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	RECIPIENT'S TIN
26-1285371	XXX-XX-094
RECIPIENT'S name, address, Z	IP/postal code & country

NANCY DUMONT 60 HENRY STREET #202 SHELBURNE VT 05482

2 2	
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
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
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 Miscellan Copy 2 — To be filed with Re CORRECTED FATCA (if checked) require	cipient's State Tax Return

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	RECIPIENT'S TIN
26-1285371	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
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 Miscellan	eous Income 2018
Copy B — For Recipient	A filing Dept. of Treasury - IRS
CORRECTED FATCA	unition pehr or iteasory - Ing

requirement

OMB No. 1545-0115

PAYER'S name, address, ZIP/postal code, country & phone no. NEW ENGLAND LANDMARK REALTY LTD 26 N MAIN STREET SUITE 2 **WATERBURY VT 05676**

RECIPIENT'S name, address, ZIP/postal code & country

(866) 324-2427

PAYER'S TIN RECIPIENT'S TIN 26-1285371 XXX-XX-0942

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
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
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
4000 MICO Misselles	

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.

Copy 2 — To be filed with Recipient's State Tax Return

FATCA filing requirement

Dept. of Treasury - IRS

OMB No. 1545-0115

Instructions for Recipient

CORRECTED _

(if checked)

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 (TIN), 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) 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 I 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

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 Igaming 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 I 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 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

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 box 15a 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 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.

(if checked)

Federal Tax Retu		Employee's	41-0852411 OMB No. 1545-0008
a Employee's soc. se	ec. no. 1	Wages, tips, other comp.	2 Federal income tax withheld
000 04 00		2149.79	206.31
030-64-094	12 3 3	Social security wages	4 Social security tax withheld
b Employer ID number		2201.75	136.51
04 000440	51	Medicare wages and tips	6 Medicare tax withheld
81-399110	0	2201.75	31.93
c Employer's name, a	address, an		01100
	BURNE	EY SCHOOL DIST ROAD STE 300 05482	RIC
	17		- 1 to 1
d Control number			
11276		, " gy "	
e Employee's name,	address, ar	nd ZIP code	Suff.
NUMBER 2 SHELBURI		05482	•
7 Social security tips		8 Allocated tips	9 Verification code
0.	00	0.00	
10 Dependent care be	enefits	11 Nonqualified plans	12a Code See inst. for box 12
0.	00	0.00	8
	Other		12b Code
employee RE	TIREME	ENT - 51.96	g 2
Retirement			12c Code
plan X			
Third-party sick pay			12d Code
VT WHT1085		2149.79	63.49
5 State Employer's s		nber 16 State wages, tips	, etc. 17 State income tax
		19 Local income tax	20 Locality name
	etc.	To Local Income tax	20 Locality Hame
8 Local wages, tips, e	etc.	To Ecoci income tax	20 Eccanty Hame

Form W-2 Wage and Tax Statement 2018
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury – IRS www.irs.gov/efile

Copy C For EMPLOYE Notice to Employee or	back o	of Copy B.)	41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wage	es, tips, other comp.	2 Federal income tax withheld	
030-64-0942		2149.79 2		
		I security wages	4 Social security tax withheld	
b Employer ID number (EIN		2201.75	136.51	
81-3991100	5 Medio	care wages and tips	6 Medicare tax withheld	
	L.,	2201.75	31.93	
c Employer's name, addreş	s, and ZII	code		
CHAMPLAIN VA 5420 SHELBUR SHELBURNE, V	NE RC			
d Control number				
11276		D - 1		
e Employee's name, addres	s, and Zi	r coue	Suff.	
NANCY J DUMO 60 HENRY STR NUMBER 202 SHELBURNE, \	EET	32		
7 Social security tips	8 AI	located tips	9 Verification code	
0.00		0.00	10 10 10 10	
10 Dependent care benefits	111	lonqualified plans	12a Code See inst. for box 12	
0.00		0.00		
13 Statutory employee RETIRE	EMENT	- 51.96	12b Code	
Retirement X			12c Code	
Third-party sick pay			12d Code	
VT WHT10859356)	2149.79	63.49	
15 State Employer's state II			17 State income tax	
18 Local wages, tips, etc.	191	ocal income tax	20 Locality name	
'arm M 2 Mana and Tay St		2040		

Form W-2 Wage and Tax Statement 2018
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.

