
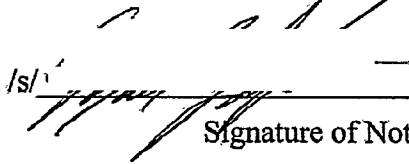


NOTARY PUBLIC'S JURAT

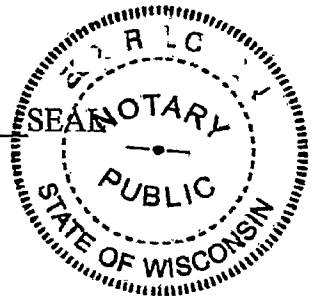
BEFORE ME, the undersigned authority, a Notary Public, of the County of Outagamie, State of Wisconsin, this 12th day of Jan, 2019.


[REDACTED] mailer/server did appear and was identified by driver's license and who, upon first being duly sworn and/or affirmed, deposes and says that the foregoing acknowledgment is true to the best of his/her knowledge and belief.

WITNESS my hand and official seal.



Signature of Notary Public Subscribing Witness



My Commission Expires On:

2-7-2020



AFFIDAVIT OF SERVICE VIA U.S. POSTAL SERVICE

State of WISCONSIN _____)

Subscribed and Affirmed _____)

County of OUTAGAMIE _____)

I, _____, the undersigned mailer/server, being of sound mind and under no duress, do hereby certify, attest, and affirm that the following facts are true, correct, and complete to wit:

1. That, at United States Postal Service Branch, 311 N Casaloma Dr, Grand Chute, WI 54913, on the day of January 12, 2019, that on behalf of Daniel R. Shogren and Brooke L. Shogren, the undersigned personally deposited the following documents (listed below) inside the envelope, sealed and mailed them via U.S. Certified Mail, to wit:

FORM 1040X dated January 12, 2019; being two (2) pages in length; and

FORM 4852 SUBSTITUTE FOR W2 dated January 12, 2019; being one (1) page in length; and

SWORN DECLARATION FOR FORM 4852 dated January 12, 2019; being one (1) page in length; and

CORRECTED COPIES OF 1099-MISC WITH REBUTTAL JURATS being four (4) pages in length; and

FORM 8888 ALLOCATION OF REFUND being one (1) page in length; and

AFFIDAVIT OF SERVICE VIA U.S. POSTAL SERVICE dated January 12, 2019; being two (2) pages in length including the **NOTARY PAGE**.

Total of nine (9) documents with combined total of eleven (11) pages.

2. That I personally mailed in the United States Postal Office, by Certified Mail # _____, Return Receipt Requested, at said City and State, one (1) complete Original set of said documents, as described in item 1 above, properly enveloped and mailed to:

INTERNAL REVENUE SERVICE

Fresno, CA 93888-0002

3. That I am at least 18 years of age;
4. That I am not related to Daniel R. or Brooke L. Shogren by blood, marriage, adoption, or employment, but serve as a "disinterested third-party" (herein "Server"); and further,
5. That I am in no way connected to, or involved in or with, the person and/or matter at issue in this instant action.

I now affix my signature to these affirmations.

(Signature): _____

(Printed name): _____ Date: 1/12/2019

AFFIDAVIT OF SERVICE VIA U.S. POSTAL SERVICE

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

| | | |
|---|-------------------------------|---|
| Your first name and initial DANIEL R | Last name SHOGREN | Your social security number [REDACTED] |
| If a joint return, spouse's first name and initial BROOKE L | Last name SHOGREN | Spouse's social security number [REDACTED] |
| Current home address (number and street). If you have a P.O. box, see instructions. [REDACTED] | | Apt. no. Your phone number |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED] | | |
| Foreign country name | Foreign province/state/county | Foreign postal code |

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

Single
 Married filing jointly
 Married filing separately
 Head of household (If the qualifying person is a child but not your dependent, see Instructions.)
 Qualifying widow(er)

Full-year coverage.
If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."
See instructions.

