



**State of Vermont**  
**Department of Taxes**  
133 State Street  
Montpelier, VT 05633-1401

Agency of Administration

00048

Aug 1, 2019

NANCY J DUMONT  
1241 TABER HILL RD  
STOWE VT 05672-4440

**Letter ID:** L0112400896  
**Account ID:** HSD-10220471  
**Tax:** Homestead  
**Period:** Dec-31-2019

Re: 2019 Property Tax Adjustment - Credit to be sent to your town

Dear NANCY J. DUMONT:

We are sending this letter to notify you that we have calculated a credit to be applied to your 2019/2020 property tax bill based upon information from your 2019 Form HS-122, Homestead Declaration and Property Tax Adjustment Claim. Please check the information shown below carefully. If any of the information is incorrect, please contact your tax preparer or the Vermont Department of Taxes immediately. Your Housesite Value, Ownership Interest, and Property Tax amounts cannot be changed after 7/29/2019.

SPAN	621-195-10951
Housesite Value (from 2018/2019 property tax bill)	\$190,100.00
Housesite Education Tax	\$2,888.00
Housesite Municipal Tax	\$794.00
2018 Household Income	\$9,837.00
Ownership Interest	100.00%

<b>ADJUSTMENT PAYMENT AMOUNT</b>	<b>\$3,485.00</b>
LESS: Offset for outstanding debt (The adjustment can be taken to pay an outstanding debt to the Department or to other state agencies.)	\$0.00
PLUS: Income Tax Refund Amount Designated for Property Tax	\$0.00
PLUS: 1% of Income Tax Refund Incentive	\$0.00

<b>TOTAL CREDIT SENT TO TOWN</b>	
Credit for Education Tax \$2,839.00 + Credit for Municipal Tax \$646.00 =	<b>\$3,485.00</b>
LESS: \$15 Late Filing Penalty (claims filed between 4/16/2019 and 7/29/2019)	\$15.00
<b>TOTAL CREDIT APPLIED TO PROPERTY TAX BILL</b>	<b>\$3,470.00</b>



☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. PALL SPERA COMPANY REALTORS, LLC PO BOX 539 STOWE, VT 056720539 802-253-9771		1 Rents \$	OMB No. 1545-0115  <b>2019</b> Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	<b>Copy 2</b>  <b>To be filed with recipient's state income tax return, when required.</b>	
PAYER'S TIN  03-0229189	RECIPIENT'S TIN  030-64-0942	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code  DuMont, Nancy  1241 Taber Hill Rd.  Stowe VT 05672		7 Nonemployee compensation \$ 43055.02	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		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form **1099-MISC**

[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

FORM # LMISCRECST



d Control number 275	1 Wages, tips, other compensation 394.74	2 Federal income tax withheld 0.00
OMB No. 1545-0008	3 Social security wages 394.74	4 Social security tax withheld 24.48
	5 Medicare wages and tips 394.74	6 Medicare tax withheld 5.72
c Employer's name, address, and ZIP code Baraw Enterprises, Inc. P.O. Box 369 Stowe, VT 05672		
7 Social security tips 0.00	8 Allocated tips 0.00	9
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
3 Statutory employee	Retirement plan	Third-party sick pay
14 Other		
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.		
2019	15 State Employer's state ID number VT WHT10043352	16 State wages, tips, etc. 394.74
Form Wage and Tax N-2 Statement		
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.)		
17 State income tax 0.00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name
Department of the Treasury - Internal Revenue Service		

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2019	15 State Employer's state ID number VT WHT10043352	16 State wages, tips, etc. 394.74
Form Wage and Tax W-2 Statement		
Copy B—To Be Filed With Employee's FEDERAL Tax Return.		
17 State income tax 0.00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name
Department of the Treasury - Internal Revenue Service		

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OMB No. 1545-0008	3 Social security wages 394.74	4 Social security tax withheld 24.48
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e Employee's name, address, and ZIP code Nancy J duMont 1241 Taber Hill Rd Stowe, VT 05672		
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2019	15 State Employer's state ID number VT WHT10043352	16 State wages, tips, etc. 394.74
Form Wage and Tax W-2 Statement		
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		
17 State income tax 0.00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name
Department of the Treasury - Internal Revenue Service		



## Form W-2 Wage and Tax Statement 2019

20002

d Control number 0940-14074625		Void		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 0000000139-0003AR		a Employee's social security number 1859 MOUNTAIN RD STOWE VT 05672		1 Wages, tips, other compensation 1586.70		2 Federal income tax withheld 9.04	
45-3046473		030-64-0942		3 Social security wages 583.11		4 Social security tax withheld 98.38	
13 Statutory employee plan		Third-party sick pay		5 Medicare wages and tips 1586.70		6 Medicare tax withheld 23.01	
12 See Instrs. for Box 12 14 Other		e Employee's name, address, and ZIP code		7 Social security tips 1003.59		8 Allocated tips	
		NANCY DUMONT 1241 TABER HILL RD STOWE VT 05672		10 Dependent care benefits		11 Nonqualified plans	
15 State VT		Employer's state ID No. WHT10060034		16 State wages, tips, etc. 1586.70		17 State income tax 4.50	
				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.