Dept. of the Treasury -- IRS

		Filed Witl		oloyee's Fax Return	41-0852411 OMB No. 1545-000	8	
	Employee's soc. sec. no. 1 Wages, tips, other comp.			2 Federal income tax withheld			
21/0 70			206.31				
	030-64-	0942	3 Socia	al security wages	4 Social security tax withh		
b Emp	loyer ID no	umber (EIN)		2201.75	136.51		
	81-3991	1100	5 Medi	care wages and tips	6 Medicare tax withheld		
	01-399	1100		2201.75	31.93	3	
c Emp	loyer's nar	ne, address,	and ZI	P code			
	5420 SI		IE RO	SCHOOL DISTRIC DAD STE 300 82	•		
d Cont	rol numbe	r					
	11276						
e Empl	loyee's na	me, address,	and ZI	P code		Suff.	
,	NUMBE SHELBI	JRNE, VI	0548	82			
7 Socia	al security	tips	8 A	llocated tips	9 Verification code		
		0.00		0.00			
10 Dep	endent ca	re benefits	111	Nonqualified plans	12a Code See inst. for	box 12	
		0.00		0.00			
13 Sta		14 Other			12b Code		
		RETIRE	MENT	- 51.96			
Retirem olan	nent X	-			12c Code		
Third-p	arty sick				12d Code		
VT	WHT1	0859356		2149.79	63.49		
• •	1				1		
	l Employe	er's state ID r	number	16 State wages, tips, etc.	17 State income tax		
5 State	Employe wages, ti			16 State wages, tips, etc. Local income tax	17 State income tax 20 Locality name		

Form W-2 Wage and Tax Statement

2018

Dept. of the Treasury -- IRS

Copy 2 To Be Filed Wit State, City, or Local Inc	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	
030-04-0942	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN)	2201.75	136.51	
81-3991100	5 Medicare wages and tips	6 Medicare tax withheld	
01-3991100	2201.75	31.93	
c Employer's name, address	and ZIP code		
CHAMPLAIN VA 5420 SHELBURI SHELBURNE, V	LLEY SCHOOL DISTRIC NE ROAD STE 300 T 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 Dep	endent ca	re benefits	111	lonqualified plans	12	12a Code See inst. for bo		
		0.00		0.00	1			
13 Sta		14 Other			12	b Code		
employ	ee	RETIREM	ENT	- 51.96				
Retirem plan	nent X				12	c Code		
Third-p	arty sick				12	d Code		
VT WHT10859356		2149.79		63	3.49			
15 State	Employ	er's state ID nu	mber	16 State wages, tips, etc.		17 State	e income tax	
		19 L	ocal income tax	20	Locality	name		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

18364

Form W-2 Wage and Tax Statement 2018

d Control number 0940-14074625 000000139-000BAR	IDLETYME	name, address, and ZIP code BREWING COMPANY LLC			nent of the Treasury - Int o. 1545-0008	ternal Revenue Service
b Employer's identification number a Employee's social security 45-3046473 030-64-0942	number 1859 MOUT STOWE VT			1 Wages	tips, other compensation 4579.84	2 Federal income tax withheld 0 . 9 6
13 Statutory Retirement Third-part employee plan sick pay	7			3 Social	security wages 2216.98	4 Social security tax withheld 283.95
12 See Instrs. for Box 12 14 Other	4	name, address, and ZIP code		5 Medica	are wages and tips 4579.84	6 Medicare tax withheld 66.41
		ER HILL RD		7 Social	security tips 2362.86	8 Allocated tips
	STOWE VT	05672		10 Depen	dent care benefits	11 Nonqualified plans
				9 Verifi	cation Code	
					885c-6662-aa71-6	
15 State Employer's state ID No. 16 St	ate wages, tips, etc.	17 State income tax	8 Local wages, tips,	etc.	19 Local income tax	20 Locality name
VT WHT10060034	4579.84	1.40				

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 fall to report it.

