

COPY

Page 2 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

CUNNINGHAM

Social Security number (SSN)



Note: Reprint page 1 if you make changes to this page.

Exemptions

6a. Credits for yourself..... 6a.

Check boxes that apply: Regular Severely disabled Someone else can claim you as a dependent.

6b. Credits for your spouse 6b.

Check boxes that apply: Regular Severely disabled Someone else can claim you as a dependent.

Dependents.

List your dependents in order from youngest to oldest. If more than three, check this box and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: Social Security number (SSN) Code *

Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: Social Security number (SSN) Code *

Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: Social Security number (SSN) Code *

Dependent 3: Check if child has a qualifying disability

*Dependent relationship code (see instructions).

6c. Total number of dependents..... 6c.

6d. Total number of dependent children with a qualifying disability (see instructions)..... 6d.

6e. Total exemptions. Add 6a through 6d..... Total 6e.



COPY

2021 Form OR-40

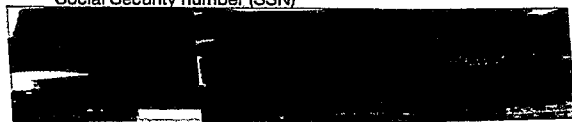
Oregon Department of Revenue

Page 3 of 8 • Use UPPERCASE letters. • Use blue or black Ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Taxable income

- 7. Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; or 1040-X, line 1C (see instructions) 7. 0 0
- 8. Total additions from Schedule OR-ASC, Section A 8. 0 0
- 9. Income after additions. Add lines 7 and 8 9. 0 0

Subtractions

- 10. 2021 federal tax liability (see instructions) 10. 0 0
- 11. Social Security amount on federal Form 1040 or 1040-SR, line 6b 11. 0 0
- 12. Oregon income tax refund included in federal income ^{THIS IS AN OVERPAYMENT REFUND OF NON-TAXABLE RECEIPTS, NOT TAXABLE INCOME} 12. 0 0
- 13. Total subtractions from Schedule OR-ASC, Section B 13. 0 0
- 14. Total subtractions. Add lines 10 through 13 14. 0 0
- 15. Income after subtractions. Line 9 minus line 14 15. 0 0

Deductions

- 16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0 16. 0 0
- 17. Standard deduction. Enter your standard deduction (see instructions) 17. 4 700 0 0
 You were: 17a. 65 or older 17b. Blind Your spouse was: 17c. 65 or older 17d. Blind
- 18. Enter the larger of line 16 or 17 18. 4 700 0 0
- 19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0 19. 0 0



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Oregon tax

- 20. Tax (see instructions) 20. 0 0 0
Check the appropriate box if you're using an alternative method to calculate your tax:
- 20a. Schedule OR-FIA-40 20b. Worksheet FOG 20c. Schedule OR-PTE-FY
- 21. Interest on certain installment sales 21. 0 0 0
- 22. Total tax before credits. Add lines 20 and 21 22. 0 0 0

Standard and carryforward credits

- 23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$213. Otherwise, see instructions 23. 426 0 0
- 24. Political contribution credit. See limits in instructions 24. 0 0 0
- 25. Total standard credits from Schedule OR-ASC, Section C 25. 0 0 0
- 26. Total standard credits. Add lines 23 through 25 26. 426 0 0
- 27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0 27. 0 0 0
- 28. Total carryforward credits claimed this year from Schedule OR-ASC, Section D. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions) 28. 0 0 0
- 29. Tax after standard and carryforward credits. Line 27 minus line 28 29. 0 0 0
- 30. Total credit recaptures claimed this year from Schedule OR-ASC, Section E 30. 0 0 0
- 31. Tax after credit recaptures. Line 29 plus line 30 31. 0 0 0

