

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning 2015, ending 2015, 20 See separate instructions.

Your first name and initial Patrick L. Last name Hart Your social security number  
 If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see instructions. 17625 Wall Lane SE 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).

Foreign country name Foreign province/state/country Foreign postal code **Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Choosing 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  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.  
 b  Spouse  
 c **Dependents:**  
 (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)  
 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  
 9a Ordinary dividends. Attach Schedule B if required 9a -0-  
 b Qualified dividends 9b  
 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 b Taxable amount 15b -0-  
 16a Pensions and annuities 16a 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 b Taxable amount 20b -0-  
 21 Other income. List type and amount 21 -0-  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** 22 -0-

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

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>		-0-
<b>39a</b>	Check <input checked="" type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <b>▶ 39a</b> <input type="checkbox"/> 1 if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind.			
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶ 39b</b> <input type="checkbox"/>			
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	6300	00
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	-6300	00
<b>42</b>	<b>Exemptions.</b> If line 38 is \$154,550 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4000	00
<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>	-0-	
<b>44</b>	<b>Tax</b> (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>	-0-	
<b>45</b>	<b>Alternative minimum tax</b> (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>		-0-
<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 credits. 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 <b>total credits</b>	<b>55</b>		-0-
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- <b>▶</b>	<b>56</b>		-0-
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>		-0-
<b>58</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<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 type="checkbox"/>	<b>61</b>		-0-
<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 56 through 62. This is your <b>total tax</b> <b>▶</b>	<b>63</b>		-0-
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>		-0-
<b>65</b>	2015 estimated tax payments and amount applied from 2014 return	<b>65</b>		
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>		
<b>b</b>	Nontaxable combat pay election <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 type="checkbox"/> Reread 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 <b>total payments</b> <b>▶</b>	<b>74</b>		-0-
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>		
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>		
<b>b</b>	Routing number <b>▶</b> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>d</b>	Account number <b>▶</b>			
<b>77</b>	Amount of line 75 you want <b>applied to your 2016 estimated tax</b> <b>▶</b>	<b>77</b>		
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>		-0-
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>		

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes, Complete below. <input type="checkbox"/> No
Designee's name <b>▶</b>	Phone no. <b>▶</b> Personal identification number (PIN) <b>▶</b>

<b>Sign Here</b>	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 <b>▶</b>	Date <b>▶</b> 4/8/16	Your occupation <b>▶</b>	Daytime phone number <b>▶</b>
	Spouse's signature. If a joint return, both must sign. <b>▶</b>	Date <b>▶</b>	Spouse's occupation <b>▶</b>	If the IRS sent you an identity PIN, enter it here (see inst.) <b>▶</b>

<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>
<b>Firm's name</b> <b>▶</b>	<b>Firm's EIN</b> <b>▶</b>	<b>Phone no.</b> <b>▶</b>	<b>PTIN</b>
<b>Firm's address</b> <b>▶</b>			

X CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  PACIFIC SECURED EQUITIES INC 6020 W OAKS BLVD STE 100 ROCKLIN, CA 95765-5472		1 Fees \$		OMB No. 1545-0046 <b>2015</b>		Miscellaneous Income
PAYER'S federal identification number 95-4465745		2 Royalties \$		Form 1099-MISC		
RECIPIENT'S identification number		3 Other income \$		4 Federal income tax withheld \$		Copy B For Recipient
RECIPIENT'S name PATRICK L. HART		5 Fishing boat proceeds \$		6 Net of and each case payment 0.00		
Street address (including apt. no.) 17625 V		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.
City or town, state or province, country, and ZIP or foreign postal code 52-9510		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (checkbox) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$		
Account number (see instructions) VOSS		11 FATCA filing requirement <input type="checkbox"/>		11		
12a Section 408A deferral \$		12b Section 408A income \$		13 Gross proceeds paid to an attorney \$		
14 State tax withheld \$		15 State/Payer's state no. \$		16 State income \$		

Form 1099-MISC (keep for your records) [www.irs.gov/form1099-misc](http://www.irs.gov/form1099-misc) Department of the Treasury - Internal Revenue Service

This corrected 1099-MISC rebuts the document submitted by the above "payer" which incorrectly classified payments to the "Recipient" as subject to self-employment tax and are not reportable per Instructions for 1099-MISC. The recipient is not engaged in a "trade or business" nor in an excise taxable activity per relevant law. 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.