Copy B, to be filed with employees FEDERAL tax return

Form W-2 Wage and Tax Statement 2018

d Control number 0940-1407 000000013	9-000BAR		name, address, and ZIP code BREWING COMPANY LLC		OMB No	7	
b Employer's identification number a 1 45 - 3046473	mployee's social security number 030 - 64 - 0942	1859 MOUN STOWE VT	The second secon		1 Wages,	tips, other compensation 4579.84	2 Federal income tax withheld 0.96
13 Statutory Retirement employee plan	Third-party sick pay		<u>.</u>		3 Social	security wages 2216.98	4 Social security tax withheld 283.95
12 See Instrs. for Box 12 14 Ot	her	e Employee's i	name, address, and ZIP code		5 Medica	are wages and tips 4579.84	6 Medicare tax withheld 66.41
		NANCY DUM	ONT R HILL RD		7 Social	security tips 2362.86	8 Allocated tips
		STOWE VT	05672		10 Depen	dent care benefits	11 Nonqualified plans
						cation Code 885c-6662-aa71-6	b6b
15 State . Employer's state ID N	o. 16 State way	jes, tips, etc.	17 State income tax	18 Local wages, tips,		19 Local income tax	20 Locality name
VT WHT10060034		4579.84	1.40				
						if this is some is toyoble and	

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 fall to report it.

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

Form W-2 Wage and Tax Statement 2018

1 Control number 0940-14074625 0000000139-000BAR	IDLETYME	ame, address, and ZIP code BREWING COMPANY LLC	C	Department of the Treasury - Into DMB No. 1545-0008	
b Employer's Identification number a Employee's social secur 45 - 3046473 030 - 64 - 094	12 STOWE VT	Access to the second se		Wages, tips, other compensation 4579.84	2 Federal income tax withheld 0.96 4 Social security tax withheld
13 Statutory Retirement Third-p employee plan sick pa	ay			2216.98	283.95
12 See Instrs. for Box 12 14 Other		name, address, and ZIP code	5	Medicare wages and tips 4579.84	6 Medicare tax withheld 66.41
	NANCY DUM 1241 TABE	MONT ER HILL RD	7	Social security tips 2362.86	8 Allocated tips
	STOWE VT	05672	10	Dependent care benefits	11 Nonqualified plans
			9	Verification Code	
10 States Employ 11 States	State wages, tips, etc.	17 State income tax 18 Local v	vages, tips, et	c. 19 Local income tax	20 Locality name
VT WHT10060034		Towns and the reality of the second in	unpresent en des presentations		