## Form W-2 Wage and Tax Statement 2019

Copy B, to be filed with employees FEDERAL tax return

d Control number 0940-14074625		Void		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 0000000139-0003AR		a Employee's social security number 1859 MOUNTAIN RD STOWE VT 05672		1 Wages, tips, other compensation 1586.70		2 Federal income tax withheld 9.04	
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15 State VT		Employer's state ID No. WHT10060034		16 State wages, tips, etc. 1586.70		17 State income tax 4.50	
				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.

## Form W-2 Wage and Tax Statement 2019

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

d Control number 0940-14074625		Void		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 0000000139-0003AR		a Employee's social security number 1859 MOUNTAIN RD STOWE VT 05672		1 Wages, tips, other compensation 1586.70		2 Federal income tax withheld 9.04	
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				18 Local wages, tips, etc.		19 Local income tax	
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January 24, 2020

**Questions?** Call Toll Free 1-855-899-9600

**Deaf or hard of hearing?** Call 711

Master Case ID: 1-1576179392

Contact ID: 1-Q2EZN1

00216  
NANCY J DUMONT  
1241 TABER HILL ROAD  
STOWE, VT 05672

**We've enclosed IRS Form 1095-B**  
**You don't have to do anything, just keep this form for your records**

Dear NANCY J DUMONT,

We are required to send you the IRS Form 1095-B, which we've enclosed. It shows the months that you, or members of your family, had Medicaid.

We have already sent the information on this form to the IRS. You do not need to send it to the IRS with your tax return. You should keep the form for your records.

**What if my Form 1095-B has incorrect or missing information?**

Call Vermont Health Connect (VHC) at 1-855-899-9600 Monday - Friday from 8 a.m. to 5 p.m.

**Will I have to pay a fee if I didn't have coverage every month?**

Starting in the 2019 tax year, there is no longer a fee for not having health insurance.

**Have questions?**

Call Vermont Health Connect (VHC) at **1-855-899-9600** Monday - Friday from 8 a.m. to 5 p.m.

Thank you,

Vermont Health Connect Customer Service

**Rights of People with Disabilities**

Do you have a physical or mental or learning problem? Does it make it hard to do things we ask you to do? We can make changes to help you. Changes are called "reasonable accommodation" under the ADA (Americans with Disabilities Act).

Here are some of the changes we can make:

- Someone can write down your answers if you can't.
- We can give you more time.
- We can help you get papers you need to give us.
- You can have a support person with you when you talk to us.
- We can send you papers in large print.

Do you need **any** changes to help you? Tell us by calling **1-855-899-9600** for free.





## Health Coverage

☐ VOID  
☐ CORRECTED

OMB No. 1545-2252

2019

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095B](http://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):

☐ A ☒ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z**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 Lane		20 City or town	Williston		21 State or province	VT	
			22 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>



## Instructions for Recipient

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

**Box 1.** Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

**Box 2.** Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

**Box 3.** Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2018 taxes.

**Box 4.** Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Box 5.** Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

**Box 6.** Shows taxable grants you received from a federal, state, or local government.

**Box 7.** Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

**Box 8.** If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

**Box 9.** Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

**Box 10a-11.** State income tax withheld reporting boxes.

**Future developments.** For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099g](http://www.irs.gov/form1099g).

☐ CORRECTED (if checked)

PAYER'S Name, Address, City, State, and ZIP Code <b>VERMONT DEPARTMENT OF TAXES 133 State Street Montpelier, VT 05601-0429</b>		1 Unemployment compensation \$	OMB No. 2545-0120 <b>2019</b> Form 1099-G		<b>Certain Government Payments</b>  <b>Copy B For Recipient</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S Federal ID Number <b>03-0350860</b>	RECIPIENT'S identification number <b>*****0942</b>	2 State or local income tax refunds, credits or offsets \$ <b>105.00</b>	3 Box 2 amount is for tax year <b>2018</b>	4 Federal income withheld \$	
Recipient's Name <b>NANCY J DUMONT 1241 TABER HILL RD STOWE VT 05672-4440</b>		5 RTAA payments \$	6 Taxable grants \$		
		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
		9 Market gain \$ <b>0.00</b>	Interest Income \$		
Account number <b>PIT-10220471</b>		10a State	10b State identification no.	11 State income tax withheld \$	