Patrick L. Hart \_\_\_\_\_ Dated: \_\_\_\_\_



copy

CORRECTED (if checked)

PAYOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  STATE FARM FIRE AND CASUALTY CO.  3 STATE FARM PLAZA SOUTH P-4  BLOOMINGTON, IL 61791-0002		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Form 1099-MISC  2015  Miscellaneous Income	Copy B For Recipient
Payer's separate identification number (if LHA) or identification number 37-0533100		5 Flaring local proceeds \$	6 Medical and health care payments 0.00	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
RECIPIENT'S name PATRICK L HART		9 Payer made direct sales of \$3,000 or more of consumer products to a buyer (payments for resale) <input type="checkbox"/>		10 Crop insurance proceeds \$		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.	
Street address (including apt. no.) City or town, state or province, country, ZIP or foreign postal code 352-0510		11	12	13 Excess golden parachute payments \$	14 Ours proceeds paid to an attorney \$		
Account number (see instructions) 15ROM0006187	FATCA (third requirement) <input type="checkbox"/>	15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$		
Form 1099-MISC (keep for your records)		www.irs.gov/form1099-misc		Department of the Treasury - Internal Revenue Service			

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  PROVIDENCE HEALTH PLAN PO BOX 4327 PORTLAND, OR 97208-4327		1 Name \$ 2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	<b>Miscellaneous Income</b>  Form 1099-MISC	<b>Copy B</b> For Recipient
Payer's federal identification number (required) or identification number 93-0863097		5 Fishing boat proceeds \$	6 Medical and health care payments 0.00	7 Nonemployee compensation \$		
RECIPIENT'S name PATRICK L HART  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code 97352-9510		9 Payer made direct sale of \$5,000 or more of consumer products to a buyer (checked for regular) <input type="checkbox"/>	10 Crop insurance proceeds \$	11	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) T62137000001	FATCA (1099) requirement <input type="checkbox"/>	12 Excess profit payments \$	13 Gross proceeds paid to an attorney \$	14 State tax withheld \$		15 State/Payer's state no. \$
15a Section 499A deferral \$	15b Section 499A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$		

Form 1099-MISC (9999 for your records) www.irs.gov/form1099-misc Department of the Treasury - Internal Revenue Service

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Patrick L. Hart \_\_\_\_\_ Dated: \_\_\_\_\_

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CORRECTED (if checked)		OMB No. 1545-0115		Miscellaneous Income
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>ESURANCE INSURANCE SERVICES INC</b>  <b>650 DAVIS STREET</b>  <b>SAN FRANCISCO, CA 94111</b>		1 Rents	\$	
		2 Royalties	\$	
PAYER'S federal identification number (required) or identification number  <b>26-0034575</b>		3 Other income	\$	<b>Copy B For Recipient</b>
		4 Federal income tax withheld	\$	
RECIPIENT'S name  <b>PATRICK L HART</b>  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  <b>2-0510</b>		5 Fighting boat proceeds	\$	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.
		6 Net profit or loss from a business	\$	
Account number (see instructions)  <b>55343</b>		7 Nonemployee compensation	\$	11 Other income
		8 Substitute payments in lieu of dividends or interest	\$	
FATCA filing requirement  <input type="checkbox"/>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (checked) for resale <input checked="" type="checkbox"/>	\$	12 Other income
		10 Crop insurance proceeds	\$	
15a Section 408A deferrals  \$		13 Excess golden parachute payments	\$	17 State/Payer's state no.  \$
		15b Section 408A income	\$	
Form 1099-MISC (keep for your records)		16 State tax withheld	\$	18 State income  \$
		17 State/Payer's state no.	\$	

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Patrick L. Hart \_\_\_\_\_ Dated: \_\_\_\_\_