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 c Employer's name, address, and ZIP code X	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
b Employer's identification number a Employee's social security of	number	1 Wages, tips, other compensation 2 Federal income tax withheld
13 Statutory Retirement Third-party employee plan sick pay	/	3 Social security wages 4 Social security tax withheld
12 See Instrs. for Box 12 14 Other	e Employee's name, address, and ZIP code	5 Medicare wages and tips 6 Medicare tax withheld
·	. 1	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 St	ate 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	s, other compensation 1975.92	2 Federal income tax withheld 0.00	d Control number	1 Wage	es, tips, other compensation 1975.92	2 Federal income tax withheld 0.00
OMB No. 1545-0008	3 Social sec	urity wages 1896.33	4 Social security tax withheld 122.50	OMB No. 1545-0008	3 Soci	al security wages 1896.33	4 Social security tax withheld 122.50
	5 Medicare	wages and tips	6 Medicare tax withheld 28.64	is being furnished	5 Med	care wages and tips	6 Medicare tax withheld
c Employer's name Baraw Enterpris P.O. Box 369 Stowe, VT 0567	ses, Inc.		20.0	c Employer's nar Baraw Enterpi P.O. Box 369 Stowe, VT 056	rises, Inc	s, and ZIP code	28.6
7 Social security t	ips 8 A	Allocated tips	9 Verification code	7 Social security	y tips 79.59	8 Allocated tips	9 Verification code
10 Dependent care	benefits 11 N	Vonqualified plans	c12a See inst. for box 12	10 Dependent ca		11 Nonqualified plans	c12a See inst. for box 12
12b	,12c			c12b			c12d
b Employer Identific 030227295		(EIN) a Employe 030-64-0	ee's social security number 0942	b Employer ident	ification nu	mber (EIN) a Employ 030-64-	ee's social security number
e Employee's name Nancy J duMont 1241 Taber Hill I Stowe, VT 0567	sick pay , address, and ; Rd	14 Other	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'll this income is taxable and	e Employee's nar Nancy J duMo 1241 Taber Hil Stowe, VT 056	sick ne, address nt		
		er's state ID number T10043352	you fall to report it. 16 State wages, tips, etc.			mployer's state ID number	
Form Wage a		tate income tax	1975.92 18 Local wages, tips, etc.		VT. -	WHT10043352	1975.92
W-2 Stateme		A secondary of acotomical B decomment B spiritual	0.00	W-2 Staten		17 State income tax	18 Local wages, tips, etc.
EMPLOYEE'S RECORDS (See Notice to Employee.)	19 L	ocal income tax	20 Locality name	With Employee's FEDERAL Tax Ret	ENTROPY DURING	19 Local income tax	20 Locality name
		Department of the	e Treasury — Internal Revenue Service	Constitute Constitute Emiliary	Section Annual Control of the Contro	Department of the	ne Treasury — Internal Revenue Service
d Control number	1 Wages, tips,	other compensation 1975.92	2 Federal income tax withheld 0.00	d Control number		tips, other compensation 1975.92	2 Federal income tax withheld 0.00
OMB No. 1545-0008	3 Social secu	rity wages 1896.33	4 Social security tax withheld 122.50	OMB No. 1545-0008	CONTRACTOR SERVE	security wages 1896.33	4 Social security tax withheld 122,50
The state of the s		1975.92	6 Medicare tax withheld 28.64		5 Medic	are wages and tips	6 Medicare tax withheld 28.64
c Employer's name, Baraw Enterprise P.O. Box 369 Stowe, VT 05672	es, Inc.	ZIP code		c Employer's nam Baraw Enterpri P.O. Box 369 Stowe, VT 056	ses, Inc.	and ZIP code	
7 Social security tip	os 8 AI 79.59	located tips 0.0	9 Verification code	7 Social security	tips 79.59	8 Allocated tips 0.	9 Verification code
10 Dependent care I	penefits 11 No	onqualified plans	12a	10 Dependent car	***	11 Nonqualified plans	c12a
12b	,12c		12d	c12b		12c	12d
b Employer identifica 030227295	ation number (E	030-64-0	e's social security number 942	b Employer identif 030227295	ication nun	nber (EIN) a Employe 030-64-0	e's social security number
13 Statutory Retirement plan	Third-party slck pay	14 Other		13 Statutory Retirement of the management of the	ent Third- sick p	party 14 Other	
e Employee's name, Nancy J duMont 1241 Taber Hill R Stowe, VT 05672	Rd	ZIP code		e Employee's nam Nancy J duMor 1241 Taber Hill Stowe, VT 0567	it Rd	and ZIP code	
$C\PiTQ^{L}$	/T WH7	er's state ID number Γ10043352	16 State wages, tips, etc. 1975.92	5079		nployer's state ID number WHT10043352	16 State wages, tips, etc. 1975.92
W-2 Wage an Statemen		ate income tax 0.	18 Local wages, tips, etc.	Form Wage a	and Tax ent	17 State income tax	18 Local wages, tips, etc.
Copy 2—To Be Filed With Employee's State, City, or Local	19 Lo	cal income tax	20 Locality name	Copy 2-To Be File With Employee's	d [19 Local income tax	20 Locality name
Income Tax Return				State, City, or Loca Income Tax Return			
4.50		Department of the	Treasury - Internal Revenue Service	F	_	Department of the	e Treasury - Internal Revenue Service