Yes No

Use Part III on the back to explain any changes

| | A. Original amount or as previously adjusted (see instructions) | B. Net change—amount of increase or (decrease)—explain in Part III | C. Correct amount |
|---|---|--|-------------------|
| Income and Deductions | | | |
| 1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/> | 1 66,179 | -66,179 | 0 |
| 2 Itemized deductions or standard deduction | 2 12,600 | 0 | 12,600 |
| 3 Subtract line 2 from line 1 | 3 53,579 | -53,579 | 0 |
| 4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29 | 4 16,000 | 0 | 16,000 |
| 5 Taxable income. Subtract line 4 from line 3 | 5 37,579 | -37,579 | 0 |
| Tax Liability | | | |
| 6 Tax. Enter method(s) used to figure tax (see instructions): | 6 4,714 | -4,714 | 0 |
| 7 Credits. If a general business credit carryback is included, check here <input type="checkbox"/> | 7 2,000 | 0 | 2,000 |
| 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- | 8 2,714 | -2,714 | 0 |
| 9 Health care: individual responsibility (see instructions) | 9 0 | 0 | 0 |
| 10 Other taxes | 10 0 | 0 | 0 |
| 11 Total tax. Add lines 8, 9, and 10 | 11 2,714 | -2,714 | 0 |
| Payments | | | |
| 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) | 12 7,682.28 | 5,712.38 | 13,394.56 |
| 13 Estimated tax payments, including amount applied from prior year's return | 13 0 | 0 | 0 |
| 14 Earned income credit (EIC) | 14 0 | 0 | 0 |
| 15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): | 15 0 | 0 | 0 |
| 16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed | | 16 0 | |
| 17 Total payments. Add lines 12 through 15, column C, and line 16 | | 17 13,394.56 | |
| Refund or Amount You Owe | | | |
| 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | | 18 4,968 | |
| 19 Subtract line 18 from line 17 (if less than zero, see instructions.) | | 19 8,426.56 | |
| 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference | | 20 0 | |
| 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return | | 21 8,426.56 | |
| 22 Amount of line 21 you want refunded to you | | 22 8,426.56 | |
| 23 Amount of line 21 you want applied to your (enter year): estimated tax | 23 | | |

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

| | | A. Original number of exemptions or amount reported or as previously adjusted | B. Net change | C. Correct number or amount |
|----|---|---|---------------|-----------------------------|
| 24 | Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself | 24 | | |
| 25 | Your dependent children who lived with you | 25 | | |
| 26 | Your dependent children who didn't live with you due to divorce or separation | 26 | | |
| 27 | Other dependents | 27 | | |
| 28 | Total number of exemptions. Add lines 24 through 27 | 28 | | |
| 29 | Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. | 29 | | |
| 30 | List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions. | | | |

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) Check box if qualifying child for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

Lines 1, 3, 5, 6, and 8 made from corrections reported on Form 4852 and corrected Form 1099-MISC, copies attached. Please be advised that I received no "income" or "wages" within the meaning of the relevant law or as defined in the IRS code, for work performed by any government agency, federal, state, or local, nor in any way connected with performance of such work.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶ [Signature] 1/12/19 [Redacted]
 Your signature Date Your occupation

▶ [Signature] 1-12-2019 [Redacted]
 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer Use Only

▶ _____
 Preparer's signature Date Firm's name (or yours if self-employed)

 Print/type preparer's name Firm's address and ZIP code

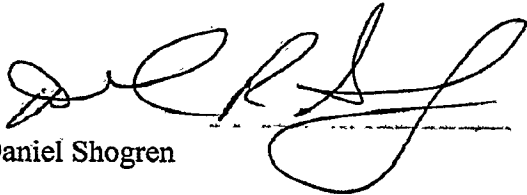
Check if self-employed

PTIN _____ Phone number _____ EIN _____

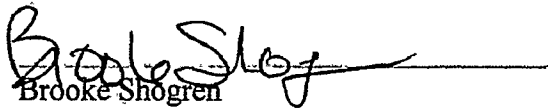
Exhibit A

Sworn Declaration for Form 4852

Under penalties 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.


Daniel Shogren

1/12/19
Date


Brooke Shogren

1/12/2019
Date

**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.**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040X.

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

1 Name(s) shown on return
DANIEL SHOGREN

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, 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
[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 | <u>-0.00-</u> | f State income tax withheld | <u>4,297.64</u> |
| b Social security wages | <u>-0.00-</u> | (Name of state) . | <u>WI</u> |
| c Medicare wages and tips | <u>-0.00-</u> | g Local income tax withheld | <u></u> |
| d Social security tips | <u>-0.00-</u> | (Name of locality) | <u></u> |
| e Federal income tax withheld | <u>7,682.28</u> | h Social security tax withheld | <u>4,629.56</u> |
| | | i Medicare tax withheld | <u>1,082.72</u> |

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

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

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

Records provided by the payer listed on line 5. Please see attached sworn declaration. (Exhibit A)

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None, Withholdings are correct.

