

Form 1040		U.S. Individual Income Tax Return 2007		IRS Use Only—Do not write or staple in this space.																										
<b>Label</b> (See instructions on page 12.) <b>Use the IRS label.</b> Otherwise, please print or type.		For the year Jan. 1–Dec. 31, 2007, or other tax year beginning _____, 2007, ending _____, 20		OMB No. 1545-0074																										
<b>LABEL HERE</b>	Your first name and initial <b>Matthew P.</b>		Last name <b>Sims</b>		Your social security number Red : ac : ted																									
	If a joint return, spouse's first name and initial <b>Sherry L.</b>		Last name <b>Sims</b>		Spouse's social security number Red : ac : ted																									
	Home address (number and street). If you have a P.O. box, see page 12. <b>Redacted</b>				Apt. no. _____																									
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. <b>Redacted</b>				Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																									
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) <input type="checkbox"/>																														
<b>Filing Status</b>																														
Check only one box.																														
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <input type="checkbox"/> Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here. <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14)																														
<b>Exemptions</b>																														
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse																														
c <b>Dependents:</b>																														
<table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 15)</th> </tr> </thead> <tbody> <tr> <td>Amber</td> <td>Sims</td> <td>Red : ac : ted</td> <td>Daughter</td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 15)	Amber	Sims	Red : ac : ted	Daughter	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 15)																										
Amber	Sims	Red : ac : ted	Daughter	<input type="checkbox"/>																										
				<input type="checkbox"/>																										
				<input type="checkbox"/>																										
				<input type="checkbox"/>																										
d Total number of exemptions claimed <b>3</b>																														
<b>Income</b>																														
7 Wages, salaries, tips, etc. Attach Form(s) W-2																														
8a Taxable interest. Attach Schedule B if required																														
b Tax-exempt interest. Do not include on line 8a																														
9a Ordinary dividends. Attach Schedule B if required																														
b Qualified dividends (see page 19)																														
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)																														
11 Alimony received																														
12 Business income or (loss). Attach Schedule C or C-EZ																														
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																														
14 Other gains or (losses). Attach Form 4797																														
15a IRA distributions																														
b Taxable amount (see page 21)																														
16a Pensions and annuities																														
b Taxable amount (see page 22)																														
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																														
18 Farm income or (loss). Attach Schedule F																														
19 Unemployment compensation																														
20a Social security benefits																														
b Taxable amount (see page 24)																														
21 Other income. List type and amount (see page 24)																														
22 Add the amounts in the far right column for lines 7 through 21. This is your total income																														
<b>Adjusted Gross Income</b>																														
23 Educator expenses (see page 26)																														
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ																														
25 Health savings account deduction. Attach Form 8889																														
26 Moving expenses. Attach Form 3903																														
27 One-half of self-employment tax. Attach Schedule SE																														
28 Self-employed SEP, SIMPLE, and qualified plans																														
29 Self-employed health insurance deduction (see page 26)																														
30 Penalty on early withdrawal of savings																														
31a Alimony paid b Recipient's SSN																														
32 IRA deduction (see page 27)																														
33 Student loan interest deduction (see page 30)																														
34 Tuition and fees deduction. Attach Form 8917																														
35 Domestic production activities deduction. Attach Form 8903																														
36 Add lines 23 through 31a and 32 through 35																														
37 Subtract line 36 from line 22. This is your adjusted gross income																														

