

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(99)

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status

- Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ►

Your first name and middle initial David M.	Last name Denning	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Valerie	Last name Denning	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]
Foreign country name [REDACTED]	Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]
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.		
<input type="checkbox"/> You <input type="checkbox"/> Spouse		

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent

Deduction Spouse itemizes on a separate return or you were a dual-status alien.

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see Instructions):		(2) Social security number	(3) Relationship to you	(4) If it qualifies for (see Instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ► <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	0
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	11058
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	30948
	b Taxable interest	b	
	b Ordinary dividends	b	
	b Taxable amount	b	
	b Taxable amount	b	
	b Taxable amount	b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	7	
	8 Other income from Schedule 1, line 9	8	
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	0
	10 Adjustments to income:		
	a From Schedule 1, line 22	10a	
	b Charitable contributions if you take the standard deduction. See Instructions	10b	
	c Add lines 10a and 10b. These are your total adjustments to income	10c	0
	11 Subtract line 10c from line 9. This is your adjusted gross income	11	0
	12 Standard deduction or itemized deductions (from Schedule A)	12	24800
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	24800
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

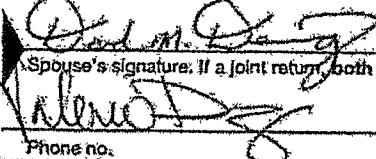
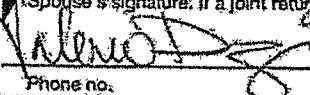
Cat. No. 11320B

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0
17	Amount from Schedule 2, line 3	17	0
18	Add lines 16 and 17	18	0
19	Child tax credit or credit for other dependents	19	0
20	Amount from Schedule 3, line 7	20	0
21	Add lines 18 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0
24	Add lines 22 and 23. This is your total tax	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14897
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14897
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	14897
Refund	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14897
Direct deposit? See instructions.	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	35a	14897
► b	Routing number ►	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
► d	Account number ►		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe For details on how to pay, see instructions.	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) ►
	5/17/2021	Retired	
Spouse's signature: If a joint return, both must sign. 	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) ►
Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name ►			Phone no.	
	Firm's address ►			Firm's EIN ►	

Go to www.irs.gov/Form1040 for instructions and the latest information.

4852Form 4852
(Rev. September 2020)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.**

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-X.
 ► Go to www.irs.gov/Form4852 for the latest information.

Attachment
Sequence No. 04**You must take the following steps before filing Form 4852**

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.

• If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide 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 will also send you a Form 4852. If you don't 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 to file with your return.

1 Name(s) shown on return Valerie Denning	2 Your social security number [REDACTED]															
3 Address [REDACTED]																
4 Enter year in space provided and check one box. For the tax year ending December 31, 2020. I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input 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.																
5 Employer's or payer's name, address, and ZIP code Sutter Bay Hospitals 2000 Powell Street, 10th Floor, Emeryville, CA 94608	6 Employer's or payer's TIN (if known) [REDACTED]															
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld. <table border="0"> <tr> <td>a Wages, tips, and other compensation</td> <td>4673.57</td> <td>f State income tax withheld (Name of state)</td> </tr> <tr> <td>b Social security wages</td> <td></td> <td>g Local income tax withheld (Name of locality)</td> </tr> <tr> <td>c Medicare wages and tips</td> <td></td> <td>h Social security tax withheld</td> </tr> <tr> <td>d Social security tips</td> <td></td> <td>i Medicare tax withheld</td> </tr> <tr> <td>e Federal income tax withheld</td> <td></td> <td>8285.73</td> </tr> </table>		a Wages, tips, and other compensation	4673.57	f State income tax withheld (Name of state)	b Social security wages		g Local income tax withheld (Name of locality)	c Medicare wages and tips		h Social security tax withheld	d Social security tips		i Medicare tax withheld	e Federal income tax withheld		8285.73
a Wages, tips, and other compensation	4673.57	f State income tax withheld (Name of state)														
b Social security wages		g Local income tax withheld (Name of locality)														
c Medicare wages and tips		h Social security tax withheld														
d Social security tips		i Medicare tax withheld														
e Federal income tax withheld		8285.73														
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc. <table border="0"> <tr> <td>a Gross distribution</td> <td></td> <td>f Federal income tax withheld</td> </tr> <tr> <td>b Taxable amount</td> <td></td> <td>g State income tax withheld (Name of state)</td> </tr> <tr> <td>c Taxable amount not determined</td> <td><input type="checkbox"/></td> <td>h Local income tax withheld (Name of locality)</td> </tr> <tr> <td>d Total distribution</td> <td><input type="checkbox"/></td> <td>i Employee contributions</td> </tr> <tr> <td>e Capital gain (included on line 8b)</td> <td></td> <td>j Distribution codes</td> </tr> </table>		a Gross distribution		f Federal income tax withheld	b Taxable amount		g State income tax withheld (Name of state)	c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld (Name of locality)	d Total distribution	<input type="checkbox"/>	i Employee contributions	e Capital gain (included on line 8b)		j Distribution codes
a Gross distribution		f Federal income tax withheld														
b Taxable amount		g State income tax withheld (Name of state)														
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld (Name of locality)														
d Total distribution	<input type="checkbox"/>	i Employee contributions														
e Capital gain (included on line 8b)		j Distribution codes														

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

The amounts provided by the Payer under "Wages" are incorrect. The amounts listed do not qualify as "Wages" as defined in IRC Sections 3401 (a) & 3121 (a).

