

PAYER'S name, address, ZIP/postal code, country & phone no. NEW ENGLAND LANDMARK REALTY LTD 26 N MAIN STREET SUITE 2 WATERBURY VT 05676 (866) 324-2427	
PAYER'S TIN 26-1285371	RECIPIENT'S TIN XXX-XX-0942
RECIPIENT'S name, address, ZIP/postal code & country NANCY DUMONT 60 HENRY STREET #202 SHELBURNE VT 05482	
Account number 16448495357	1 Rents
2 Royalties	3 Other income
4 Federal income tax withheld	5 Fishing boat proceeds
6 Medical & health care payments	7 Nonemployee compensation 6260.00
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	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
1099-MISC Miscellaneous Income 2018 Copy 2 — To be filed with Recipient's State Tax Return <input type="checkbox"/> CORRECTED (if checked) <input type="checkbox"/> FATCA filing requirement Dept. of Treasury — IRS OMB No. 1545-0115	

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1099-MISC Miscellaneous Income 2018 Copy B — For Recipient <input type="checkbox"/> CORRECTED (if checked) <input type="checkbox"/> FATCA filing requirement Dept. of Treasury — IRS OMB No. 1545-0115	

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.

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your 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 or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040 (or Form 1040NR). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line of Form 1040 (or Form 1040NR).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in this box that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

Copy B To Be Filed With Employee's Federal Tax Return		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
030-64-0942	2149.79	206.31	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-3991100	2201.75	136.51	
	5 Medicare wages and tips	6 Medicare tax withheld	
	2201.75	31.93	
c Employer's name, address, and ZIP code			
CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELBURNE ROAD STE 300 SHELBURNE, VT 05482			
d Control number			
11276			
e Employee's name, address, and ZIP code Suff.			
NANCY J DUMONT 60 HENRY STREET NUMBER 202 SHELBURNE, VT 05482			
7 Social security tips	8 Allocated tips	9 Verification code	
0.00	0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
0.00	0.00		
13 Statutory employee	14 Other	12b Code	
Retirement plan X	RETIREMENT - 51.96	12c Code	
Third-party sick pay		12d Code	
VT	WHT10859356	2149.79	63.49
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service www.irs.gov/efile

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
030-64-0942	2149.79	206.31	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-3991100	2201.75	136.51	
	5 Medicare wages and tips	6 Medicare tax withheld	
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CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELBURNE ROAD STE 300 SHELBURNE, VT 05482			
d Control number			
11276			
e Employee's name, address, and ZIP code Suff.			
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13 Statutory employee	14 Other	12b Code	
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Third-party sick pay		12d Code	
VT	WHT10859356	2149.79	63.49
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury - IRS

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
030-64-0942	2149.79	206.31	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-3991100	2201.75	136.51	
	5 Medicare wages and tips	6 Medicare tax withheld	
	2201.75	31.93	
c Employer's name, address, and ZIP code			
CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELBURNE ROAD STE 300 SHELBURNE, VT 05482			
d Control number			
11276			
e Employee's name, address, and ZIP code Suff.			
NANCY J DUMONT 60 HENRY STREET NUMBER 202 SHELBURNE, VT 05482			
7 Social security tips	8 Allocated tips	9 Verification code	
0.00	0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
0.00	0.00		
13 Statutory employee	14 Other	12b Code	
Retirement plan X	RETIREMENT - 51.96	12c Code	
Third-party sick pay		12d Code	
VT	WHT10859356	2149.79	63.49
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury - IRS
This information is being furnished to the IRS.
If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
030-64-0942	2149.79	206.31	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-3991100	2201.75	136.51	
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CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELBURNE ROAD STE 300 SHELBURNE, VT 05482			
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15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2018 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Form W-2 Wage and Tax Statement 2018

