

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial **Craig J** Last name **Schieder** Your social security number

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

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

Foreign country name Foreign province/state/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 4  Head of household (with qualifying person). (See instructions.)  
 2  Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶ 5  Qualifying widow(er) (see instructions)

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b **1**  
 b  Spouse . . . . . } No. of children on 6c who:  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
 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)  
 If more than four dependents, see instructions and check here ▶  Dependents on 6c not entered above  
 Add numbers on lines above ▶ **1**  
 d Total number of exemptions claimed . . . . .

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 0.  
 8a Taxable interest. Attach Schedule B if required . . . . . 8a  
 b Tax-exempt interest. Do not include on line 8a . . . . . 8b  
 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a  
 b Qualified dividends . . . . . 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10  
 11 Alimony received . . . . . 11  
 12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶  13  
 14 Other gains or (losses). Attach Form 4797 . . . . . 14  
 15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b  
 16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17  
 18 Farm income or (loss). Attach Schedule F . . . . . 18  
 19 Unemployment compensation . . . . . 19  
 20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b  
 21 Other income. List type and amount . . . . . 21  
 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>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	0.
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes 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	8,782.
	41	Subtract line 40 from line 38	41	-8,782.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
<b>Standard Deduction for—</b> • 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, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	47	Add lines 44, 45, and 46	47	0.
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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.
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.	
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	17,965.
	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC) . . . . .NQ	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b	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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	17,965.	
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	17,965.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	17,965.
	b	Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77		
<b>Amount You Owe</b>	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 Sales	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.)

**Preparer Use Only**

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

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Craig J Schieder

Your social security number

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	0.	
	2	Enter amount from Form 1040, line 38 <input type="text" value="2"/>	2	0.	
	3	Multiply line 2 by 7.5% (0.075).	3	0.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
<b>Taxes You Paid</b>	5 State and local (check only one box):		5	8,782.	
	a	<input checked="" type="checkbox"/> Income taxes, or			
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6		
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9	8,782.	
	<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098	10	
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12		
13		Mortgage insurance premiums (see instructions)	13		
14		Investment interest. Attach Form 4952 if required. See instructions	14		
15		Add lines 10 through 14	15		
<b>Gifts to Charity</b>		16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19		
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	21		
	22	Tax preparation fees	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38 <input type="text" value="25"/>	25		
	26	Multiply line 25 by 2% (0.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ▶	28		
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900?	29	8,782.	
		<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

**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.  
▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

<b>1 Name(s) shown on return</b> Craig J Schieder	<b>2 Your social security number</b>
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**3 Address**

**4 Enter year in space provided and check one box.** For the tax year ending December 31, 2017,  
 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.

<b>5 Employer's or payer's name, address, and ZIP code</b> NC	<b>6 Employer's or payer's identification number (if known)</b>
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**7 Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation . . . . .	0.	<b>f</b> State income tax withheld . . . . .	6,423.
<b>b</b> Social security wages . . . . .	0.	(Name of state) . . . . .	NY
<b>c</b> Medicare wages and tips . . . . .	0.	<b>g</b> Local income tax withheld . . . . .	
<b>d</b> Social security tips . . . . .		(Name of locality) . . . . .	
<b>e</b> Federal income tax withheld . . . . .	17,965.	<b>h</b> Social security tax withheld . . . . .	7,886.
		<b>i</b> Medicare tax withheld . . . . .	2,022.

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

<b>a</b> Gross distribution . . . . .		<b>f</b> Federal income tax withheld . . . . .	
<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 . . . . .	

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

See Line 9

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

"Payer" will not change how they file in fear of retaliation from IRS

# Additional information from your 2017 Federal Tax Return

Form 4852 (Craig J Schieder): Substitute Form W-2, 1099R

Line 9

Continuation Statement

LINES 7(a), (b), (c), (e), (f), (h) and (i) are corrected as I DID NOT receive
any "wages" as defined in IRC section 3401(a) and 3121(a) & others. This
claim by "payer" is hereby rebutted. I am a private sector worker & "payer"
is a private sector company not engaged in a federally privileged activity

# STATEMENT TO CORRECT ERRONEOUSLY REPORTED 2017 FORM 1099-MISC INFORMATION RETURN

This document is presented to dispute and correct an erroneous Form 1099-MISC known to have been submitted to the IRS by the party identified below as "PAYER" which **erroneously** alleges a payment to the party identified below as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business." I am a private sector worker **NOT** engaged in a "trade or business" in accordance with 26 USC 7701(a)(26). This is compensation from a private company not engaged in any type of federally privileged activity whatsoever.