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:  
Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>		<b>0</b>	<b>00</b>
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1943, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes</b>				
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1943, <input type="checkbox"/> <b>Blind.</b> checked <b>▶ 39a</b>				
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <b>▶ 39b</b>				
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>		<b>10700</b>	<b>00</b>
<b>41</b>	Subtract line 40 from line 38	<b>41</b>		<b>[10700]</b>	<b>00</b>
<b>42</b>	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	<b>42</b>		<b>10200</b>	<b>00</b>
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>		<b>-0-</b>	
<b>44</b>	<b>Tax</b> (see page 33). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/> Form(s) 8889	<b>44</b>		<b>0</b>	<b>00</b>
<b>45</b>	<b>Alternative minimum tax</b> (see page 36). Attach Form 6251	<b>45</b>		<b>0</b>	<b>00</b>
<b>46</b>	Add lines 44 and 45	<b>46</b>		<b>0</b>	<b>00</b>
<b>47</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>47</b>		<b>0</b>	<b>00</b>
<b>48</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>48</b>		<b>0</b>	<b>00</b>
<b>49</b>	Education credits. Attach Form 8863	<b>49</b>		<b>0</b>	<b>00</b>
<b>50</b>	Residential energy credits. Attach Form 5695	<b>50</b>		<b>0</b>	<b>00</b>
<b>51</b>	Foreign tax credit. Attach Form 1116 if required	<b>51</b>		<b>0</b>	<b>00</b>
<b>52</b>	Child tax credit (see page 39). Attach Form 8901 if required	<b>52</b>		<b>0</b>	<b>00</b>
<b>53</b>	Retirement savings contributions credit. Attach Form 8880	<b>53</b>		<b>0</b>	<b>00</b>
<b>54</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859 <b>c</b> <input type="checkbox"/> Form 8839	<b>54</b>		<b>0</b>	<b>00</b>
<b>55</b>	Other credits: <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Form	<b>55</b>		<b>0</b>	<b>00</b>
<b>56</b>	Add lines 47 through 55. These are your <b>total credits</b>	<b>56</b>		<b>0</b>	<b>00</b>
<b>57</b>	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	<b>57</b>		<b>-0-</b>	

**Other Taxes**

<b>58</b>	Self-employment tax. Attach Schedule SE	<b>58</b>		<b>0</b>	<b>00</b>
<b>59</b>	Unreported social security and Medicare tax from: <b>a</b> <input type="checkbox"/> Form 4137 <b>b</b> <input type="checkbox"/> Form 8919	<b>59</b>		<b>0</b>	<b>00</b>
<b>60</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>60</b>		<b>0</b>	<b>00</b>
<b>61</b>	Advance earned income credit payments from Form(s) W-2, box 9	<b>61</b>		<b>0</b>	<b>00</b>
<b>62</b>	Household employment taxes. Attach Schedule H	<b>62</b>		<b>0</b>	<b>00</b>
<b>63</b>	Add lines 57 through 62. This is your <b>total tax</b>	<b>63</b>		<b>0</b>	<b>00</b>

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>		<b>9485</b>	<b>75</b>
<b>65</b>	2007 estimated tax payments and amount applied from 2006 return	<b>65</b>		<b>0</b>	<b>00</b>
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>		<b>0</b>	<b>00</b>
<b>b</b>	Nontaxable combat pay election <b>▶ 66b</b>				
<b>67</b>	Excess social security and tier 1 RRTA tax withheld (see page 59)	<b>67</b>		<b>0</b>	<b>00</b>
<b>68</b>	Additional child tax credit. Attach Form 8812	<b>68</b>		<b>0</b>	<b>00</b>
<b>69</b>	Amount paid with request for extension to file (see page 59)	<b>69</b>		<b>0</b>	<b>00</b>
<b>70</b>	Payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	<b>70</b>		<b>0</b>	<b>00</b>
<b>71</b>	Refundable credit for prior year minimum tax from Form 8801, line 27	<b>71</b>		<b>0</b>	<b>00</b>
<b>72</b>	Add lines 64, 65, 66a, and 67 through 71. These are your <b>total payments</b>	<b>72</b>		<b>9485</b>	<b>75</b>

**Refund**

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

<b>73</b>	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>		<b>9485</b>	<b>75</b>
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <b>▶</b> <input type="checkbox"/>	<b>74a</b>		<b>9485</b>	<b>75</b>
<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number				
<b>75</b>	Amount of line 73 you want <b>applied to your 2008 estimated tax</b> <b>▶ 75</b>	<b>75</b>		<b>0.00</b>	

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 63. For details on how to pay, see page 60 <b>▶</b>	<b>76</b>			
<b>77</b>	Estimated tax penalty (see page 61)	<b>77</b>			

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ **Yes.** Complete the following. ☒ **No**

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

**Sign Here**

Joint return? See page 13. Keep a copy for your records.

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.