d Control number 0940-14074625 0000000139-000BAR		Void		c Employer's name, address, and ZIP code IDLETIME BREWING COMPANY LLC 1859 MOUNTAIN RD STOWE VT 05672		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 45-3046473		a Employee's social security number 030-64-0942				1 Wages, tips, other compensation 4579.84	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 0.96	
12 See Instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code NANCY DUMONT 1241 TABER HILL RD STOWE VT 05672		3 Social security wages 2216.98	
						4 Social security tax withheld 283.95	
						5 Medicare wages and tips 4579.84	
						6 Medicare tax withheld 66.41	
						7 Social security tips 2362.86	
						8 Allocated tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
						9 Verification Code 885c-6662-aa71-6b6b	
15 State VT	Employer's state ID No. WHT10060034		16 State wages, tips, etc. 4579.84	17 State income tax 1.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B, to be filed with employees FEDERAL tax return

Form W-2 Wage and Tax Statement 2018

d Control number 0940-14074625 0000000139-000BAR		Void		c Employer's name, address, and ZIP code IDLETIME BREWING COMPANY LLC 1859 MOUNTAIN RD STOWE VT 05672		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 45-3046473		a Employee's social security number 030-64-0942				1 Wages, tips, other compensation 4579.84	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 0.96	
12 See Instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code NANCY DUMONT 1241 TABER HILL RD STOWE VT 05672		3 Social security wages 2216.98	
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						8 Allocated tips	
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						11 Nonqualified plans	
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15 State VT	Employer's state ID No. WHT10060034		16 State wages, tips, etc. 4579.84	17 State income tax 1.40	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2, to be filed with employees tax return for VT

Form W-2 Wage and Tax Statement 2018

d Control number 0940-14074625 0000000139-000BAR		Void		c Employer's name, address, and ZIP code IDLETIME BREWING COMPANY LLC 1859 MOUNTAIN RD STOWE VT 05672		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 45-3046473		a Employee's social security number 030-64-0942				1 Wages, tips, other compensation 4579.84	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld 0.96	
12 See Instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code NANCY DUMONT 1241 TABER HILL RD STOWE VT 05672		3 Social security wages 2216.98	
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This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2018

d Control number		Void X		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number		a Employee's social security number				1 Wages, tips, other compensation	
13 Statutory employee		Retirement plan		Third-party sick pay		2 Federal income tax withheld	
12 See Instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code		3 Social security wages	
						4 Social security tax withheld	
						5 Medicare wages and tips	
						6 Medicare tax withheld	
						7 Social security tips	
						8 Allocated tips	
						10 Dependent care benefits	
						11 Nonqualified plans	
						9 Verification Code	
15 State	Employer's state ID No.		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

d Control number 283	1 Wages, tips, other compensation 1975.92	2 Federal income tax withheld 0.00
OMB No. 1545-0008	3 Social security wages 1896.33	4 Social security tax withheld 122.50
	5 Medicare wages and tips 1975.92	6 Medicare tax withheld 28.64

c Employer's name, address, and ZIP code

Baraw Enterprises, Inc.
P.O. Box 369
Stowe, VT 05672

7 Social security tips 79.59	8 Allocated tips 0.00	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
12b	12c	12d

b Employer identification number (EIN)

030227295

a Employee's social security number

030-64-0942

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address, and ZIP code

Nancy J duMont
1241 Taber Hill Rd
Stowe, VT 05672

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2018	15 State VT	Employer's state ID number WHT10043352	16 State wages, tips, etc. 1975.92
Form Wage and Tax W-2 Statement	17 State income tax 0.00	18 Local wages, tips, etc.	
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.)	19 Local income tax	20 Locality name	

Department of the Treasury — Internal Revenue Service

d Control number 283	1 Wages, tips, other compensation 1975.92	2 Federal income tax withheld 0.00
OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service.	3 Social security wages 1896.33	4 Social security tax withheld 122.50
	5 Medicare wages and tips 1975.92	6 Medicare tax withheld 28.64

c Employer's name, address, and ZIP code

Baraw Enterprises, Inc.
P.O. Box 369
Stowe, VT 05672

7 Social security tips 79.59	8 Allocated tips 0.00	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
12b	12c	12d

b Employer identification number (EIN)