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None**General Instructions**

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't 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 your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide 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 will also send you a Form 4852. If you don't 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.

Form 4852

(Rev. September 2020)

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.**

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-X.
 ► Go to www.irs.gov/Form4852 for the latest information.

Attachment
Sequence No. 04**You must take the following steps before filing Form 4852**

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide 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 will also send you a Form 4852. If you don't 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 to file with your return.

1 Name(s) shown on return David Denning	2 Your social security number [REDACTED]
--	---

3 Address
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2020

I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
[REDACTED]

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 The Entrust Group 555 12th Street Suite 900, Oakland, CA 94607	6 Employer's or payer's TIN (if known) [REDACTED]
--	---

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.
--

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

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

a Gross distribution 11,058.39	f Federal income tax withheld 0.00
b Taxable amount [REDACTED]	g State income tax withheld [REDACTED]
c Taxable amount not determined [REDACTED]	h Local income tax withheld [REDACTED]
d Total distribution [REDACTED]	i Employee contributions [REDACTED]
e Capital gain (included on line 8b) [REDACTED]	j Distribution codes [REDACTED]

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

This distribution is my source of capital. This capital does not qualify as "Wages" as defined in 26 USC, and IRC Sections 3401(a) and 3121(a), and the payments made by this institution were from money that is capital, not income. The 1099-R from this institution was issued in error.

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

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't 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 your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide 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 will also send you a Form 4852. If you don't 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.

Copy B - For Recipient

Statement of Interest Income
From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX- PAYER'S TIN 68-0204061	1. Interest income 4. Federal income tax withheld \$	OMB No. 1546-0112 2020 FORM 1099-INT
---	--	--	--

RECIPIENT'S name DAVID M DENNING

THIS FORM IS FOR YOUR RECORDS - DO NOT FILE WITH YOUR TAX RETURN.
EXCEPTION: IF THERE IS AN AMOUNT IN BOX 4, ATTACH A COPY OF THIS FORM TO YOUR FEDERAL TAX RETURN

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the functions of a trade or public office, or otherwise constituted gains, profit, or income within the means of the 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, complete and correct".

Copy B - For Recipient

**Report of State Income Tax Refund
From the California Franchise Tax Board**

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX- XXXXXXXXXX	2. State or local income tax refunds, credits, or offsets \$ 0.00	OMB No. 1545-0120
PAYER'S TIN 68-0204061	3. Box 2 is for tax year 2017		2020 FORM 1099-4

RECIPIENT'S name: DAVID M DENNING

IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER", which erroneously alleges a payment identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the functions of a trade or public office, or otherwise constituted gains, profit, or income within the means of the 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, complete and correct".

Copy B - For Recipient

Report of State Income Tax Refund
From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX- XXXXXXXXXX	2. State or local income tax refunds, credits, or offsets: 3. Box 2 is for tax year 2018	\$ 0.00	OMB No. 1545-0120
---	---	---	---------	-------------------

RECIPIENT'S name DAVID M DENNING

(IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN)

2020

FORM 1099-C

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the functions of a trade or public office, or otherwise constituted gains, profit, or income within the means of the 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, complete and correct".

Copy B - For Recipient

**Report of State Income Tax Refund
From the California Franchise Tax Board**

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX-XXXX	2. State or local income tax refunds, credits, or offsets 3. Box 2 is for tax year 2019	OMB No. 1545-0120
PAYER'S TIN 68-0204061		\$ 0.00	2020

RECIPIENT'S name DAVID M DENNING & VALERIE

**IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN**

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the functions of a trade or public office, or otherwise constituted gains, profit, or income within the means of the 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, complete and correct".

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

CITIZENS
A BRAND NAME OF CITIZENS BANK, N.A.
P.O. BOX 6260
GLEN ALLEN, VA 23058-6260
PHONE: (800) 234-8002

Payer's RTIN (optional)

OMB No. 1545-0112

2020

Substitute
Form 1099-INT

01/24/21

Interest Income

1 Interest income

\$ Q.00

2 Early withdrawal penalty

\$ 0.00

Account number (see instructions)

B10362812

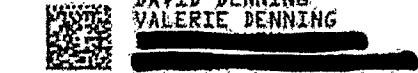
PAYER'S TIN

RECIPIENT'S TIN

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

023885 01 AB 0-425 **AUTO ~004-P24005~I

DAVID DENNING
VALERIE DENNING



3 Interest on U.S. Savings Bonds and Treasury obligations

\$

4 Federal income tax withheld

\$ 0.00

5 Investment expenses

\$ 0.00

6 Foreign tax paid

\$

7 Foreign country or U.S. possession

*

8 Tax-exempt interest

\$

9 Specified private activity bond interest

\$

10 Market discount

\$

11 Bond premium

\$

12 Bond premium on Treasury obligations

\$

13 Bond premium on tax-exempt bond

\$

14 Tax-exempt and tax credit bond CUSIP no.

\$

15 State

16 State identification no.

\$

17 State tax withheld

Copy
For Recipient

This is important information and is furnished to you. You are required to return, at no cost, a negligent or other tax may be imposed on this income if taxable by the IRS. It is determined has not been my

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the functions of a trade or public office, or otherwise constituted gains, profit, or income within the means of the 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, complete and correct".