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	2 Royalties	3 Other income	4 Federal income tax withheld	5 Medical and health care payments	6 Substantive payments in lieu of dividends or interest	7 Nonemployee compensation	8 Payer made direct sales of \$5,000 or more of consumer products to a buyer (attach Form 1099-B for results)	9 Crop insurance proceeds	10 Loans given (attach Form 1099-L)	11 Gross proceeds paid to an attorney	12 Section 408A deferred	13 Section 408A income	14 State tax withheld	15 State Payer's state no.	16 State income				
AMCO INSURANCE COMPANY PO BOX 183142 COLUMBUS, OH 43218-3142		\$	\$	\$	\$	\$	\$	\$ 0.00	<input type="checkbox"/>	\$	\$	\$	\$	\$	\$	OR/426054959	\$				
Payer's federal identification number (required) and identification number		Form 1099-MISC		2015		Miscellaneous Income		Copy B For Recipient		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.		Form 1099-MISC (keep for your records)		www.irs.gov/ten99/misc		Department of the Treasury Internal Revenue Service					
PATRICK L. HART Street address (including apt. no.) 1 City or town, state or province, country, and ZIP or foreign postal code -510		7 Nonemployee compensation		8 Substantive payments in lieu of dividends or interest		9 Crop insurance proceeds		10 Loans given (attach Form 1099-L)		11 Gross proceeds paid to an attorney		12 Section 408A deferred		13 Section 408A income		14 State tax withheld		15 State Payer's state no.		16 State income	
Account number (see instructions) 717878-GA 4470344		FATCA filing requirement <input type="checkbox"/>		13 Loans given (attach Form 1099-L)		14 Gross proceeds paid to an attorney		15 State Payer's state no.		16 State income		17 Section 408A deferred		18 Section 408A income		19 State tax withheld		20 State Payer's state no.		21 State income	

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X CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  CAMBIA HEALTH SOLUTIONS INC  PO BOX 1271 WW2-26  PORTLAND, OR 97207-1271		1 Rents \$	OMB No. 1545-0045	Miscellaneous Income
		2 Royalties \$	2015 Form 1099-MISC	
Payer's federal identification number (required) or identification number 93-1179316		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
		5 Flaring local proceeds \$	6 Medical and health care payments 0.00	
RECIPIENT'S name PATRICK L HART  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code 510		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) 100000316271		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (checked) for resale <input checked="" type="checkbox"/>	10 Corp. insurance proceeds \$	
FAFCA filing requirement <input type="checkbox"/>		11 \$	12 \$	
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 4981c deferrals \$	15b Section 408A income \$	16 State tax withheld \$	17 State/Payer's state no. OR /	18 State income \$

Form 1099-MISC (keep for your records) www.irs.gov/form1099-misc Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Name	2 Other income	3 Royalties	4 Federal income tax withheld	Miscellaneous Income
Laube Farms Weddle Road Jefferson, OR 97352		0.00				
Payer's federal identification number (recipient's identification number)		2015				
30-0067028		5 Fishing boat proceeds	6 Medical and health care payments	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.
RECIPIENT'S name PATRICK L. HART		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (attach for resale) <input type="checkbox"/>	10 Drop insurance proceeds	11	12	
Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	15	16	
Account number (see instructions) 100000316271		16 State tax withheld	17 State/Payer's state no.	18 State income		
FATCA (tax) requirement <input type="checkbox"/>						
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PAYER'S NAME, STREET ADDRESS, CITY OR TOWN, STATE OR PROVINCE, COUNTRY, ZIP OR FOREIGN POSTAL CODE, AND TELEPHONE NO.		1 Rents \$	2 Dividends \$	3 Royalties \$	4 Federal income tax withheld \$	Miscellaneous Income
AMICA MUTUAL INSURANCE COMPANY PO BOX 6008 PROVIDENCE, RI 02904-9986		5 Other income \$	6 Federal income tax withheld \$	7 Parking, boat proceeds \$	8 Medical and health care payments \$	
Payer's federal identification number (see instructions)	Recipient's identification number	9 Rental fees compensation \$	10 Substantive payments in lieu of dividends or interest \$	11	12	Copy B For Recipient
05-0348344		13 Paper made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	14 Crop insurance proceeds \$	15 State tax withheld \$	16 State tax paid to an attorney \$	
RECIPIENT'S name PATRICK L HART	Street address (including apt. no.) City, and ZIP or foreign postal code 2-9510	17 Excess golden parachute payments \$	18 Gross proceeds paid to an attorney \$	19 State tax withheld \$	20 State tax paid to an attorney \$	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	21 State tax withheld \$	22 State tax paid to an attorney \$	23 State tax withheld \$	24 State tax paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	18 State tax withheld \$	17 State tax paid to an attorney \$	19 State tax withheld \$	20 State tax paid to an attorney \$	

Form 1099-MISC (keep for your records) [www.irs.gov/form1099-misc](http://www.irs.gov/form1099-misc) Department of the Treasury - Internal Revenue Service

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Patrick L. Hart \_\_\_\_\_ Dated: \_\_\_\_\_