030227295

a Employee's social security number

030-64-0942

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address, and ZIP code

Nancy J duMont
1241 Taber Hill Rd
Stowe, VT 05672

2018	15 State VT	Employer's state ID number WHT10043352	16 State wages, tips, etc. 1975.92
Form Wage and Tax W-2 Statement	17 State income tax 0.00	18 Local wages, tips, etc.	
Copy B—To Be Filed With Employee's FEDERAL Tax Return.	19 Local income tax	20 Locality name	

Department of the Treasury — Internal Revenue Service

d Control number 283	1 Wages, tips, other compensation 1975.92	2 Federal income tax withheld 0.00
OMB No. 1545-0008	3 Social security wages 1896.33	4 Social security tax withheld 122.50
	5 Medicare wages and tips 1975.92	6 Medicare tax withheld 28.64

c Employer's name, address, and ZIP code

Baraw Enterprises, Inc.
P.O. Box 369
Stowe, VT 05672

7 Social security tips 79.59	8 Allocated tips 0.00	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN)

030227295

a Employee's social security number

030-64-0942

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address, and ZIP code

Nancy J duMont
1241 Taber Hill Rd
Stowe, VT 05672

2018	15 State VT	Employer's state ID number WHT10043352	16 State wages, tips, etc. 1975.92
Form Wage and Tax W-2 Statement	17 State income tax 0.00	18 Local wages, tips, etc.	
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return	19 Local income tax	20 Locality name	

Department of the Treasury — Internal Revenue Service

d Control number 283	1 Wages, tips, other compensation 1975.92	2 Federal income tax withheld 0.00
OMB No. 1545-0008	3 Social security wages 1896.33	4 Social security tax withheld 122.50
	5 Medicare wages and tips 1975.92	6 Medicare tax withheld 28.64

c Employer's name, address, and ZIP code

Baraw Enterprises, Inc.
P.O. Box 369
Stowe, VT 05672

7 Social security tips 79.59	8 Allocated tips 0.00	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN)

030227295

a Employee's social security number

030-64-0942

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address, and ZIP code

Nancy J duMont
1241 Taber Hill Rd
Stowe, VT 05672

2018	15 State VT	Employer's state ID number WHT10043352	16 State wages, tips, etc. 1975.92
Form Wage and Tax W-2 Statement	17 State income tax 0.00	18 Local wages, tips, etc.	
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return	19 Local income tax	20 Locality name	

Department of the Treasury — Internal Revenue Service

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	364.95	Social Security Tax Withheld Box 4 of W-2	22.63	VT. State Income Tax Box 17 of W-2 SUI/SDI/FLI Box 14 of W-2
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	5.29	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VT. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	364.95	364.95	364.95	364.95
Less Taxable Tips	N/A	150.00	N/A	N/A
Reported W-2 Wages	364.95	214.95	364.95	364.95

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NANCY DUMONT
1241 TABER HILL ROAD
STOWE VT 05672

Social Security Number: 030-64-0942
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 7
STATE: 7
Single

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← Fold and Detach Here →

Employee Reference Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0008
Copy C for employee's records.

1 Control number	Dept.	Corp.	Employer use only
009810 BOST/GPW	000100		T EIC 126

Employee's name, address, and ZIP code
TRAPP FAMILY LODGE INC
700 TRAPP HILL ROAD
STOWE VT 05672

Batch #01301

Employee's name, address, and ZIP code
VANCY DUMONT
1241 TABER HILL ROAD
STOWE VT 05672

Employer's FED ID number	a Employee's SSA number
03-0345447	030-64-0942
Wages, tips, other comp.	2 Federal income tax withheld
364.95	
Social security wages	4 Social security tax withheld
214.95	22.63
Medicare wages and tips	6 Medicare tax withheld
364.95	5.29
Social security tips	8 Allocated tips
150.00	
Verification Code	10 Dependent care benefits
1475-cb7f-22b1-ee8	
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
5 State Employer's state ID no.	16 State wages, tips, etc.
VT WHT10038887	364.95
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

