

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions. Your first name and initial George D Last name Papp Your social security number [redacted] If a joint return, spouse's first name and initial Deborah A Last name Papp [redacted] Home address (number and street). If you have a P.O. box, see instructions. 5429 E 141st Street Apt. no. [redacted] 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 Foreign country name Foreign province/state/county Foreign postal code 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

Filing Status 1 [] Single 2 [x] 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 [x] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [x] Spouse. Boxes checked on 6a and 6b 2 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 2 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [x] if child under age 17 qualifying for child tax credit (see instructions)

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 00 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 22046 50 b Taxable amount 20b 0 00 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 00

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 8803 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 0 00

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 0 60

39a Check You were born before January 2, 1951, Blind. Total boxes
if: Spouse was born before January 2, 1951, Blind. 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 12600 60

41 Subtract line 40 from line 38 41 0 00

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 2000 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

64 Federal income tax withheld from Forms W-2 and 1099 64 9600 00

65 2015 estimated tax payments and amount applied from 2014 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 9600 00

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 9600 00

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ 76a 9600 00

b Routing number c Type: Checking Savings

d Account number

77 Amount of line 75 you want applied to your 2016 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *George Tapp* Date 4-11-16 Your occupation Ohio Resident 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. ▶

Form **4852**

(Rev. September 2014)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

OMB No. 1545-0074

1 Name(s) shown on return George D. Papp	2 Your social security number [REDACTED]
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3 Address
5429 East 141st Street Maple Heights, Ohio 44137-3201

4 Enter year in space provided and check one box. For the tax year ending December 31, 2015,
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.

5 Employer's or payer's name, address, and ZIP code Teamsters 436 Pension Fund 6051 Carey Drive Valley View, Ohio 44125-4259	6 Employer's or payer's identification number (if known) 34-6665225
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.


a Wages, tips, and other compensation _____	f State income tax withheld _____
b Social security wages _____	(Name of state) . _____
c Medicare wages and tips _____	g Local income tax withheld _____
d Social security tips _____	(Name of locality) _____
e Federal income tax withheld _____	h Social security tax withheld _____
	i Medicare tax withheld _____

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

a Gross distribution _____ 0.00	f Federal income tax withheld _____ 9600.00
b Taxable amount _____	g State income tax withheld _____
c Taxable amount not determined <input type="checkbox"/>	h Local income tax withheld _____
d Total distribution <input type="checkbox"/>	i Employee contributions _____
e Capital gain (included in line 8b) _____	j Distribution codes _____

9 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


10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Lawyer's Fund for Client Protection Ohio Judicial Center 65 South Front Street, 5th Floor Columbus, Ohio 43215-3431		1 Rents	OMS No. 1545-0115		Miscellaneous Income
		\$	2015 Form 1 099-MISC		
		2 Royalties			
		3 Other income	4 Federal income tax withheld	Copy 2 To be filed with recipient's state income tax return, when required.	
		\$ 0.00	\$		
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments		
34-1491976		\$	\$		
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code George & Deborah Papp 5429 East 141st Street Maple Heights, OH 44137		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 D \$	10 Crop insurance proceeds		
Account number (see instructions)		FATCA filing requirement	11	12	
		0	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

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

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Squarel Energy, LLC 111 Dewey Dr. Suite E Nicholasville, KY 40356 859-887-0015			1 Rents \$	OMS No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income
			2 Royalties \$		
			3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER'S federal identification number 45-4383109	RECIPIENT'S identification number 		5 Fishing boat proceeds \$	6 Med/Cal and health care payments \$ -	
RECIPIENT'S name, address, ZIP/postal code & country George D. Pa pp 5429 E 141stStreet Maple Heights OR 44137			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.
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale n \$	10 Crop insurance proceeds	
			11	12	
Account number (see instructions)	FATCA filing requirement D		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 \$ -----

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

George and Debi included with their return not only the rebuttal forms you see here but also forms 4852 concerning the 1099 allegations of Lawyers Fund and Square1 Energy, and a normal 1099 rebuttal instrument concerning the Teamster's Pension Fund. This was just first-time filer excess of caution. As George told me, "After I mailed everything and upon further study I realized [a] 4852 should only have been [for] the 1099-R."

No harm done, of course. The inappropriate but non-contradicting forms 4852 were nullities, and the Teamster's Fund rebuttal was superfluous in light of the appropriate 4852 submitted. These additional instruments have been omitted here for the sake of file-size considerations.