 Deductible part of self-employment tax. Attach Schedule SE 27 0 28 Self-employed SEP, SIMPLE, and qualified plans 28 0 29 Self-employed health insurance deduction 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 0 32 IRA deduction 32 0 33 Student loan interest deduction 33 0 34 Tuition and fees. Attach Form 8917 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 0 37 Subtract line 36 from line 22. This is your adjusted gross income 37 9800

**Tax and Credits**

**38** Amount from line 37 (adjusted gross income) **38** **9800**

**39a** Check  **You** were born before January 2, 1947,  **Blind.** **Total boxes** **1**  
 if:  **Spouse** was born before January 2, 1947,  **Blind.** **checked ▶ 39a**

**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **▶ 39b**

**40** **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** **5800**

**41** Subtract line 40 from line 38 **41** **4000**

**42** **Exemptions.** Multiply \$3,700 by the number on line 6d. **42** **3700**

**43** **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** **300**

**44** **Tax** (see instructions). Check if any from: **a**  Form(s) 8814 **b**  Form 4972 **c**  962 election **44** **31**

**45** **Alternative minimum tax** (see instructions). Attach Form 6251 **45** **0**

**46** Add lines 44 and 45 **46** **31**

**47** Foreign tax credit. Attach Form 1116 if required **47** **0**

**48** Credit for child and dependent care expenses. Attach Form 2441 **48** **0**

**49** Education credits from Form 8863, line 23 **49** **0**

**50** Retirement savings contributions credit. Attach Form 8880 **50** **0**

**51** Child tax credit (see instructions) **51** **0**

**52** Residential energy credits. Attach Form 5695 **52** **0**

**53** Other credits from Form: **a**  3800 **b**  8801 **c**  **53** **0**

**54** Add lines 47 through 53. These are your **total credits** **54** **0**

**55** Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** **31**

**Other Taxes**

**56** Self-employment tax. Attach Schedule SE **56** **0**

**57** Unreported social security and Medicare tax from Form: **a**  4137 **b**  8919 **57** **0**

**58** Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58** **0**

**59a** Household employment taxes from Schedule H **59a** **0**

**b** First-time homebuyer credit repayment. Attach Form 5405 if required **59b** **0**

**60** Other taxes. Enter code(s) from instructions **60** **0**

**61** Add lines 55 through 60. This is your **total tax** **61** **31**

**Payments**

**62** Federal income tax withheld from Forms W-2 and 1099 **62** **0**

**63** 2011 estimated tax payments and amount applied from 2010 return **63** **0**

**64a** **Earned income credit (EIC)** **64a** **0**

**b** Nontaxable combat pay election **64b** **0**

**65** Additional child tax credit. Attach Form 8812 **65** **0**

**66** American opportunity credit from Form 8863, line 14 **66** **0**

**67** First-time homebuyer credit from Form 5405, line 10 **67** **0**

**68** Amount paid with request for extension to file **68** **0**

**69** Excess social security and tier 1 RRTA tax withheld **69** **0**

**70** Credit for federal tax on fuels. Attach Form 4136 **70** **0**

**71** Credits from Form: **a**  2439 **b**  8839 **c**  8801 **d**  8885 **71** **0**

**72** Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** **72** **0**

**Refund**

**73** If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid** **73** **0**

**74a** Amount of line 73 you want **refunded to you**. If Form 8888 is attached, check here **▶**  **74a** **0**

**b** Routing number **c** Type:  Checking  Savings

**d** Account number

**75** Amount of line 73 you want **applied to your 2012 estimated tax** **75** **40**

**Amount You Owe**

**76** **Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions **▶** **76** **40**

**77** Estimated tax penalty (see instructions) **77** **9**

**Third Party Designee**

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) **▶** **0000**

**Sign Here**

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature *William J. Wada...* Date **10/13/2012** Your occupation **Private Sector Person** Daytime phone number **██████████**

Spouse's signature. If a joint return, both must sign. Date **10/13/2012** Spouse's occupation **██████████**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) **0000**

**Paid Preparer Use Only**

Print/Type preparer's name **▶** Preparer's signature **▶** Date **▶** Check  if self-employed **PTIN** **0000**

Firm's name **▶** Firm's EIN **▶**

Firm's address **▶** Phone no. **▶**

# Instructions for Form 1099-MISC

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under the backup withholding rules regardless of the amount of the payment.



*Be sure to report each payment in the proper box because the IRS uses this information to determine whether the recipient has properly reported the payment.*

**Trade or business reporting only.** Report on Form 1099-MISC only when payments are made in the course of your trade or business. Personal payments are not reportable. You are engaged in a trade or business if you operate for gain or profit. However, nonprofit organizations are considered to be engaged in a trade or business and are subject to these reporting requirements. Other organizations subject to these reporting requirements include trusts of qualified pension or profit-sharing plans of employers, certain organizations exempt from tax under section 501(c) or (d), farmers' cooperatives that are exempt from tax under section 521, and widely held fixed investment trusts. Payments by federal, state, or local government agencies are also reportable.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  ANWAY CORP. 7575 FULTO ST EAST ADA, MI 49355 800-253-6500		1 Rents \$	OMB No. 1545-0115  <b>2011</b> Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$		
RECIPIENT'S identification number [REDACTED]		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
RECIPIENT'S name  WADSWORTH, WM WADSWORTH, CAROLINE Street address (including apt. no.) [REDACTED] City, state, and ZIP code [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
Account number (see instructions) [REDACTED]		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.
15a Section 409A deferrals \$	15b Section 409A income \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input checked="" type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11	12	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

No payments were received by the party identified hereon as "the recipient" from the party identified hereon as "the payer" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of relevant law.