Wages, tips, other comp.	2 Federal income tax withheld		
364.95			
Social security wages	4 Social security tax withheld		
214.95	22.63		
Medicare wages and tips	6 Medicare tax withheld		
364.95	5.29		
Control number	Dept.	Corp.	Employer use only
09810 BOST/GPW	000100		T EIC 126

Employee's name, address, and ZIP code
TRAPP FAMILY LODGE INC
700 TRAPP HILL ROAD
STOWE VT 05672

Employer's FED ID number	a Employee's SSA number
03-0345447	030-64-0942
Social security tips	8 Allocated tips
150.00	
Verification Code	10 Dependent care benefits
1475-cb7f-22b1-ee8	
1 Nonqualified plans	12a See instructions for box 12
1 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

Employee's name, address, and ZIP code
IANCY DUMONT
241 TABER HILL ROAD
STOWE VT 05672

State Employer's state ID no.	16 State wages, tips, etc.
VT WHT10038887	364.95
State income tax	18 Local wages, tips, etc.
Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld		
364.95			
3 Social security wages	4 Social security tax withheld		
214.95	22.63		
5 Medicare wages and tips	6 Medicare tax withheld		
364.95	5.29		
d Control number	Dept.	Corp.	Employer use only
009810 BOST/GPW	000100		T EIC 126

c Employee's name, address, and ZIP code
TRAPP FAMILY LODGE INC
700 TRAPP HILL ROAD
STOWE VT 05672

b Employer's FED ID number	a Employee's SSA number
03-0345447	030-64-0942
7 Social security tips	8 Allocated tips
150.00	
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
NANCY DUMONT
1241 TABER HILL ROAD
STOWE VT 05672

15 State Employer's state ID no.	16 State wages, tips, etc.
VT WHT10038887	364.95
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

VT. State Reference Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld		
364.95			
3 Social security wages	4 Social security tax withheld		
214.95	22.63		
5 Medicare wages and tips	6 Medicare tax withheld		
364.95	5.29		
d Control number	Dept.	Corp.	Employer use only
009810 BOST/GPW	000100		T EIC 126

c Employee's name, address, and ZIP code
TRAPP FAMILY LODGE INC
700 TRAPP HILL ROAD
STOWE VT 05672

b Employer's FED ID number	a Employee's SSA number
03-0345447	030-64-0942
7 Social security tips	8 Allocated tips
150.00	
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code
NANCY DUMONT
1241 TABER HILL ROAD
STOWE VT 05672

15 State Employer's state ID no.	16 State wages, tips, etc.
VT WHT10038887	364.95
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

VT. State Filing Copy
W-2 Wage and Tax Statement 2018
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

2018

Form **W-2 Wage and Tax Statement**

a Employer's name, address, and ZIP code
 VR US HOLDINGS II, LLC
 390 INTERLOCKEN CRESCENT
 STE 1000
 BROOMFIELD CO 80021

b Employer's name, address, and ZIP code
 NANCY DUMONT
 1241 TABER HILL RD
 STOWE VT 05672

15 State VT **Employer's state ID number** WHT-10880987 **16** State wages, tips, etc. 306.23

7 Social security tips **1** Wages, tips, other compensation 306.23 **2** Federal income tax withheld

8 Allocated tips **3** Social security wages 306.23 **4** Social security tax withheld 18.99

9 Verification code **5** Medicare wages and tips 306.23 **6** Medicare tax withheld 4.44

10 Dependent care benefits **11** Nonqualified plans

12a **12b** **12c** **12d**

b Employer identification number (EIN) 61-1819143 **14** Other

a Employee's social security number 030-64-0942

13 Statutory employee Retirement plan Third-party sick pay

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

2018

Form **W-2 Wage and Tax Statement**

a Employer's name, address, and ZIP code
 VR US HOLDINGS II, LLC
 390 INTERLOCKEN CRESCENT
 STE 1000
 BROOMFIELD CO 80021

b Employer's name, address, and ZIP code
 NANCY DUMONT
 1241 TABER HILL RD
 STOWE VT 05672