2018 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement for employee's records

Dept Control number 000100 DOST/GPW

Employer use only T EIC 126

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

Batch #01301

If Employee's name, address, and ZIP code

VANCY DUMONT 1241 TABER HILL ROAD **STOWE VT 05672**

Employer's FED ID number 03-0345447	a Employee's SSA number 030-64-0942
Wages, tips, other comp. 364.95	2 Federal income tax withheld
Social security wages 214.95	4 Social security tax withheld 22.63
Medicare wages and tips 364.95	6 Medicare tax withheld 5.29
Social security tips 150.00	8 Allocated tips
Verification Code 1475-cb7f-22b1-eef8	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pa
5 State Employer's state ID no VT WHT10038887	
7 State income tax	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

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

Social Security 364.95 Tax Withheld Box 4 of W-2

VT. State Income Tax

Box 17 of W-2 SUI/SDI/FLI

Fed. Income Tax Withheld Box 2 of W-2

Medicare Tax Withheld Box 6 of W-2

Box 14 of W-2

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: Single

© 2018 ADP, LLC

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

Employer's name, address, and ZIP code

TRAPP FAMILY LODGE INC 700 TRAPP HILL ROAD STOWE VT 05672

Employer's FED ID number 03-0345447	a Employee's SSA number 030-64-0942	
Social security tips 150.00	8 Allocated tips	
Verification Code 1475-cb7f-22b1-eef8	10 Dependent care benefits	
Nonqualified plans	12a See instructions for box 12	
Other	12b	
	12c	
	12d	
	13 Stat emp. Ret. plan 3rd party sick pay	

f Employee's name, address and ZIP code

IANCY DUMONT 241 TABER HILL ROAD **TOWE VT 05672**

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

Wage and Tax Statement py B to be filed with employee's Federal Income Tax Return.

'	wages, ups, other o	64.95	2 redera	ai income tax withheld	
3	Social security wages 214.95		4 Social security tax withheld 22.63		
5	5 Medicare wages and tips 364.95		6 Medic	are tax withheld 5.29	
d	Control number	Dept.	Corp.	Employer use only	
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Employer's name, address, and ZIP code

TRAPP FAMILY LODGE INC 700 TRAPP HILL ROAD STOWE VT 05672

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

NANCY DUMONT 1241 TABER HILL ROAD STOWE VT 05672

15 State Employer's state ID no. VT WHT10038887	16 State wages, tips, etc. 364.95
17 State income tax	18 Local wages, tips, etc.
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i	VT.State Reference Copy
i	W-2 Wage and Tax 2018
	Statement OM No. 1545-0008

1	Wages, tips, other o	comp. 64.95	2	Federa	l inco	me tax v	rithheld				
3	Social security wag	les 14.95	4	Social	secui	rity tax w	ithheld 22.63				
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TRAPP FAMILY LODGE INC 700 TRAPP HILL ROAD STOWE VT 05672

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

e/f Employee's name, address and ZIP code

NANCY DUMONT 1241 TABER HILL ROAD **STOWE VT 05672**

15 State Employer's state ID n VT WHT10038887	o. 16 State wages, tips, etc. 364.95
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