Your signature	Date	Your occupation	Daytime phone number
		<b>Ohio resident</b>	( 614 ) Redacted
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	
		<b>Ohio resident</b>	

**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.

OMB No. 1545-0074

**1** Type or print your first name and middle initial.

Matthew P.

Last name

Sims

**2** Social security number (SSN)

Redacted

**3** Address

Redacted

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2007.

I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ 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

Redacted

**6** Employer's or payer's identification number (if known)

Redacted

**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	<u>0.00</u>	<b>g</b> State income tax withheld	<u>35.93</u>
<b>b</b> Social security wages	<u>0.00</u>	(Name of state)	<u>Ohio</u>
<b>c</b> Medicare wages and tips	<u>0.00</u>	<b>h</b> Local income tax withheld	<u>87.54</u>
<b>d</b> Advance EIC payment	<u>0.00</u>	(Name of locality)	<u>Columbus</u>
<b>e</b> Social security tips	<u>0.00</u>	<b>i</b> Social security tax withheld	<u>271.36</u>
<b>f</b> Federal income tax withheld	<u>0.00</u>	<b>j</b> Medicare tax withheld	<u>63.46</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution	<u>                    </u>	<b>f</b> Federal income tax withheld	<u>                    </u>
<b>b</b> Taxable amount	<u>                    </u>	<b>g</b> State income tax withheld	<u>                    </u>
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	<u>                    </u>
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	<u>                    </u>
<b>e</b> Capital gain (included in 8b)	<u>                    </u>	<b>j</b> Distribution codes	<u>                    </u>

**9** How did you determine the amounts on lines 7 and 8 above?

Company provided records **HEREBY DISPUTED**. The Statutory language of IRC 3401, 3121, 7701 and others.

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

None. The amounts listed as withheld are correct, however.

**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.

OMB No. 1545-0074

<b>1</b> Type or print your first name and middle initial. <b>Matthew P.</b>	Last name <b>Sims</b>	<b>2</b> Social security number (SSN) <b>Redacted</b>		
<b>3</b> Address <b>Redacted</b>				
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, <u>2007</u> , 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.				
<b>5</b> Employer's or payer's name, address, and ZIP code <b>Redacted</b>		<b>6</b> Employer's or payer's identification number (if known) <b>Redacted</b>		
<b>7</b> Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <b>a</b> Wages, tips, and other compensation <u>0.00</u>  <b>b</b> Social security wages <u>0.00</u>  <b>c</b> Medicare wages and tips <u>0.00</u>  <b>d</b> Advance EIC payment <u>0.00</u>  <b>e</b> Social security tips <u>0.00</u>  <b>f</b> Federal income tax withheld <u>5228.04</u> </td> <td style="width:50%; vertical-align: top;"> <b>g</b> State income tax withheld <u>1675.60</u>                      (Name of state) <u>Ohio</u>  <b>h</b> Local income tax withheld <u>732.25</u>                      (Name of locality) <u>Columbus, Westervi</u>  <b>i</b> Social security tax withheld <u>3045.71</u>  <b>j</b> Medicare tax withheld <u>712.30</u> </td> </tr> </table>			<b>a</b> Wages, tips, and other compensation <u>0.00</u> <b>b</b> Social security wages <u>0.00</u> <b>c</b> Medicare wages and tips <u>0.00</u> <b>d</b> Advance EIC payment <u>0.00</u> <b>e</b> Social security tips <u>0.00</u> <b>f</b> Federal income tax withheld <u>5228.04</u>	<b>g</b> State income tax withheld <u>1675.60</u> (Name of state) <u>Ohio</u> <b>h</b> Local income tax withheld <u>732.25</u> (Name of locality) <u>Columbus, Westervi</u> <b>i</b> Social security tax withheld <u>3045.71</u> <b>j</b> Medicare tax withheld <u>712.30</u>
<b>a</b> Wages, tips, and other compensation <u>0.00</u> <b>b</b> Social security wages <u>0.00</u> <b>c</b> Medicare wages and tips <u>0.00</u> <b>d</b> Advance EIC payment <u>0.00</u> <b>e</b> Social security tips <u>0.00</u> <b>f</b> Federal income tax withheld <u>5228.04</u>	<b>g</b> State income tax withheld <u>1675.60</u> (Name of state) <u>Ohio</u> <b>h</b> Local income tax withheld <u>732.25</u> (Name of locality) <u>Columbus, Westervi</u> <b>i</b> Social security tax withheld <u>3045.71</u> <b>j</b> Medicare tax withheld <u>712.30</u>			
<b>8</b> Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc. <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <b>a</b> Gross distribution _____  <b>b</b> Taxable amount _____  <b>c</b> Taxable amount not determined <input type="checkbox"/>  <b>d</b> Total distribution <input type="checkbox"/>  <b>e</b> Capital gain (included in 8b) _____                 </td> <td style="width:50%; vertical-align: top;"> <b>f</b> Federal income tax withheld _____  <b>g</b> State income tax withheld _____  <b>h</b> Local income tax withheld _____  <b>i</b> Employee contributions _____  <b>j</b> Distribution codes _____                 </td> </tr> </table>			<b>a</b> Gross distribution _____ <b>b</b> Taxable amount _____ <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <input type="checkbox"/> <b>e</b> Capital gain (included in 8b) _____	<b>f</b> Federal income tax withheld _____ <b>g</b> State income tax withheld _____ <b>h</b> Local income tax withheld _____ <b>i</b> Employee contributions _____ <b>j</b> Distribution codes _____
<b>a</b> Gross distribution _____ <b>b</b> Taxable amount _____ <b>c</b> Taxable amount not determined <input type="checkbox"/> <b>d</b> Total distribution <input type="checkbox"/> <b>e</b> Capital gain (included in 8b) _____	<b>f</b> Federal income tax withheld _____ <b>g</b> State income tax withheld _____ <b>h</b> Local income tax withheld _____ <b>i</b> Employee contributions _____ <b>j</b> Distribution codes _____			
<b>9</b> How did you determine the amounts on lines 7 and 8 above? <b>Company provided records HEREBY DISPUTED. The Statutory language of IRC 3401, 3121, 7701 and others.</b>				