15 State VT **Employer's state ID number** WHT-10880987 **16** State wages, tips, etc. 306.23

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8 Allocated tips **3** Social security wages 306.23 **4** Social security tax withheld 18.99

9 Verification code **5** Medicare wages and tips 306.23 **6** Medicare tax withheld 4.44

10 Dependent care benefits **11** Nonqualified plans

12a **12b** **12c** **12d**

b Employer identification number (EIN) 61-1819143 **14** Other

a Employee's social security number 030-64-0942

13 Statutory employee Retirement plan Third-party sick pay

Copy—2 To Be Filed with Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2018

Form **W-2 Wage and Tax Statement**

a Employer's name, address, and ZIP code
 VR US HOLDINGS II, LLC
 390 INTERLOCKEN CRESCENT
 STE 1000
 BROOMFIELD CO 80021

b Employer's name, address, and ZIP code
 NANCY DUMONT
 1241 TABER HILL RD
 STOWE VT 05672

15 State VT **Employer's state ID number** WHT-10880987 **16** State wages, tips, etc. 306.23

7 Social security tips **1** Wages, tips, other compensation 306.23 **2** Federal income tax withheld

8 Allocated tips **3** Social security wages 306.23 **4** Social security tax withheld 18.99

9 Verification code **5** Medicare wages and tips 306.23 **6** Medicare tax withheld 4.44

10 Dependent care benefits **11** Nonqualified plans

12a See instructions for box 12 **12b** **12c** **12d**

b Employer identification number (EIN) 61-1819143 **14** Other

a Employee's social security number 030-64-0942

13 Statutory employee Retirement plan Third-party sick pay

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Dept. of the Treasury - IRS

2018

Form **W-2 Wage and Tax Statement**

a Employer's name, address, and ZIP code
 VR US HOLDINGS II, LLC
 390 INTERLOCKEN CRESCENT
 STE 1000
 BROOMFIELD CO 80021

b Employer's name, address, and ZIP code
 NANCY DUMONT
 1241 TABER HILL RD
 STOWE VT 05672

15 State VT **Employer's state ID number** WHT-10880987 **16** State wages, tips, etc. 306.23

7 Social security tips **1** Wages, tips, other compensation 306.23 **2** Federal income tax withheld

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9 Verification code **5** Medicare wages and tips 306.23 **6** Medicare tax withheld 4.44

10 Dependent care benefits **11** Nonqualified plans

12a See instructions for box 12 **12b** **12c** **12d**

b Employer identification number (EIN) 61-1819143 **14** Other

a Employee's social security number 030-64-0942

13 Statutory employee Retirement plan Third-party sick pay

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

1176.73		1176.73	
1 Gross distribution		2a Taxable amount	
2b Taxable amount not determined		3 Capital gain (included in box 2a)	
Total distribution		235.35	
4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or ins. premiums	
PAYER'S name, address, ZIP/postal code, country & phone no. Vermont Municipal Retirement System 109 State St Montpelier, VT 05609-6901			
PAYER'S TIN 03-0261523		6 Net unrealized appreciation in employer's securities	
7 Distrib. code(s) 1	IRA/SEP/SIMPLE	8 Other	9a Your percentage of total distribution %
9b Total employee contributions		10 Amount allocable to IRF within 5 years	
11 1st year of desig. Roth contrib.		12 State tax withheld 56.48	
13 State/Payer's state no. VT-59952		14 State distribution	
Date of payment		FATCA filing requirement	
NANCY DUMONT 1241 Taber Hill Rd Stowe, VT 05672			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
15 Local tax withheld	16 Name of locality	17 Local distribution	
RECIPIENT'S TIN ***-**-0942		Account number (see instructions) 2788310	
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Form 1099-R 2018 Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS. OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service			

