

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

DAVID B

Last name

WEEKS

Your social security number

If a joint return, spouse's first name and initial

DOROTHY E

Last name

WEEKS

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

164 CR 121

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

BENNETT, CO 80102

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). (See instructions.)

If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit.

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b

No. of children on 6c who: lived with you; did not live with you due to divorce or separation.

Dependents on 6c not entered above

Add numbers on lines above

Income

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

10 Taxable refunds, credits, or offsets of state and local income taxes

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

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

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Attach Form(s) W-2 here. All attach Forms W-2G a 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and non-resident government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Charitable contributions. Attach Form 3903

27 Self-employment tax. Attach Schedule SE

28 Simplified employee pension (SEP), SIMPLE, and qualified plans

29 Health insurance deduction

30 Rollover contributions of savings

31a Alimony paid. Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	25145
<b>Tax and Credits</b>	<b>39a</b>	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <b>▶</b> 39a <b>2</b>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶</b> 39b <input type="checkbox"/>		
	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	15200
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	9945
	<b>42</b>	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	8100
	<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	1845
	<b>44</b>	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	184
	<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b>	Add lines 44, 45, and 46 <b>▶</b>	<b>47</b>	184
<b>Other Taxes</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695	<b>53</b>	
	<b>54</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your total credits	<b>55</b>	
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- <b>▶</b>	<b>56</b>	184
	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8819	<b>58</b>		
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>		
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>		
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>		
<b>61</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>		
<b>62</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>		
<b>63</b>	Add lines 58 through 62. This is your total tax <b>▶</b>	<b>63</b>	184	
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	684
	<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b>	Earned income credit (EIC)	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>		
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments <b>▶</b>	<b>74</b>	684	
<b>Refund</b>	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	500
	<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <b>▶</b> <input type="checkbox"/>	<b>76a</b>	500
	<b>b</b>	Routing number: <input type="text"/> <b>▶</b> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number: <input type="text"/>			
<b>77</b>	Amount of line 75 you want applied to your 2018 estimated tax <b>▶</b> <b>77</b>			
<b>Amount You Owe</b>	<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>	
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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 <b>▶</b>	Phone no. <b>▶</b>	Personal identification number (PIN) <b>▶</b>
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**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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>David B. Weeks</i>	Date 4-4-2018	Your occupation Retired	Daytime phone number [REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, 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 <b>▶</b>	Firm's EIN <b>▶</b>		Phone no.	
Firm's address <b>▶</b>				

✓ **CORRECTED** (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>MRG PM, LLC</b> <b>5282 CLEVELAND AVE.</b> <b>COLUMBUS, OH 43231</b> <b>614 852-4202</b>		1 Rents \$ 0.0	OMB No. 1545-0115  <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Form 1099-MISC		<b>Miscellaneous Income</b>
		2 Royalties \$			
PAYER'S federal identification number 03-0569640		RECIPIENT'S identification number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>		<b>Copy B For Recipient</b>	
RECIPIENT'S name <b>WEEKS PROPERTY SOLUTIONS LLC</b>  Street address (including apt. no.) <b>164 N SCHUMAKER RD</b>  City or town, state or province, country, and ZIP or foreign postal code <b>BENNETT, CO 80102</b>		3 Other income \$	4 Federal income tax withheld \$ 0.0		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.
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
Account number (see instructions)  FATCA filing requirement <input type="checkbox"/>		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 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) [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc) Department of the Treasury - Internal Revenue Service

This corrected form 1099-MISC is submitted to rebut an erroneous 1099-MISC that alleges the "Recipient" received from the "Payer" funds that were classified as income as defined in 26 U.S.C.

*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.*

\_\_\_\_\_  
  
David B Weeks

CORRECTED (if checked)

Miscellaneous Income

Copy B For Recipient

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  COLUMBUS HOME SOLUTIONS LLC 20 S THERD STREET SUITE 210 COLUMBUS, OH 43215		1 Rents \$ 0.0	OMB No. 1545-0115  <b>2017</b>  Form 1099-MISC		
PAYER'S federal identification number  47-1460769		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$ 0.0	
RECIPIENT'S identification number  [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name WEEKS PROPERTY SOLUTIONS LLC DAVID WEEKS  Street address (including apt. no.) 164 SCHUMAKER RD  City or town, state or province, country, and ZIP or foreign postal code BENNETT, CO 80102		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.	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$
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 \$	

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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.

\_\_\_\_\_  
David B Weeks

**✓ CORRECTED (if checked)**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>SD DEVELOPMENT GROUP LLC DBA KELLER WILLIAMS GCSW 18318 PEARL RD STRONGSVILLE, OH 44136</b>		1 Rents \$ 0.0	OMB No. 1545-0115  <b>2017</b>  Form 1099-MISC	<b>Miscellaneous Income</b>   <b>Copy B For Recipient</b>		
		2 Royalties \$				
3 Other income \$	4 Federal income tax withheld \$ 0.0					
PAYER'S federal identification number 03-0569640	RECIPIENT'S identification number 	5 Fishing boat proceeds \$	6 Medical and health care payments \$			
RECIPIENT'S name <b>WEEKS PROPERTY SOLUTIONS LLC</b>  Street address (including apt. no.) <b>164 N SCHUMAKER RD</b>  City or town, state or province, country, and ZIP or foreign postal code <b>BENNETT, CO 80102</b>		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 \$			
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	11	12			
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	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 \$				16 State tax withheld \$	17 State/Payer's state no.
					18 State income \$	

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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.

\_\_\_\_\_  
  
David B Weeks

\_\_\_\_\_

OFFICE OF PERSONNEL MANAGEMENT RETIREMENT OPERATIONS P.O. BOX 45 BOYERS, PA 16017-0045		STATEMENT OF ANNUITY PAID  Copy B - File with Federal tax return.		OMB No. 1545-0119 Form: 1099-R Distributions From Pensions, Annuities, Retirement or Profit- Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal Identification <b>52-6083699</b>		Recipient's ID No. (Annuitant)	Account Number (Retirement Claim No.)	1. Gross distribution 23592.00	
5. Employee Contributions / Designated ROTH Contributions or Insurance Premiums 2813.56		<b>PAID TO</b> DAVID B WEEKS 164 SCHUMAKER RD BENNETT CO 80102		2a. Taxable amount 22912.20	
7. Distribution Code(s) 7-NONDISABILITY				4. Federal Income Tax Withheld <b>684.00</b>	
9b. Total Employee Contributions 14728.00				12. State tax withheld NONE	13. State/Payer's state no.
				12. State tax withheld NONE	13. State/Payer's state no.