VT.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

Form W-2 Wage and Tax Statement	OMB No-1545-0008	I Mages, tips, other compe	salion IIII	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S14EZ007:
c Employer's name, address, and ZIP code VR. US HOLDINGS IIT LIC 390 INTERLOCKEN CRESCENT	18-Allocated-tips	3 Social security wages	306.23		y tax withheld 1 1 1 1 1 8 1 9 withheld 1 1 1 1 1 4 4 4
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STOWE VT 0.5672	13 Statutovi i Petirement Trind-party petirement park pay	Local wages, tips, etc	19 Local inco	(d)	20 Locality name
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15 State		Local wages, tips, etc.	19 Local incon	ne tax	20 Locality name
Copy—2 To Be Filed with Employee's State, City, or Local Income Tax I This information is bairg furnished to the Internal Revenus 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 fall to report it.	Return OMB No. 1545-0008 7 Social security tips	1 Wages, tips, other compens		ept. of the Tre	
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Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the bary)				Dept. of th	e Treasury - IRS
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Date of payment FATCA filing requirement	T								
NANCY DUMONT 1241 Taber Hill Rd Stowe, VT 05672									
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Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B 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. 201	8								
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2b Taxable amount not determined	7.
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PAYER'S TIN	Net unrealized appreciation in employer's securities
03-0261523	
7 Distrib. IRA/SEP/ SIMPLE 8 Other	9a Your percentage of total distribution %
9b Total employee contributions	
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contrib.	56.48
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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
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RECIPIENT'S TIN	Account number (see instructions)
***-**-0942	2788310
Distributions From Pensions, Retirement or Profit-Sharing IRAs, Insurance Contracts, et Copy C - For Recipient's (keep for your records)	Plans, Form
This information is being furnished to the IRS. OMB No. 1545-0119 Departme	ent of the Treasury – Internal Revenue Service

Cut Along the Dashed Lines

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109 State St	
Montpelier, VT 056	309-6901
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1241 Taber Hill Rd	
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Retirement or Profit-Sharing IRAs, Insurance Contracts,	i iuiio,
Copy 2	1099-N
File this copy with your state local income tax return, who	
iocai income tax return, who	n required.

Instructions for Recipient

OMB No. 1545-0119

Generally, distributions from retirement plans (IRAs, qualified plans, section 40(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Goulfilled dates and activities.

Department of the Treasury - Internal Revenue Service

governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on form 1099-8.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1997, you must use the simplified method to figure your toxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for Form 104 or 1040KP.

HAS, For distributions from a tactificiant individual retirement arrangement (INA), simplified HAS, For distributions from tactificiant individual retirement arrangement (INA), simplified than 5 or the form 1040 or 1040KP. In the payer is fall required to compute the taxable amount. See the Form 1040 or 1040KP instructions to determine the taxable amount. If you are at least ago 70%, you must take minimum distributions from your IFA (other than a Roth IRA). If you don't, you are subject to a 50% excise tax on the amount first should've been distributed. See Pub. 503. 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 above in how the payer isn't required so compute the taxable amount of 57(b) plan, you may have to freat the loan as a distribution and include all or part of the amount borrower (in you from the soll of plan, section 403(b) plan, you may have to freat the loan as a distribution and include all or part of the amount borrower (in your incomer (INI), For your protection, this form may show only

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.

complete TIN to the IRS.

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 8038.

Illing requirement. See the Instructions for Form 8338.

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

Bell of payment. Shows the date of payment for reportable death benefits under section 6509Y.

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 "Taxabe amount" is a section of the line for "Taxabe amount", and on Form 8006, as applicable. However, if this is a lump-sum formation of the line for "Taxabe amount", and on Form 8006, as applicable. However, this is a lump-sum tell into the line for "Taxabe amount", and on Form 8006, as applicable. However, if this is a lump-sum tell into the line for "Taxabe amount", and on Form 8006, as applicable. However, if this is a lump-sum tell into the line for "Taxabe safelias, lib, act, or "on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferriar, 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.

distributions of excess deferrals, excess contributions, or excess aggrégate contributions except if the distribution is of designated Roth contributions or your after-lax contributions or if you are self-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract was transterred tax fies to another trustee or contract issuer, an amount will be shown in this box and code tax fies to another trustee or contract the such as the self-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract or but box and code for the process of qualified to the self-employed 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 box i 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 hereafts that is tradate in part.