1176.73		1176.73	
1 Gross distribution		2a Taxable amount	
2b Taxable amount not determined		3 Capital gain (included in box 2a)	
Total distribution		235.35	
4 Federal income tax withheld		5 Employee contributions/Designated Roth contributions or ins. premiums	
PAYER'S name, address, ZIP/postal code, country & phone no. Vermont Municipal Retirement System 109 State St Montpelier, VT 05609-6901			
PAYER'S TIN 03-0261523		6 Net unrealized appreciation in employer's securities	
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13 State/Payer's state no. VT-59952		14 State distribution	
Date of payment		FATCA filing requirement	
NANCY DUMONT 1241 Taber Hill Rd Stowe, VT 05672			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
15 Local tax withheld	16 Name of locality	17 Local distribution	
RECIPIENT'S TIN ***-**-0942		Account number (see instructions) 2788310	
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Form 1099-R 2018 File this copy with your state, city, or local income tax return, when required. OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service			

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11 1st year of desig. Roth contrib.		12 State tax withheld 56.48	
13 State/Payer's state no. VT-59952		14 State distribution	
Date of payment		FATCA filing requirement	
NANCY DUMONT 1241 Taber Hill Rd Stowe, VT 05672			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
15 Local tax withheld	16 Name of locality	17 Local distribution	
RECIPIENT'S TIN ***-**-0942		Account number (see instructions) 2788310	
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 Form 1099-R 2018 File this copy with your state, city, or local income tax return, when required. OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service			

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11 1st year of desig. Roth contrib.		12 State tax withheld 56.48	
13 State/Payer's state no. VT-59952		14 State distribution	
Date of payment		FATCA filing requirement	
NANCY DUMONT 1241 Taber Hill Rd Stowe, VT 05672			
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED			
15 Local tax withheld	16 Name of locality	17 Local distribution	
RECIPIENT'S TIN ***-**-0942		Account number (see instructions) 2788310	
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C - For Recipient's Records Form 1099-R 2018 This information is being furnished to the IRS. OMB No. 1545-0119 Department of the Treasury - Internal Revenue Service			

Instructions for Recipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for Form 1040 or 1040NR.

IRAs. For distributions from a traditional individual retirement arrangement (IRA), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer isn't required to compute the taxable amount. See Form 1040 or 1040NR instructions to determine the taxable amount. If you are at least age 70½, you must take minimum distributions from your IRA (other than a Roth IRA). If you don't, you are subject to a 50% excise tax on the amount that should've been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs.

Roth IRAs. For distributions from a Roth IRA, generally the payer isn't required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution.

Loans treated as distributions. If you borrow money from a qualified plan, section 403(b) plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, code L will be shown in box 7. See Pub. 575.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-R to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8938.

Account number. May show an account, policy, or other unique number the payer assigned to distinguish your account.

Date of payment. Shows the date of payment for reportable death benefits under section 6050Y.

Box 1. Shows the total amount you received this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, a recharacterized IRA contribution, or you may have received it as periodic payments, as nonperiodic payments, or as a total distribution. Report the amount on Form 1040 or 1040NR on the line for "IRAs, pensions, and annuities" (or the line for "Taxable amount"), and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you haven't reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you are self-employed.

If a life insurance, annuity, qualified long-term care, or endorsement contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and code 6 will be shown in box 7. If a change or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and code W will be shown in box 7. You need not report these amounts on your tax return. If code C is shown in box 7, the amount shown in box 1 is a receipt of reportable death benefits that is taxable in part.

Box 2a. This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the free publications from the IRS to help you figure the taxable amount. See *Additional information* in the instructions. For an IRA distribution, see IRAs and Roth IRAs on this page. For a direct rollover, other than from a qualified plan to a Roth IRA, zero should be shown, and you must enter zero (0) on the "Taxable amount" line of your tax return. If you roll over a distribution (other than a distribution from a designated Roth account) from a qualified plan (including a governmental section 457(b) plan) or section 403(b) plan to a Roth IRA, you must include on the "Taxable amount" line of your tax return the amount shown in this box plus the amount in box 6, if any.

