

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning January 1, 2023, ending December 31, 2023

See separate instructions.

Personal information section including name, address, and social security numbers.

Filing status section with options for Single, Married, Head of household, etc.

Digital Assets section regarding digital asset transactions.

Standard Deduction section with options for dependent or spouse.

Age/Blindness section regarding birth date and blindness status.

Table for dependents with columns for name, social security number, relationship, and tax credit.

Main income table with rows for various income types (1a-1h, 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7) and columns for amounts.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850 Married filing

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4872 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 from Schedule 8812	19	0
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 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 21	23	0
24	Add lines 22 and 23. This is your total tax	24	0	
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4565.12
	b	Form(s) 1099	25b	0
	c	Other forms (see instructions)	25c	0
	d	Add lines 25a through 25c	25d	4565.12
	26	2023 estimated tax payments and amount applied from 2022 return	26	7600.00
	27	Earned income credit (EIC)	27	0
	28	Additional child tax credit from Schedule 8812	28	0
	29	American opportunity credit from Form 8863, line 8	29	0
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	0
32	Add lines 27, 28, 29, and 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	12165.12	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12165.12
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	12165.12
Direct deposit? See instructions.	b	Routing number XXXXXXXXXX Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	0	
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	0
	38	Estimated tax penalty (see instructions)	38	0

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.

Joint return? See instructions. Keep a copy for your records.	Your signature <i>[Signature]</i>	Date 02/22/2023	Your occupation private	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign. <i>[Signature]</i>	Date 02/22/2023	Spouse's occupation private	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	Firm's address			Phone no.
Firm's EIN				

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

Department of the Treasury
Internal Revenue Service

▶ 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 John W. Polhemus	2 Your social security number
--	--

3 Address
 _____ ME. _____

4 Enter year in space provided and check one box. For the tax year ending December 31, 2023,
 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 Regional School _____ _____	6 Employer's or payer's TIN (if known) _____
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation _____ 0	f State income tax withheld 1807.00
b Social security wages 0	(Name of state) . Maine
c Medicare wages and tips 0	g Local income tax withheld
d Social security tips 0	(Name of locality) _____
e Federal income tax withheld 3601.68	h Social security tax withheld 610.78
	i Medicare tax withheld 142.83

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

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

9 How did you determine the amounts on lines 7 and 8 above?
 Lines 7(a), (b), (c) are corrected as I did not receive any "wages" as defined in IRC Section 3401(a) and 3121(a). Lines 7(e), (f), (h), (i) were derived from the W-2 sent to me by the above "Payer". The amounts on Lines 7 (e), (f), (h), (i) are correct and shall be credited as per 26 USC Section 3503.

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

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

Attachment Sequence No. 04

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to www.irs.gov/Form4852 for the latest information.

You must take the following steps before filing Form 4852

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- 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
John W. Polhemus

2 Your social security number
[REDACTED]

3 Address
[REDACTED], ME. [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2023
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
Richmond [REDACTED]
[REDACTED]

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	0	f State income tax withheld	0
b Social security wages	0	(Name of state) .	Maine
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	0	h Social security tax withheld	170.07
		i Medicare tax withheld	39.76

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

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	(Name of state)	
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	
e Capital gain (Included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
Lines 7(a), (b), (c) are corrected as I did not receive any "wages" as defined in IRC Section 3401(a) and 3121(a). Lines 7(e), (f), (h), (i) were derived from the W-2 sent to me by the above "Payer". The amounts on Lines 7 (e), (f), (h), (i) are correct and shall be credited as per 26 USC Section 3503.