Shown in box 1 is a receipt of reportable death hereafts that is tradate in part.

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Shown in box 2 is a first that the shown in the shown in box 2 is a first that the shown in the shown in box 2 is hard in the shown in the shown in the shown in box 2 is hard in the shown in the shown

in box 2a hasn't been reduced by the exclusion amount. See the instructions for Form 1040 or 1040NH 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 IRIA. 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 reserved a tump-pount distribution form a qualified plan and were born before you have been been used to be second box is checked, the distribution was a total distribution from the plan and were born before you have been been used to be second box is checked to be second box in the structions. For a charitable gift annuity, report as a long-term capital gain as explained in the Instructions for Form 8949.

Box 4. Shows declarat lincome 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. Generally, if you'll receive payments next year that arre1 eligible rotinger distributions, you can acchange your withholding or elect not to have income tax withheld by giving the payer Form W-18. Box 5. Generally, if you first plan you form that your basis in a designated Folial account, the nontaxable part of a charitable gift annuity, or the investment in all liensurance contract reportable under section 6050Y. This box doesn't show any IRA contributions, if the amount 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 (RIAI) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose under the property of the RIAI is included in box 2s. If you didn't receive a lump-sum distribution, the amount shown is the NIAI attributable to employee contributions, which isn't taxed until you sell the securities. Box 7. The following codes kieding the distributions, you received. For once information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to 1—Early distribution, no known exception (in most cases, under age 59%).

2—Early distribution, exception applies (under age 59%).

- 4-Death.
- Normal distribution.
 Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts).
 Normal distribution.
- Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2018.
 Cost of current life insurance protection.
- -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.
- 53.29.

 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).

- E—Distributions under Employee Hrans Compilance reasonution organing to comp.

 F—Charitable gif annuity.

 G—Direct rollover of a distribution to a qualified plan, a section 400(b) plan, a governmental section 450(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 59%).

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

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

 L—Loans treated as distributions.

 M Qualified plan Joan 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 Rolh IRA.

 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).

 Thoth IRA distribution from ESOP under section 404(k).

 Note: This distribution from ESOP under section 404(k).

 Note: This distribution from ESOP under section 404(k).
- w—unveind astribution from ESOP under section 404(4).

 Note: This distribution lant eligible for rollower.

 W—Charges 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.

distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It limit taxable when you receive it and shouldn't be included in boxes 1 and 2a. When you receive perfording payments from the annuity contract, they for standbe at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you list also shown. You'll need this information if you use the 10-year tax option (from the contract is not you list as the properties of the information if you use the 10-year tax option (from modern arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here.

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

is shown.