If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information.

If you're an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a hasn't been reduced by the exclusion amount. See the instructions for Form 1040 or 1040NR for more information.

Box 2b. If the first box is checked, the payer was unable to determine the taxable amount, and box 2a should be blank, except for an IRA. It's your responsibility to determine the taxable amount. If the second box is checked, the distribution was a total distribution that closed out your account.

Box 3. If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D (Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the instructions for Form 8940.

Box 4. Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return.

Box 5. If you'll receive payments next year that aren't eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P.

Box 5. Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year, the portion that's your basis in a designated Roth account; the part of premiums paid on contracts or insurance contracts recovered tax free; the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract reportable under section 6050Y. This box doesn't show any IRA contributions. If the amount shown to your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

Box 6. If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the distribution to a Roth IRA, see the instructions for box 2a. If the distribution was a direct rollover, the NUA is included in box 2a. If you didn't receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which isn't taxed until you sell the securities.

Box 7. The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to an additional 10% tax. See the instructions for Form 5329.

- 1—Early distribution, no known exception (in most cases, under age 59½).
- 2—Early distribution, exception applies (under age 59½).
- 3—Disability.
- 4—Death.
- 5—Prohibited transaction.
- 6—Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endorsement contracts).
- 7—Normal distribution.
- 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2018.
- 9—Cost of current life insurance protection.
- A—May be eligible for 10-year tax option (see Form 4972).
- B—Designated Roth account distribution.

Note: If code B is in box 7 and an amount is reported in box 10, see the instructions for Form 5329.

C—Reportable death benefits under section 6050Y.

D—Annuity payments from nonqualified annuities that may be subject to tax under section 1411.

E—Distributions under Employee Plans Compliance Resolution System (EPCRS).

F—Charitable gift annuity.

G—Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA.

H—Direct rollover of a designated Roth account distribution to a Roth IRA.

J—Early distribution from a Roth IRA, no known exception (in most cases, under age 59½).

K—Distribution of traditional IRA assets not having a readily available FMV.

L—Loans treated as distributions.

M—Qualified plan loan offset.

N—Recharacterized IRA contribution made for 2018 and recharacterized in 2018.

P—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2017.

Q—Qualified distribution from a Roth IRA.

R—Recharacterized IRA contribution made for 2017 and recharacterized in 2018.

S—Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½).

T—Roth IRA distribution, exception applies.

U—Dividend distribution from ESOP under section 404(k).

Note: This distribution isn't eligible for rollover.

W—Combines or payments for purchasing qualified long-term care insurance contracts under combined arrangements.

If the IRA/SEP/SIMPLE box is checked, you've received a traditional IRA, SEP, or SIMPLE distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It isn't taxable when you receive it and shouldn't be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they're taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. If you need this information if you use the 10-year tax option Form 4972, if changes were made for qualified long-term care insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here.

Box 9. If a total distribution was made to more than one person, the percentage you received is shown.

Box 9b. For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Box 10. If an amount is reported in this box, see the instructions for Form 5329 and Pub. 575.

Box 11. The first year you made a contribution to the designated Roth account reported on this form is shown in this box.

Boxes 12-17. If state or local income tax was withheld from the distribution, boxes 14 and 17 may show the part of the distribution subject to state and/or local tax.

Additional information. You may want to see:
Form W-4P, Form 4972, Form 8329, Form 8606
Pub. 526, Taxable and Nontaxable Income
Pub. 560, Retirement Plans for Small Business
Pub. 571, Tax-Sheltered Annuity Plans
Pub. 575, Pension and Annuity Income
Pub. 590-A, Contributions to IRAs
Pub. 590-B, Distributions from IRAs
Pub. 721, U.S. Civil Service Retirement Benefits
Pub. 939, General Rule for Pensions and Annuities
Pub. 969, HSAs and Other Tax-Favored Health Plans

RECIPIENT'S/LENDER'S name, address and telephone number
Wells Fargo Bank N.A.
Return Mail Operations
PO Box 14411
Des Moines IA 50306-3411

01/17/19

We accept telecommunications relay service calls.