COPY

2021 Form OR-40
Oregon Individual Income Tax Return for Full-year Residents

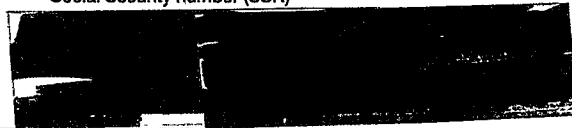
Oregon Department of Revenue

Page 5 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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CUNNINGHAM



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Payments and refundable credits

32. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099.....	32.	309	00
33. Amount applied from your prior year's tax refund.....	33.	0	00
34. Estimated tax payments for 2021. Include all payments you made before filling this return (see instructions). Do not include the amount on line 33.....	34.	0	00
35. Earned income credit (see instructions).....	35.	0	00
36. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter 0 and see line 53.....	36.	0	00
37. Total refundable credits from Schedule OR-ASC, Section F.....	37.	0	00
38. Total payments and refundable credits. Add lines 32 through 37.....	38.	309	00

Tax to pay or refund

39. Overpayment of tax. If line 31 is less than line 38, you overpaid. Line 38 minus line 31.....	39.	309	00
40. Net tax. If line 31 is more than line 38, you have tax to pay. Line 31 minus line 38.....	40.	0	00
41. Penalty and interest for filing or paying late (see instructions).....	41.	0	00
42. Interest on underpayment of estimated tax. Include Form OR-10.....	42.	0	00
Exception number from Form OR-10, line 1 42a. Check box if you annualized: 42b.			
43. Total penalty and interest due. Add lines 41 and 42.....	43.	0	00



Page 6 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

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Tax to pay or refund (continued)

- 44. Net tax including penalty and interest.
Line 40 plus line 43 This is the amount you owe. 44. 0 0
- 45. Overpayment less penalty and interest.
Line 39 minus line 43 This is your refund. 45. 309 0 0
- 46. Estimated tax. Fill in the portion of line 45 you want applied to your open
estimated tax account 46. 0 0
- 47. Charitable checkoff donations from Schedule OR-DONATE, line 30 47. 0 0
- 48. Political party \$3 checkoff 48. 0 0
- Party code: 48a. You 48b. Spouse
- 49. Oregon 529 college savings plan deposits from Schedule OR-529
(see instructions) 49. 0 0
- 50. Total. Add lines 46 through 49. Line 50 can't be more than your
refund on line 45 50. 0 0
- 51. Net refund. Line 45 minus line 50 This is your net refund. 51. 309 0 0

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

- Checking or
- Savings

Account information:

Routing number

Account number

Handwritten routing and account numbers

Kicker donation

53. If you elect to donate your kicker to the State School Fund, check this box. 53a.

Complete the kicker worksheet, located in the instructions, and enter the amount here. This election is irrevocable. 53b.

0 0



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Page 7 of 8 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

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Social Security number (SSN)



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Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

You



Date (MM/DD/YYYY)

04/14/2022

Spouse's signature

X

Date (MM/DD/YYYY)

[Redacted]

Signature of preparer other than taxpayer

X

Date (MM/DD/YYYY)

[Redacted]

Phone

Preparer license number

Preparer first name

Initial

Preparer last name

Preparer address

City

State

ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

COPY OF A852
1099G
1099K(2)

Pay the amount due (shown on line 44)

- Online: www.oregon.gov/dor.
- By mail: Payable to the Oregon Department of Revenue. Write "2021 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use Form OR-40-V payment voucher if you're mailing payment with your return.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



**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, 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

- 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

ANN C. CUNNINGHAM

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, 2021,

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

Hereby
Notify

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

MARIE MILLS CENTER, INC. 1800 FRONT STREET, Tillamook, OR 97141

6 Employer's or payer's
TIN (if known)

93-0594367

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

a Wages, tips, and other compensation	<u>0</u>	f State income tax withheld	<u>309.00</u>
b Social security wages	<u>0</u>	(Name of state)	<u>OREGON</u>
c Medicare wages and tips	<u>0</u>	g Local income tax withheld	<u>0</u>
d Social security tips	<u>0</u>	(Name of locality)	
e Federal income tax withheld	<u>257.00</u>	h Social security tax withheld	<u>365.59</u>
		i Medicare tax withheld	<u>85.50</u>

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 7a, 7b, and 7c are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121(a). Lines 7e, 7f, 7h, and 7i were derived from records provided by the payer listed on line 5.