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
**None. The amounts listed as withheld are correct, however.**

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

Förster

Department of the Treasury  
Internal Revenue Service

3 Address  
Redacted

I have been unable to obtain (or have received an incorrect) ☐ Form W-2 OR ☒ Form 1099-R.

5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's identification number (if known)  
Redacted

<b>a</b> Wages, tips, and other compensation	_____	<b>g</b> State income tax withheld	_____
<b>b</b> Social security wages	_____	(Name of state)	_____
<b>c</b> Medicare wages and tips	_____	<b>h</b> Local income tax withheld	_____
<b>d</b> Advance EIC payment	_____	(Name of locality)	_____
<b>e</b> Social security tips	_____	<b>i</b> Social security tax withheld	_____
<b>f</b> Federal income tax withheld	_____	<b>j</b> Medicare tax withheld	_____

a	Gross distribution		203.44	f	Federal income tax withheld		40.69
b	Taxable amount		0.00	g	State income tax withheld		0.00
c	Taxable amount not determined	<input type="checkbox"/>		h	Local income tax withheld		0.00
d	Total distribution	<input checked="" type="checkbox"/>		i	Employee contributions		
e	Capital gain (included in 8b)		0.00	j	Distribution codes		1

Company provided records **HEREBY DISPUTED**. The Statutory language of IRC 3401, 3121, 7701 and others.

None. The amounts listed as withheld are correct, however.

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

OMB No. 1545-0074

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

**1** Type or print your first name and middle initial.

Matthew P.

Last name

Sims

**2** Social security number (SSN)

Redacted

**3** Address

Redacted

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2007.

I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ 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

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 0.00

**b** Social security wages 0.00

**c** Medicare wages and tips 0.00

**d** Advance EIC payment 0.00

**e** Social security tips 0.00

**f** Federal income tax withheld 0.00

**g** State income tax withheld 6.10

(Name of state) Ohio

**h** Local income tax withheld 32.47

(Name of locality) Columbus

**i** Social security tax withheld 100.65

**j** Medicare tax withheld 23.54

**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 ☐

**d** Total distribution ☐

**e** Capital gain (included in 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?

Company provided records **HEREBY DISPUTED**. The Statutory language of IRC 3401, 3121, 7701 and others.

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

None. The amounts listed as withheld are correct, however.