**FORM:** 1099-MISC  
**TAX YEAR:** December 31, 2017  
**RECIPIENT:** Craig J. Schieder  
**SSN:**  
**ACCT:** . . .

**PAYER:** . . . . . INC  
**EIN:** . . . . .  
**Amount reported to IRS:** \$1000  
**Amount included on original return:** \$1000  
**CORRECTED AMOUNT FOR IRS RECORDS:** \$0.00

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
 Craig J. Schieder

\_\_\_\_\_  
 Date

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  . . . . . INC		1 Rents \$	OMB No. 1545-0115  <b>2017</b>  Form 1099-MISC	<b>Miscellaneous Income</b>	
		2 Royalties \$			
PAYER'S federal identification number    RECIPIENT'S identification number		3 Other income \$ 0	4 Federal income tax withheld \$		<b>Copy B For Recipient</b>
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name  Craig Schieder  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		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.
		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		
Account number (see instructions)    FATCA filing requirement <input type="checkbox"/>		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 \$	

# STATEMENT TO CORRECT ERRONEOUSLY REPORTED 2017 FORM 1099-MISC INFORMATION RETURN

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**FORM:** 1099-MISC  
**TAX YEAR:** December 31, 2017  
**RECIPIENT:** Craig J. Schieder  
**SSN:**  
**ACCT:**

**PAYER:**  
**EIN:**  
**AMOUNT REPORTED TO IRS:** \$6,100.00  
**AMOUNT INCLUDED ON ORIGINAL RETURN:** \$6,100.00  
**CORRECTED AMOUNT FOR IRS RECORDS:** \$0.00

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

Craig J. Schieder

Date

<input checked="" type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0115		<b>2017</b>	<b>Miscellaneous Income</b>		
Form 1099-MISC		Form 1099-MISC					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		\$	\$		
PAYER'S federal identification number		2 Royalties					
RECIPIENT'S identification number		3 Other income		4 Federal income tax withheld			
RECIPIENT'S name		5 Fishing boat proceeds		6 Medical and health care payments			
Street address (including apt. no.)		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
City or town, state or province, country, and ZIP or foreign postal code		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)		11		12			
FATCA filing requirement <input type="checkbox"/>		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		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/form1099misc				Department of the Treasury - Internal Revenue Service	

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**FORM:** 1099-MISC  
**TAX YEAR:** December 31, 2017  
**RECIPIENT:** Craig J. Schieder  
**SSN:**

**PAYER:** LLC.  
**EIN:**  
**AMOUNT REPORTED TO IRS:** \$850.00  
**AMOUNT INCLUDED ON ORIGINAL RETURN:** \$850.00  
**CORRECTED AMOUNT FOR IRS RECORDS:** \$0.00

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

Craig J. Schieder

Date

<input checked="" type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0115		<b>2017</b>	<b>Miscellaneous Income</b>
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	2 Royalties		
LLC LLC		\$	\$	<b>Copy B For Recipient</b>	
PAYER'S federal identification number		3 Other income \$ 0	4 Federal income tax withheld \$		
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$	<i>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.</i>	
RECIPIENT'S name Schieder, Craig		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.)		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 \$		
City or town, state or province, country, and ZIP or foreign postal code.		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	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



# STATEMENT TO CORRECT ERRONEOUSLY REPORTED 2017 FORM 1099-MISC INFORMATION RETURN

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**FORM:** 1099-MISC  
**TAX YEAR:** December 31, 2017  
**RECIPIENT:** Craig J. Schieder  
**SSN:** .  
**ACCT:** .

**PAYER:**  
**EIN:**  
**AMOUNT REPORTED TO IRS:** \$2,100.00  
**AMOUNT INCLUDED ON ORIGINAL RETURN:** \$2,100.00  
**CORRECTED AMOUNT FOR IRS RECORDS:** \$0.00

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
 Craig J. Schieder

\_\_\_\_\_  
 Date

<input checked="" type="checkbox"/> CORRECTED (if checked)				OMB No. 1545-0115 <span style="font-size: 2em; font-weight: bold;">2017</span> Form 1099-MISC		Miscellaneous Income		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  . . . . .			1 Rents \$	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.		
			2 Royalties \$					
			3 Other income \$ 0					
PAYER'S federal identification number	RECIPIENT'S identification number		5 Fishing boat proceeds \$	4 Federal income tax withheld \$				
RECIPIENT'S name Schieder, Craig Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$				
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 \$			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 \$		18 State income \$	

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