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.

are shown in the lower left corner of the form above your account number.
See the separate instructions for your income tax return for using the information reported on this form.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.irs.gov/GigEconomy

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.


through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K. FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)		FILER'S TIN	OMB No. 1545-2205	2021	Payment Card and Third Party Network Transactions	
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. eBay Commerce Inc. 2535 N. First Street San Jose, CA 95131		82-3944433				
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/>		1a Gross amount of payment card/third party network transactions \$ 0	2 Merchant category code	Copy B For Payee 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 taxable income results from this transaction and the IRS determines that it has not been reported.		
Check to indicate transactions reported are: Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/> Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		1b Card Not Present transactions \$ 0.00	3 Number of payment transactions 0			4 Federal income tax withheld \$
PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Rick Cunningham 		5a January \$ 0	5b February \$ 0			
PSE'S name and telephone number ECI eBay Commerce Inc 800-456-3229 Account number (see instructions) worldwide_resource		5c March \$ 0	5d April \$ 0			
		5e May \$ 0	5f June \$ 0			
		5g July \$ 0	5h August \$ 0			
		5i September \$ 0	5j October \$ 0			
		5k November \$ 0	5l December \$ 0			
		6 State OR	7 State identification no.			8 State income tax withheld \$

Form 1099-K

(Keep for your records)

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service



1H8701 4.000

TEP00147832_17249_34497 1 of 2

This statement is submitted to rebut a document known to have been submitted by the party identified above as "FILER" which erroneously alleges a payment to the party identified above as "PAYEE" of "gains profit or income" made in the course of conducting a "trade or business".

No payments were received by the "PAYEE" from the "FILER" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of 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.

Ann Cunningham

Date 4-12-22

Rick Cunningham

Date 4-2-2022



CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TALUS PAY 12712 PARK CENTRAL DRIVE SUITE 350 DALLAS, TX 75251 888-580-7344		FILER'S TIN 814590281	OMB No. 1545-2205	2021 Form 1099-K	Payment Card and Third Party Network Transactions	
PAYEE'S TIN [REDACTED]		1a Gross amount of payment card/third party network transactions \$ 0	2 Merchant category code 7519			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		3 Number of payment transactions 0	4 Federal income tax withheld \$ 0.00	
PAYEE'S name ANN C CUNNINGHAM		5a January \$ 0	5b February \$ 0	Copy B For Payee 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 taxable income results from this transaction and the IRS determines that it has not been reported.		
Street address (including apt. no.) [REDACTED]		5c March \$ 0	5d April \$ 0			
City or town, state or province, country, and ZIP or foreign postal code [REDACTED] ED STATES		5e May \$ 0	5f June \$ 0			
PSE'S name and telephone number TALUS PAY - (888) 580-7344		5g July \$ 0	5h August \$ 0			
Account number (see instructions) 900700003263		5i September \$ 0	5j October \$ 0			
		5k November \$ 0	6i December \$ 0			
		6 State	7 State identification no.			8 State income tax withheld \$ 0.00
						\$

Form 1099-K

(Keep for your records)

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

This statement is submitted to rebut a document known to have been submitted by the party identified above as "FILER" which erroneously alleges a payment to the party identified above as "PAYEE" of "gains profit or income" made in the course of conducting a "trade or business".

No payments were received by the "PAYEE" from the "FILER" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of 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.

