

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: Rudy J Last name: List Your social security number: [REDACTED]

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Hody W Last name: List Spouse's social security number: [REDACTED]

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule B. Dexter, MI 48130 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: [REDACTED] Date: 4/7/19 Your occupation: Retired
 Spouse's signature. If a joint return, both must sign. [REDACTED] Date: 4-7-19 Spouse's occupation: Realtor
 If the IRS sent you an Identify Protection PIN, enter it here (see inst.): [REDACTED]

Paid Preparer Use Only Preparer's name: J Preparer's signature: [REDACTED] PTIN: Firm's EIN: Check it: 3rd Party Designee Self-employed
 Firm's name: Firm's address:

		1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	0			
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a		2b	Taxable interest	2b	11
	3a	Qualified dividends	3a	0	3b	Ordinary dividends	3b	0
	4a	IRAs, pensions, and annuities	4a	3698	4b	Taxable amount	4b	3698
	5a	Social security benefits	5a	11928	5b	Taxable amount	5b	0
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		0	6		6	3709
		7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	3709			
Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	8	Standard deduction or itemized deductions (from Schedule A)	8	24000				
	9	Qualified business income deduction (see instructions)	9	0				
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0				
	11	a Tax (see inst.) 0 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0				
	12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	0				
	13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	0				
	14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0				
	15	Other taxes. Attach Schedule 4	15	0				
	16	Total tax. Add lines 13 and 14	16	555				
	17	Federal income tax withheld from Forms W-2 and 1099	17	555				
		17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	0			
		17	Add any amount from Schedule 5	17	0			
		18	Add lines 16 and 17. These are your total payments	18	555			
		19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	555			
		20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/>	20a	555			
Direct deposit? See instructions.	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d	Account number						
		21	Amount of line 19 you want applied to your 2019 estimated tax	21				
		22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22				
		23	Estimated tax penalty (see instructions)	23				

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8888 for the latest information.

▶ Attach to your income tax return.

2018
Attachment
Sequence No. **56**

Name(s) shown on return

Your social security number

Rudy List Hody List

Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

1a	Amount to be deposited in first account (see instructions)	1a	
b	Routing number <input type="text"/> ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
2a	Amount to be deposited in second account	2a	
b	Routing number <input type="text"/> ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
3a	Amount to be deposited in third account	3a	
b	Routing number <input type="text"/> ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		

Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.

CAUTION If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details.

4	Amount to be used for bond purchases for yourself (and your spouse, if filing jointly)	4	
5a	Amount to be used to buy bonds for yourself, your spouse, or someone else	5a	
b	Enter the owner's name (First then Last) for the bond registration		<input type="text"/>
c	If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ <input type="checkbox"/>		<input type="text"/>
6a	Amount to be used to buy bonds for yourself, your spouse, or someone else	6a	
b	Enter the owner's name (First then Last) for the bond registration		<input type="text"/>
c	If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ <input type="checkbox"/>		<input type="text"/>

Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

7	Amount to be refunded by check	7	555
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Part IV Total Allocation of Refund

8	Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return	8	555
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SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. 01

Name(s) shown on Form 1040		Your social security number	
Rudy List	Hody List	[REDACTED]	
Additional Income	1-9b Reserved	1-9b	
	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 ▶ <input checked="" type="checkbox"/>	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a Reserved	15b	
	16a Reserved	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 Reserved	20b	
	21 Other income. List type and amount ▶	21	
	22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	0
Adjustments to Income	23 Educator expenses	23	0
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	0
	25 Health savings account deduction. Attach Form 8889	25	0
	26 Moving expenses for members of the Armed Forces. Attach Form 3903	26	0
	27 Deductible part of self-employment tax. Attach Schedule SE	27	0
	28 Self-employed SEP, SIMPLE, and qualified plans	28	0
	29 Self-employed health insurance deduction	29	0
	30 Penalty on early withdrawal of savings	30	0
	31a Alimony paid b Recipient's SSN ▶	31a	0
	32 IRA deduction	32	0
	33 Student loan interest deduction	33	0
	34 Reserved	34	
	35 Reserved	35	
	36 Add lines 23 through 35	36	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] Dexter, MI 48130 Telephone: [REDACTED]		1 Rents \$ -0-	OMB No. 1545-0115 2019		Miscellaneous Income	
		2 Royalties \$	Form 1099-MISC			
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN XXX-XX-0667		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
				5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Rudy List Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code Dexter, MI 48130		7 Nonemployee compensation \$		8 Substitute payments in lieu of dividends or interest \$		This is important tax information and is being furnished to the IRS. 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 \$		
Account number (see instructions) 82217		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. MI 38-3315376		18 State income \$

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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 'Recipient' of 'gains, profit or income' made in the course of a 'trade or business'. 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.

Date

4/7/2019

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Ann Arbor MI 48103 Telephone: [REDACTED]		1 Rents \$	OMB No. 1545-0115 2018 Form 1099-MISC		Miscellaneous Income
PAYER'S TIN [REDACTED]		2 Royalties \$	3 Other Income \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN XXX-XX-0653		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For State Tax Department	
RECIPIENT'S name Hody List Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code Dexter MI 48130		7 Nonemployee compensation \$ -0-	8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions) 60250		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 \$	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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 "Recipient" of 'gains, profit, or income' made in the course of a 'trade or business'. 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.

[REDACTED]

Date

4-7-19

2018 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. OMB No. 1545-0119

Copy B: Report this income on your Federal tax return. If this form shows Federal income tax withheld on line 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service. Date: 01/21/2019 Document ID: 1HSE EC7 4536 Account number: [REDACTED]

RECIPIENT'S TIN:
 Recipient: RUDY J LIST ROLLOVER IRA TD
 AMERITRADE CLEARING, CUSTODIAN
 [REDACTED]
 DEXTER, MI 48133

XXX-XX-0667 PAYER'S TIN:
 Client Services: 800-669-3900
 Payer TD Ameritrade Clearing, Inc.
 PO BOX 2209
 OMAHA, NE 68103-2209

FATCA filing requirement				
1	Gross distribution	\$3,698.16	8	Other amount
2a	Taxable amount	\$3,698.16		Other amount percentage %
2b	Taxable amount not determined		(X)	9a Your percentage of total distribution %
	Total distribution		()	9b Total employee contributions
3	Capital gain (included on line 2a)		10	Amount allocable to IRR within 5 years
4	Federal income tax withheld	\$554.72	11	1st year of desig. Roth contrib.
5	Employee contributions/Designated Roth contributions or insurance premiums		12	State tax withheld \$157.17
6	Net unrealized appreciation - employer's securities		13	State MI
				Payer's state number [REDACTED]
7	Distribution code(s)		14	State distribution
	IRA/SEP/SIMPLE		7	Local tax withheld
	Date of Payment		(X)	16 Name of locality
				17 Local distribution