*William J. Wadsworth*

*10/13/2012*

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

EBMC  
4789 RINGS RD  
DUBLIN OH 43017

- 1 Rents
- 2 Royalties
- 3 Other income
- 5 Fishing boat proceeds
- 7 Nonemployee compensation
- 9 Payer made direct sales of \$5,000 or more of consumer products to a Buyer (recipient) for resale
- 11
- 13 Excess golden parachute payments
- 16 State tax withheld

OMB No. 1545-0115

2011

Form 1099-MISC

Miscellaneous Income

PAYER'S federal identification number  
[REDACTED]

RECIPIENT'S identification number  
[REDACTED]

- 4 Federal income tax withheld  
\$ 0.00
- 6 Medical and health care payments  
\$ 0.00

Copy B For Recipient

RECIPIENT'S name  
WILLIAM F WADSWORTH DDS  
Street address (including apt. no.)  
[REDACTED]  
City, state, and ZIP code  
[REDACTED]

- 8 Substitute payments in lieu of dividends or interest
- 10 Crop insurance proceeds
- 12
- 14 Gross proceeds paid to an attorney
- 17 State/Payer's state no.

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)  
15a Section 409A deferrals  
\$  
15b Section 409A income  
\$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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*William F Wadsworth*

10/13/2012

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>HEALTH DESIGN PLUS</b> <b>1755 GEORGETOWN RD</b> <b>HUDSON, OH 44236-4057</b>  <b>(330) 656-1072</b>		1 Rents \$	OMB No. 1545-0115  <b>2011</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	<b>Copy B For Recipient</b>	
RECIPIENT'S name  <b>WILLIAM F WADSWORTH DDS</b>		5 Fishing boat proceeds \$		
Street address (including apt. no.)  <b>425 W COOK RD</b>		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.
City, state, and ZIP code [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 \$	
Account number (see instructions) [REDACTED]		11	12	
15a Section 409A deferrals \$	15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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*William F Wadsworth*

*10/13/2012*

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  COMMUNITY INSURANCE COMPANY 1099 TAX REPORTING 1 WELLPOINT WAY CAT201-C005 THOUSAND OAKS, CA 91362-5035		1 Rents \$	OMB No. 1545-0115  <b>2011</b>  Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy B For Recipient
RECIPIENT'S name  W WADSWORTH		6 Medical and health care payments \$ 0.00	7 Nonemployee compensation \$	
Street address (including apt. no.) [REDACTED]		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"/>	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.
City, state, and ZIP code [REDACTED]		10 Crop insurance proceeds \$	11	
Account number (see instructions) [REDACTED]		12	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 \$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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*William J. Wadsworth*

*10/13/2012*

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  MEDICAL MUTUAL OF OHIO 2060 EAST NINTH STREET CLEVELAND OH 44115-1355 1-888-246-2583		1 Rents \$	OMB No. 1545-0115  <b>2011</b> Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy B For Recipient
RECIPIENT'S name  WILLIAM F WADSWORTH DDS  Street address (including apt. no.) [REDACTED]  City, state, and ZIP code [REDACTED]  Account number (see instructions)		6 Medical and health care payments 0.00 \$	7 Nonemployee compensation \$	
15a Section 409A deferrals \$		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"/>	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.
15b Section 409A income \$		10 Crop insurance proceeds \$	11	
		12	13 Excess golden parachute payments \$	
		14 Gross proceeds paid to an attorney \$	16 State tax withheld \$	
		17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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*William F. Wadsworth*

*10/13/2012*

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  METROPOLITAN LIFE INSURANCE CO METLIFE DENTAL PO BOX 981282 EL PASO, TX 79988-1282		1 Rents \$	OMB No. 1545-0115  <b>2011</b>  Form 1099-MISC	Miscellaneous Income
RECIPIENT'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy B For Recipient
RECIPIENT'S name  WILLIAM F WADSWORTH		6 Medical and health care payments \$ 0.00	7 Nonemployee compensation \$	
Street address (including apt. no.) [REDACTED]		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"/>	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.
City, state, and ZIP code [REDACTED]		10 Crop insurance proceeds \$	11	
Account number (see instructions) [REDACTED]		13 Excess golden parachute payments \$	12	
15a Section 409A deferrals \$		14 Gross proceeds paid to an attorney \$	15b Section 409A income \$	
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

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*William F Wadsworth*

*10/13/2012*