

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

, 2016, ending

, 20

See separate instructions.

Your first name and initial George D

Last name Dapp

Your social security number

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

Last name Dapp

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 5479 East 141st Street

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). Maple Heights, Ohio 44137-0201

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/country

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) with dependent child

Exemptions

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

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 (see instructions)

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 (see instructions)
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
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b 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
15b Taxable amount
16a Pensions and annuities
16b Taxable amount
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
20b Taxable amount
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

Table with 3 columns: Line number, Amount, and Total amount

Adjusted Gross Income

- 23 Educator expenses
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 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b 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

Table with 3 columns: Line number, Amount, and Total amount

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 0 00

39a Check  You were born before January 2, 1952,  Blind. Total boxes checked ▶ 39a   
 if:  Spouse was born before January 2, 1952,  Blind.

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

**Standard Deduction for—**

- People who check any box on line 39a 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 widower, \$12,600
  - Head of household, \$9,300

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 12600 00

41 Subtract line 40 from line 38 41 0 00

42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 8100 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0 00

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

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 00

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  3800 b  8801 c  54

55 Add lines 48 through 54. These are your total credits 55

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶ 56 0 00

**Other Taxes**

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a  4137 b  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  61

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax ▶ 63 0 00

**Payments**

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 3,000 00

65 2016 estimated tax payments and amount applied from 2015 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 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  2439 b  Reserved c  8885 d  73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 3200 00

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 3200 00

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶  76a 3200 00

b Routing number ▶ c Type:  Checking  Savings

d Account number

77 Amount of line 75 you want applied to your 2017 estimated tax ▶ 77

**Amount You Owe**

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78

79 Estimated tax penalty (see instructions) 79

**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) ▶

**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 Date 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 Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

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

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

**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.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

<b>1</b> Name(s) shown on return George D. Papp	<b>2</b> Your social security number [REDACTED]										
<b>3</b> Address 9429 East 141st Street Maple Heights, Ohio 44137-5203											
<b>4</b> Enter year in space provided and check one box. For the tax year ending December 31, <u>2016</u> , I have been unable to obtain (or have received an incorrect) <input type="checkbox"/> Form W-2 OR <input checked="" 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 Teamsters 436 Pension Fund 6051 Carley Drive Valley View, Ohio 44127-4259	<b>6</b> Employer's or payer's identification number (if known) 34-6665235										
<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%;"><b>a</b> Wages, tips, and other compensation _____</td> <td style="width:50%;"><b>f</b> State income tax withheld _____ (Name of state) _____</td> </tr> <tr> <td><b>b</b> Social security wages _____</td> <td><b>g</b> Local income tax withheld _____ (Name of locality) _____</td> </tr> <tr> <td><b>c</b> Medicare wages and tips _____</td> <td><b>h</b> Social security tax withheld _____</td> </tr> <tr> <td><b>d</b> Social security tips _____</td> <td><b>i</b> Medicare tax withheld _____</td> </tr> <tr> <td><b>e</b> Federal income tax withheld _____</td> <td></td> </tr> </table>	<b>a</b> Wages, tips, and other compensation _____	<b>f</b> State income tax withheld _____ (Name of state) _____	<b>b</b> Social security wages _____	<b>g</b> Local income tax withheld _____ (Name of locality) _____	<b>c</b> Medicare wages and tips _____	<b>h</b> Social security tax withheld _____	<b>d</b> Social security tips _____	<b>i</b> Medicare tax withheld _____	<b>e</b> Federal income tax withheld _____		
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<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%;"><b>a</b> Gross distribution _____ 0.00</td> <td style="width:50%;"><b>f</b> Federal income tax withheld _____ 3290.00</td> </tr> <tr> <td><b>b</b> Taxable amount _____</td> <td><b>g</b> State income tax withheld _____</td> </tr> <tr> <td><b>c</b> Taxable amount not determined <input type="checkbox"/></td> <td><b>h</b> Local income tax withheld _____</td> </tr> <tr> <td><b>d</b> Total distribution _____ <input type="checkbox"/></td> <td><b>i</b> Employee contributions _____</td> </tr> <tr> <td><b>e</b> Capital gain (included in line 8b) _____</td> <td><b>j</b> Distribution codes _____</td> </tr> </table>	<b>a</b> Gross distribution _____ 0.00	<b>f</b> Federal income tax withheld _____ 3290.00	<b>b</b> Taxable amount _____	<b>g</b> State income tax withheld _____	<b>c</b> Taxable amount not determined <input type="checkbox"/>	<b>h</b> Local income tax withheld _____	<b>d</b> Total distribution _____ <input type="checkbox"/>	<b>i</b> Employee contributions _____	<b>e</b> Capital gain (included in line 8b) _____	<b>j</b> Distribution codes _____	
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<b>e</b> Capital gain (included in line 8b) _____	<b>j</b> Distribution codes _____										
<b>9</b> How did you determine the amounts on lines 7 and 8 above? No ("gains, profit or income") were generated in the course of a "trade or business". Amount on line 8f is correct.											
<b>10</b> Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement. None											

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

**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 does not 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 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 February 14, 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, and 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 also will send you a Form 4852. If you do not 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 a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://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 differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

**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:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Square1 Energy, LLC 111 Dewey Dr Suite E Nicholasville, KY 40356 859-887-0015		1 Rents \$	OMS No. 1545-0115  2016		Miscellaneous Income
		2 Royalties \$	Form 1099-MISC		
PAYER'S federal identification number		3 Other income \$	4 Federal income tax withheld \$		Copy C For Payer or State Copy or Copy 2
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  George D. Papp  5429 E 141st Street  Maple Heights OH 44137		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2016 General Instructions for Certain Information Returns.
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds D\$		
FATCA filing requirement D		2nd TIN not. D	11		
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

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

**D** CORRECTED (if checked)

This corrected Form 1099-MISC 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.

\_\_\_\_\_ date