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 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 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 also must 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 also will 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.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:


CORRECTED (if checked)

| | | | | | | | | |
|---|--|--|---|--|--|--|-----------------------------|----------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] | | 1 Rents \$ | 2 Royalties \$ | 3 Other income \$ | 4 Federal income tax withheld \$ | OMB No. 1545-0115 2015 Form 1099-MISC | Miscellaneous Income | |
| PAYER'S federal identification number [REDACTED] | RECIPIENT'S identification number [REDACTED] | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | 7 Nonemployee compensation \$ -0.00 - | 8 Substitute payments in lieu of dividends or interest \$ | | | Copy B For Recipient |
| RECIPIENT'S name Brooke Shogren Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED] | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) (decrease) <input type="checkbox"/> | 10 Crop insurance proceeds \$ | 11 | 12 | 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. | | |
| Account number (see instructions) | 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. |

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
DAA

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" 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, correct, and complete.


Brooke Shogren
Date 1/12/2019

CORRECTED (if checked)

| | | | | |
|---|-------------------------|--|--|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] | | 1 Rents | OMB No. 1545-0115 | Miscellaneous Income |
| | | \$ | 2015 | |
| | | 2 Royalties | | |
| PAYER'S federal identification number [REDACTED] | | \$ | 4 Federal income tax withheld | Copy B For Recipient |
| | | 3 Other Income | \$ | |
| RECIPIENT'S identification number [REDACTED] | | 5 Fishing boat proceeds | 6 Medical and health care payments | 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. |
| RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code BROOKE SHOGREN [REDACTED] | | \$ | \$ | |
| | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | |
| | | \$ -0.00- | \$ | |
| Account number (see instructions) [REDACTED] | | 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 | |
| | | \$ | \$ | |
| FATCA filing requirement <input type="checkbox"/> | | 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

(keep for your records)

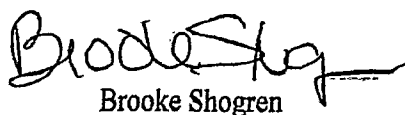
www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

FORM # LMISCREC

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" 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, correct, and complete.


Brooke Shogren

1/12/2019
Date

CORRECTED (if checked)

| | | | | | | |
|---|--|---|--|--|----------------------------|-----------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] | | 1 Rents \$ | OMB 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 [REDACTED] | RECIPIENT'S identification number [REDACTED] | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | | | |
| RECIPIENT'S name BROOKE SHOGREN Street address (including apt. no.) [REDACTED] | | 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. | | |
| City or town, state or province, country, and ZIP or foreign postal code [REDACTED] | | 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) | FATCA filing requirement <input type="checkbox"/> | 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
DAA

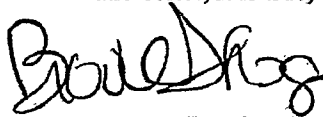
(keep for your records)

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 the "RECIPIENT" of "gains, profit, or income" made in the course of a "trade or business" 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, correct, and complete.


Brooke Shogren

1-12-2019
Date

CORRECTED (if checked)

| | | | | |
|---|----------|--|--|--|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. [REDACTED] | | 1 Rents \$ | 2 Royalties \$ | OMB No. 1545-0115 2015 Form 1099-MISC |
| PAYER'S federal identification number [REDACTED] | | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| RECIPIENT'S identification number [REDACTED] | | 5 Fishing boat proceeds \$ | 6 Medical & health care payments \$ | Miscellaneous Income Copy 2 To be filed with recipient's state income tax return, when required. |
| RECIPIENT'S name DAN SHOGREN [REDACTED] | | 7 Nonemployee compensation \$ -0.00- | 8 Substitute payments in lieu of dividends or interest \$ | |
| Account number (see instructions) [REDACTED] | | 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 \$ | |
| FATCA filing requirement <input type="checkbox"/> | 11 \$ | 12 \$ | 13 Excess golden parachute payments \$ | |
| | | 14 Excess 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 the "RECIPIENT" of "gains, profit, or income" made in the course of a "trade or business" 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, correct, and complete.


Daniel Shogren

1/12/19
Date

Allocation of Refund (Including Savings Bond Purchases)

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

DANIEL R SHOGREN and BROOKE L SHOGREN

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 | | 8,426 | 56 |
|---|----------|--|-------|----|

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 | | 8,426 | 56 |
|--|----------|--|-------|----|

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

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