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

Box 51.2. If it 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 5329, Form 6806 Pub. 525, Tarable and Nontaxable Income Pub. 500, Relitement Plans for Small Business Pub. 571, Tax-Sheltered Annuity Plans Pub. 572, Pasion and Annuity Plans Pub. 579, Posito and Annuity Income Pub. 590-A, Contributions to IRAs Pub. 521, U.S. Civil Service Relitement Benefits Pub. 591, U.S. Civil Service Relitement Benefits ral Rule for Pen 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 We accept telecommunications relay service calls. Phone #: 1-866-234-8271 Fax #: 1-866-278-1170 CORRECTED (i	01/17/19	* Caution: The amount may not be fully deducti you. Limits based on the amount and the cost and of the secured property napply. Also, you may on deduct interest to the extra was incurred by you, act paid by you, and not reimbursed by another p	ble by loan value nay ly ent it ually erson.	MB No. 45-0901 2 018 Form 1098	MORTGAGI INTEREST STATEMENT Copy I For Paye			
Fax #: 1-866-278-1179 PAYER'S/BORROWER'S name, street address, city, state and ZIP		PAYER'S/BORROWER'S TI	94-: IN	1347393 X-8047	The information in boxe 1 through 9 is importar tax information and i			
DCTX1CDTAY 005796DCTX1C00000020318708	ուղոր	Mortgage Interest receive payer(s)/borrower(s) Outstanding mortgage principal as of 1/1/2018	d from \$9 3 Mortgage origination da	,937.06	being furnished to the IRS. If you are require, to file a return, negligence penalty of the result of the IRS determines that a underpayment of te			
STOWE, VT 05672-4440		\$164,511.64 4 Refund of overpaid interest \$0.00	4 Refund of overpaid interest \$0.00 \$5 Mortgage insurance premiums \$0.00					
		6 Points paid on purchase o	6 Points paid on purchase of principal residence \$0.00					
		7 The address of the proper will be entered in box 8 and PAYER'S/BORROWER'S ac See box 8 below.		report the refund of interest (box 4); of because you claimed non-deductible iten				
			8 Address or description of property securing mortgage 1241 TABER HILL ROAD					
Payment information \$1,546.13 Total current payment \$363.11 Escrow portion of pmt	Account number 0207114729	9 Number of mortgaged pro	9 Number of mortgaged properties 10 R					
Please consult a Tax Advisor about t	he deductibility	or your records.) Department of the Treasury - Internal Revenue Service of any payments made by you or others.						
TOTAL INTEREST APPLIED 2018 2018 MORTGAGE INTEREST RECEIVED				an and any and and and any and and any	\$9,937.06 \$9,93 7. 06			

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.

Department of the Internal Revenue

Part I

Name of re

		このいますうころではなり		VOID	OMB No. 1545-2252
		DEALTH COVERAGE			
the Treasury	▶ Do not a	▶ Do not attach to your tax return. Keep for your records.		CORRECTED	
ue Service	▶ Go to www.irs.gc	▶ Go to www.irs.gov/Form1095B for instructions and the latest information.	ſ		
Responsible Individual	Individual	,			
responsible individua	responsible individual-First name, middle name, last name		2 Social security number (SSN) or other TIN	3 Date of birth (if SSN	or other TIN 3 Date of birth (if SSN or other TIN is not available)
\ 	ے	DUMONT	***-**-0942	03/05/1973	
dress (including apartment no.)	ment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code	r foreign postal code
ABER HILL ROAD)AD	STOWE	Y	05672	
			9 Reserved		
					Control of the Contro

For Privacy Act and	28	27	26	25	NANCY 24	LEILA 23		(a) Name of First name, m	Part IV Cover	208 Hurricane Lane	19 Street address (incl	State Of Vermont	Part III Issuel	12 Street address (incl	10 Employer name	Part III Inform	8 Enter letter identii	1241 TABER HILL ROAD	4 Street address (including apartment no.)	NANCY
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					DUMONT	FLANAGAN		(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals (Enter the information for each covered individual.)	Lane	Street address (including room or suite no.)	ont	Issuer or Other Coverage Provider (see instructions)	Street address (including room or suite no.)		Information About Certain Employer-Sponsored Coverage (see instructions)	Enter letter identifying Origin of the Health Coverage (see instructions for codes):	HILL ROAD	ding apartment no.)	
Votice, see separate i	3	, ·			***-**-0942	***_**_3653		(b) SSN or other TIN	he information for		20		rovider (see instru	13	*	Employer-Sponso	verage (see instructions		5	_
nstructions.					03/05/1973	06/04/2009		(c) DOB (if SSN or other TIN is not available) all 12 months	each covered indi	8	City or town		ctions)	3 City or town	ja,	ored Coverage (se	s for codes):	STOWE	City or town	DUMONT
					\boxtimes	×		(d) Covered all 12 months	ividual.)	9						ee instru	▼			
							Jan				21	17		14		ctions)	9		6	
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