Ann Cunningham

[REDACTED]

Date 4-12-22

Rick Cunningham

[REDACTED]

Date 4-2-2022



State of Oregon
Department of Revenue
955 Center St NE
Salem OR 97301-2555

FE.I.N. 93-6001960

Form 1099-G

Statement for
Recipients of
CERTAIN
GOVERNMENT
PAYMENTS
Copy B
for Recipient

2021

Important: This is not a bill or notice of an additional refund. Do not destroy. Keep with your tax records.

Recipient's Identification Number					000261984
Refunds for Tax Year 2020	TriMet Self-employment Tax Refunds \$0.00	Lane Transit District Self- employment Tax Refunds \$0.00	Statewide Transit Individual Tax Refunds \$0.00	State Income Tax Refunds \$820.00	Total Tax Refunds \$820.00

Instructions to Recipient

This is important tax information and is being furnished to the Internal Revenue Service (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.

If you itemized deductions on your federal income tax return for the tax year shown above, retain this form for use in completing your 2021 federal income tax return. See your federal 1040 instruction booklet for more information.

This notice reports the refunds you were allowed during 2021 for the tax year shown above. An overpayment of income tax is considered to be a refund whether it was mailed to you, deposited into your bank account, credited to estimated tax payments, applied to a balance of tax due for a prior year, applied against other debts owed to the State of Oregon or the IRS, contributed to a charitable agency on Schedule OR-DONATE, deposited into an Oregon College Savings Plan, or contributed to a political party.

Questions? www.oregon.gov/dor; 503-378-4988 or 800-356-4222; or questions.dor@oregon.gov. Contact us for ADA accommodations or assistance in other languages.

150-101-078 (Rev. 08-31-21)

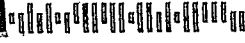
Oregon Department of Revenue
955 Center Street NE
Salem OR 97301-2555

Presorted
First-Class Mail
U.S. POSTAGE
PAID...
Oregon Department
of Revenue

Important: Tax Document 1099-G Enclosed

*****AUTO**SCH 5-DIGIT 97141

Rick Cunningham
Ann Cunningham



THIS IS NOT A TAXABLE REFUND, NOR TAXABLE INCOME.
THIS IS AN OVERPAYMENT REFUND OF NON-TAXABLE RECEIPTS,
AND IT WAS NOT TAKEN AS AN ITEMIZED DEDUCTION ON
MY 2020 TAX RETURN.

261984

246 0



Oregon

Kate Brown, Governor

Department of Revenue

955 Center St NE

Salem, OR 97301-2555

www.oregon.gov/dor



RICK C. CUNNINGHAM
ANN C. CUNNINGHAM



*Received
5-14-22*

Date: May 12, 2022
Letter ID: L1543869984
Account ID: 020983608-32
Period ending: December 31, 2021

Notice of Proposed Refund Adjustment

We changed your Personal Income Tax return. After adjustment, your refund is:

Proposed refund	\$494.00
Interest on refund	\$0.00
Offset to debts owed	\$0.00
Refund check or deposit amount	\$494.00

Explanation of adjustments

Each explanation includes a reference to the laws that apply, such as the Internal Revenue Code (IRC), Oregon Revised Statutes (ORS), or Oregon Administrative Rules (OAR).

Line	Description	Original	Adjusted
36.	Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter -0- and see line 53.	\$0.00	\$185.00
<p>We adjusted your Oregon surplus credit ("kicker") based on your 2020 Oregon income tax return. The credit is a percentage of your 2020 Oregon tax liability (Form 40, line 22; Form 40-N, line 48; Form 40-P, line 47) as adjusted or amended, reduced by any credit claimed for income taxes paid to another state (credit code 802 and/or 815). This year the kicker percentage is 17.341 percent. (ORS 291.349)</p>			
38.	Total payments and refundable credits. Add lines 32 through 37.	\$309.00	\$494.00
<p>We adjusted your total payments and refundable credits because line 38, total payments and refundable credits, must equal line 32 through line 37.</p>			
39.	Overpayment of tax. If line 31 is less than line 38, you overpaid. Line 38 minus line 31.	\$309.00	\$494.00