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

NORTH BAY CREDIT UNION
397 AVIATION BLVD., SUITE L
SANTA ROSA, CA 95403
(707) 584-0384

Payer's RTN (optional)

OMB No: 1545-0112

2020

Form 1099-INT

PAYER'S TIN

RECIPIENT'S TIN

*****-**

RECIPIENT'S name Street address (including apt. no.)
City or town, state or province, country, and ZIP or foreign postal code

DENNING, DAVID

1 Interest income

\$ 0.00

2 Early withdrawal penalty

\$

3 Interest on U.S. Savings Bonds and Treas. obligations

\$

4 Federal Income tax withheld

\$

5 Investment expenses

\$

Account number (see instructions)

*****-**

FATCA filing requirement

15 State

16 State identification no.

17 State tax withheld

\$

\$

Interest
Income

Copy B
For Recipient

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.

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment identified above as "RECIPIENT" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the functions of a trade or public office, or otherwise constituted gains, profit, or income within the means of the 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, complete and correct".

PAYER'S TIN: [REDACTED]		Tax Information Account #1038859	
DAVID M DENNING [REDACTED]		Statement Date: 02/11/2021 Document ID: PDNS 4041HEZ	
		ACTIVE TRADER	
8500 SW 16th Street Suite 2000 Plantation, FL 33324 Customer Service: 800-822-0512		Office Code: FT Rep Code: FTRQ	

1.1 EXACT ADDRESS OF TAXPAYER'S TRADE OR BUSINESS

DIVIDENDS AND DISTRIBUTIONS

- 2021 1099-DIV*
- 1a- Paid ordinary dividends (includes lines 1b, 5)
 1b- Qualified dividends
 2a- Total capital gain distributions (Includes lines 2b, 2c, 2d)
 2b- Section 1251 gain
 2c- Collectibles Section 1281 gain
 3- Nondividend distributions
 4- Federal income tax withheld
 5- Section 199A dividends
 6- Investment expenses
 8- Foreign country or US possession
 9- Cash liquidation distributions
 10- Noncash liquidation distributions
 11- Exempt interest distributions (Includes line 12)
 12- Specified private activity bond interest distributions (AMT)

* 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.

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the notes and proceeds not reported to the IRS pages to ensure that you consider all relevant items used to determine the correct basis and losses. The amounts shown above are for informational purposes.

Item	Form 8949 Type	Proceeds	Cost basis	Market discount	Wash sale loss, if disallowed	Net gain, if lost
Short	A (basis reported to the IRS)	3,581,905.18	3,831,761.34	0.00	99,394.05	0.00
Short	B (basis not reported to the IRS)	280,148.16	285,744.45	0.00	13,845.73	0.00
Short	C (Form 1099-B, not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	3,842,054.34	3,836,505.79	0.00	113,039.78	0.00
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B, not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	0.00	0.00	0.00	0.00	0.00
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B, not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined	0.00	0.00	0.00	0.00	0.00
	Gained federal	3,842,054.34	3,836,505.79	0.00	113,039.78	0.00
Withholding	Amount					
Federal income tax withheld	0.00					

Attempts to discredit tax classification provided after joint original tax form is issued for 2020 may require an intended tax form.

This statement is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment identified above as "RECIPIENT" of "gifts, profit or income" made in the course of conducting a "trade or business". No payments were received by the "RECIPIENT" from the "PAYER" which were connected with the tax year(s) reflected on this form.

TradeStation

PAGE 1

TRADESTATION SECURITIES

8030 SW 10TH STREET, SUITE 2000
PLANTATION, FL 33324

** NON-EXEMPT **

DEC 31, 2020

5210 Q9 NO999.

SUBSTITUTE 1099-
INFORMATION FOR 2020

TAX ID: XXX-XX-[REDACTED]
PAYER: [REDACTED]

DAVID M DENNING

1099B PROCEEDS: BROKER TRANS

1099-B PROCEEDS FROM BROKER & BARTER EXCHANGE TRANSACTIONS -CMB1545-0713

-REGULATED FUTURES CONTRACTS-

	Converted Amt.
8. -- Profit/(Loss) Realized on Futures Contracts in USD for 2020	1,972.66)
** Total Reported for Line 8 in USD for 2020	1,972.66)
ii. Aggregate Profit or (Loss) from Lines 8, 9 and 10 . . .	1,972.66)

* * * END OF 1099-B STATEMENT (REGULATED FUTURES CONTRACTS) * * *