Phone #: 1-866-234-8271

Fax #: 1-866-278-1179

☒ CORRECTED (if checked)

PAYER'S/BORROWER'S name, street address, city, state and ZIP code

DCTX1CDTAY 005796DCTX1C00000020318708



EDWARD F FLANAGAN
1241 TABER HILL RD
STOWE, VT 05672-4440

*** Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No.
1545-0901
2018

Form
1098

MORTGAGE INTEREST STATEMENT

Copy B For Payer

The information in boxes 1 through 9 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 the IRS determines that an underpayment of tax results because you overstated a deduction for the mortgage interest or for these points, reported in boxes 1 and 6; or because you did not report the refund of interest (box 4); or because you claimed a non-deductible item.

RECIPIENT'S/LENDER'S TIN

94-1347393

PAYER'S/BORROWER'S TIN

XXX-XX-8047

1 Mortgage Interest received from

payer(s)/borrower(s)

\$9,937.06

2 Outstanding mortgage
principal as of 1/1/2018

\$164,511.64

3 Mortgage
origination date

01/04/2008

4 Refund of overpaid
interest

\$0.00

5 Mortgage insurance
premiums

\$0.00

6 Points paid on purchase of principal residence

\$0.00

7 The address of the property securing the mortgage will be entered in box 8 and may be the same as PAYER'S/BORROWER'S address.

See box 8 below.

8 Address or description of property securing mortgage (see instructions)

1241 TABER HILL ROAD
STOWE, VT 05672

Payment information

\$1,546.13 Total current payment

\$363.11 Escrow portion of pmt

Account number

0207114729

9 Number of mortgaged properties

10 Real Estate Taxes

\$3,037.32

Form 1098

SEE BACK SIDE FOR IMPORTANT INFORMATION (Keep for your records.) Department of the Treasury - Internal Revenue Service

Please consult a Tax Advisor about the deductibility of any payments made by you or others.

2018 INTEREST DETAIL

TOTAL INTEREST APPLIED 2018

\$9,937.06

2018 MORTGAGE INTEREST RECEIVED FROM PAYER / BORROWER(S)

\$9,937.06

NNNNNNNNNN

DCTX1CDTAY 005796 NNNNNNNNNN NNN NNN 001 001

012043

21040905.1

If you have questions about your loan, you can use the number listed at the top of this statement.
By selecting one of the options listed, you can receive information regarding:

- Taxes paid year-to-date
- Interest paid year-to-date
- The amount & date of your last payment
- Other valuable information

We issue tax documents to the primary account owner.

Wells Fargo Home Mortgage, a division of Wells Fargo Bank, N.A., believes Customers come first. You can always count on us to provide the excellent service you've come to expect.

Form
1095-B**Health Coverage**☐ VOID

OMB No. 1545-2252

Department of the Treasury
Internal Revenue Service☐ CORRECTED**2018**▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name NANCY	J	2 Social security number (SSN) or other TIN ***-**-0942	3 Date of birth (if SSN or other TIN is not available) 03/05/1973
4 Street address (including apartment no.) 1241 TABER HILL ROAD	5 City or town STOWE	6 State or province VT	7 Country and ZIP or foreign postal code 05672

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ ☐ C**Part II Information About Certain Employer-Sponsored Coverage (see instructions)**

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name

State Of Vermont

17 Employer identification number (EIN)
03-6000274

18 Contact telephone number

19 Street address (including room or suite no.)
208 Hurricane Lane20 City or town
Williston21 State or province
VT22 Country and ZIP or foreign postal code
05495**Part IV Covered Individuals (Enter the information for each covered individual.)**

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 LEILA	FLANAGAN	***-**-3653	06/04/2009	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 NANCY	J DUMONT	***-**-0942	03/05/1973	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>