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Ally Bank PO Box 951 Horsham, PA 19044		Payer's RTN (optional) 1 Interest income \$ 0	OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year 2023	Interest Income Copy B For Recipient	
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	2 Early withdrawal penalty \$			
RECIPIENT'S name Mercy R. Polhemus Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED] ME [REDACTED]		3 Interest on U.S. Savings Bonds and Treasury obligations \$	4 Federal income tax withheld \$		5 Investment expenses \$
Account number (see instructions) [REDACTED]		6 Foreign tax paid \$	7 Foreign country or U.S. territory \$		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.
<input type="checkbox"/> FATCA filing requirement		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 \$	

Form 1099-INT (Rev. 1-2024)

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

This corrected Form 1099-INT is submitted to rebut an information form 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", or connected to a governmental unit, agency, or instrumentality thereof or otherwise constituted "gains, profits, or income" within the meaning of relevant law.

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.

Mercy R. Polhemus
Mercy R. Polhemus

February 22, 2023
Date

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Ally Bank PO Box 851 Horsham, PA 19044		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year <u>2023</u>		Interest Income	
PAYER'S TIN [REDACTED]		1 Interest income \$ 0		Copy B For Recipient		
RECIPIENT'S TIN [REDACTED]		2 Early withdrawal penalty \$			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.	
RECIPIENT'S name Mercy R. Polhemus Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED] ME [REDACTED]		3 Interest on U.S. Savings Bonds and Treasury obligations \$		4 Federal income tax withheld \$		5 Investment expenses \$
FATCA filing requirement <input type="checkbox"/>		6 Foreign tax paid \$		7 Foreign country or U.S. territory		
Account number (see instructions) [REDACTED]		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 \$		

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

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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.

Mercy R. Polhemus
Mercy R. Polhemus

February 22, 2023
Date

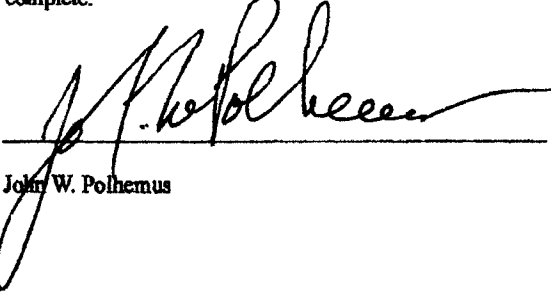
CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CUSO Home Lending PO Box 663 Hampden, ME 04444		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year <u>2023</u>		Interest Income	
PAYER'S TIN [REDACTED]		1 Interest income \$ 0		Copy B		
RECIPIENT'S TIN [REDACTED]		2 Early withdrawal penalty \$ 0				
RECIPIENT'S name John W. Polhemus Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED] ME [REDACTED]		3 Interest on U.S. Savings Bonds and Treasury obligations \$		For Recipient		
Account number (see instructions) [REDACTED]		4 Federal income tax withheld \$ 0			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.	
FATCA filing requirement <input type="checkbox"/>		5 Investment expenses \$ 0				
14 Tax-exempt and tax credit bond CUSIP no.		6 Foreign tax paid \$				7 Foreign country or U.S. territory
15 State		8 Tax-exempt interest \$				9 Specified private activity bond interest
16 State identification no.		10 Market discount \$				11 Bond premium \$
17 State tax withheld \$		12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$		

Form **1099-INT** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

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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.



John W. Polhemus

February 22, 2023
Date

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. City of Lewiston 27 Pine St. Lewiston, ME 04240		OMB No. 1545-0118 Form 1099-NEC (Rev. January 2024) For calendar year <u>2023</u>		Nonemployee Compensation
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 0	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.	
RECIPIENT'S name Mercy Polhemus		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.) [REDACTED]		3 [REDACTED]		
City or town, state or province, country, and ZIP or foreign postal code [REDACTED] ME [REDACTED]		4 Federal income tax withheld \$		
Account number (see instructions) [REDACTED]		5 State tax withheld \$ 6 State/Payer's state no. 7 State income \$		

Form 1099-NEC (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

This corrected Form 1099-NEC is submitted to rebut an information form known to have been submitted by the party identified as "PAYER", which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profits, or income" made in the course of a "trade or business", or connected to a governmental unit, agency, or instrumentality thereof, or otherwise constituted "gains, profits, or income" within the meaning of relevant law.

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.

Mercy R. Polhemus
Mercy R. Polhemus

February 22, 2023
Date