FILE COPY

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0118	
STATE FARM MUTUAL AUTO. INS. CO. 3 STATE FARM PLAZA SOUTH P-4 BLOOMINGTON, IL 61791-0002		\$		2015 Form 1099-MISC	
		2 Royalties			
		\$			
3 Other income		4 Federal income tax withheld		Miscellaneous Income  Copy B For Recipient	
\$		\$			
5 Fishing boat proceeds		6 Medical and health care payments		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.	
\$		\$			
7 Nonemployee compensation		8 Subst. U.S. 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	
\$		\$			
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		18 State income	
\$		\$		\$	
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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Patrick L. Hart \_\_\_\_\_ Dated: \_\_\_\_\_

FILE COPY

 CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no.  AMERICAN COMMERCE INSURANCE CO.  211 MAIN STREET  WEBSTER, MA 01570		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0118  <b>2015</b>  Form 1099-MISC	Miscellaneous Income
Payer's record identification number 31-4361173		5 Fishing boat proceeds a \$ b \$		6 Medical and health care amounts 0.00	Copy B For Recipient		
RECIPIENT'S name PATRICK L. HART  Street address (including apt. no.) SE  City, and ZIP or foreign postal code 3510		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	9 Medical and health care amounts \$			
Account number (see instructions) V12 05		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 \$			
FATCA (filing requirement) <input type="checkbox"/>		13 Gross golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15 State income \$			
15a Section 408A deferrals \$	15b Section 408A income \$	16 State tax withheld \$	17 State Payer's state no. ---	18 State income \$			
Form 1099-MISC (Keep for your records)		www.irs.gov/form1099-misc		Department of the Treasury - Internal Revenue Service			

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**FILE COPY**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no.  SUBLIMITY INSURANCE COMPANY  PO BOX 2219  SUBLIMITY, OR 97385		1 Name \$ 2 Royalties \$ 3 Other income \$	4 Federal income tax withheld \$ 5 Fishing boat proceeds \$ 6 Medical and health care payments 0.00 7 Nonemployee compensation \$ 0.00 8 Substitute payments in lieu of dividends or interest \$ 9 Payer made direct sales of \$1,000 or more of consumer products to a buyer (checked for resale) <input type="checkbox"/> \$ 10 Crop insurance proceeds \$ 11 \$ 12 \$	13 Exclude 501(c)(29) pension/annuity payments \$ 14 Gross proceeds paid to an attorney \$ 15a Section 408A deferrals \$ 15b Section 408A income \$ 16 State tax withheld \$ 17 State/Payer's state no. \$ 18 State income \$	Miscellaneous Income  Copy B For Recipient  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.
Payer's income identification number 93-0164790	Recipient's identification number _____	RECIPIENT'S name PATRICK L. HART  Street address including apt. no. _____ _____ _____ City, town, and ZIP or foreign postal code JEFFERSON, OR 97122-9510  Account number (see instructions) 20160127264 FATCA filing requirement <input type="checkbox"/>			

Form 1099-MISC (keep for your records) [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc) Department of the Treasury - Internal Revenue Service

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Patrick L. Hart \_\_\_\_\_ Dated: \_\_\_\_\_

FEB COPY

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Mutual of Enumclaw Insurance Co 1460 Wells Street Enumclaw, WA 98022		1 Rents \$ _____		OMB No. 1545-2115  <b style="font-size: 2em;">2015</b>		<b>Miscellaneous Income</b>
		2 Royalties \$ _____		Form 1099-MISC		
PAYER'S federal identification number 91-0217580		RECIPIENT'S identification number _____		3 Other income \$ _____		<b>Copy B For Recipient</b>
				4 Federal income tax withheld \$ _____		
RECIPIENT'S name PATRICK L. HART  Street address (including apt. no.)  _____  City or _____ ZIP or foreign postal code JEF _____		5 Fishing boat proceeds \$ _____		6 Medical and health care payments 0.00		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.
		7 Nonemployee compensation \$ 0.00		8 Substitute payments in lieu of dividends or interest \$ _____		
Account number (see instructions) 40000000082833T2		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (purchaser) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$ _____		
		11 _____		12 Gross golden parachute payments \$ _____		
13a Section 408A deferral \$ _____		13b Section 408A income \$ _____		14 Gross proceeds paid to an attorney \$ _____		
16 State tax withheld \$ _____		17 State/Payer's state no. _____		18 Other income \$ _____		

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