Form 1099-G (keep for your records) [www.irs.gov/form1099g](http://www.irs.gov/form1099g) Department of the Treasury - Internal Revenue Service



## Instructions for Recipient

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

**Box 1.** Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

**Box 2.** Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

**Box 3.** Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2017 taxes.

**Box 4.** Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Box 5.** Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

**Box 6.** Shows taxable grants you received from a federal, state, or local government.

**Box 7.** Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

**Box 8.** If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

**Box 9.** Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

**Box 10a-11.** State income tax withheld reporting boxes.

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☐ CORRECTED (if checked)

PAYER'S Name, Address, City, State, and ZIP Code <b>VERMONT DEPARTMENT OF TAXES</b> <b>133 State Street</b> <b>Montpelier, VT 05601-0429</b>		1 Unemployment compensation \$	OMB No. 2545-0120 <b>2019</b> Form 1099-G		<b>Certain Government Payments</b>
		2 State or local income tax refunds, credits or offsets \$ <b>69.00</b>			
PAYER'S Federal ID Number <b>03-0350860</b>	RECIPIENT'S identification number <b>*****0942</b>	3 Box 2 amount is for tax year <b>2017</b>	4 Federal income withheld \$	<b>Copy B For Recipient</b> <small>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>	
Recipient's Name <b>NANCY J DUMONT</b> <b>1241 TABER HILL RD</b> <b>STOWE VT 05672-4440</b>		5 RTAA payments \$	6 Taxable grants \$		
		7 Agriculture payments \$	8 If checked, box 2 is trade or business income <input type="checkbox"/>		
Account number <b>PIT-10220471</b>		9 Market gain \$	Interest Income <b>1.53</b>		
		10a State	10b State identification no.	11 State income tax withheld \$	

Form **1099-G** (keep for your records) [www.irs.gov/form1099g](http://www.irs.gov/form1099g) Department of the Treasury - Internal Revenue Service



# Annual Tax and Interest Statement

Reporting Date 12/31/2019

Opportunities Credit Union  
25 Winooski Falls Way, Suite 203  
P.O. Box 67  
Winooski, VT 05404

Tax ID 03-0321712

Direct telephone no. of person to call with questions about this form: (802) 654-4540

Nancy J duMont  
1241 Taber Hill Rd  
Stowe VT 05672

Loan ID 0000038445  
Payer's/Borrower's TIN XXX-XX-0942

OMB No. 1545-1380

**Mortgage Interest  
Statement  
Form 1098**

**2019**

## Principal Balance Information

Ending Principal Balance	\$23,275.31
Principal Applied	\$1,238.87
Negative Amortization	\$0.00
Assistance Amount	\$0.00

## Escrow Information

Beginning Balance	\$0.00
Deposits	\$0.00
Property Taxes	\$0.00
Insurance	\$0.00
Other Disbursements	\$0.00
Ending Balance	\$0.00
Escrow Int /Div Paid	\$0.00
Escrow Int /Div Withheld	\$0.00
Int /Div On Loss Draft Paid	\$0.00
Int /Div on Loss Draft Withheld	\$0.00

## 1098 Information

1 Mortgage interest received from payer(s)/borrower(s) *	\$658.74
2 Outstanding mortgage principal	\$24,514.18
3 Mortgage origination date	12/06/2018
4 Refund of overpaid interest	\$0.00
5 Mortgage insurance premiums	
6 Points paid on purchase of principal residence	\$0.00
8 Address or description of property securing mortgage (see instructions) **	
9 Number of properties securing the mortgage	
10 Other - Real estate taxes paid	\$0.00
11 Mortgage acquisition date	

**\*\*Property:** 1241 Taber Hill Rd, Stowe, VT 05672

**\*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.

## Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 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 this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.



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

01/06/20

*\* 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.  
1545-1380  
**2019**

Form  
1098

# MORTGAGE INTEREST STATEMENT

## Copy B For Payer

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

026289 1 AV 0.383 957305



EDWARD F FLANAGAN

1241 TABER HILL RD

STOWE, VT 05672-4440

RECIPIENT'S/LENDER'S TIN

94-1347393

PAYER'S/BORROWER'S TIN

XXX-XX-8047

1 Mortgage Interest received from  
payer(s)/borrower(s)\*

\$9,668.72

2 Outstanding mortgage  
principal

\$160,274.08

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

9 Number of mortgaged  
properties

10 Real estate taxes

\$2,017.66

11 Mortgage acquisition  
date

### Payment information

\$1,550.20 Total current payment

\$367.18 Escrow portion of pmt

Account number

0207114729

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.**

**Box 2.** Shows the outstanding principal on the mortgage as of January 1, 2019. If the mortgage originated in 2019, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2019, shows the mortgage principal as of the date of acquisition.

### 2019 INTEREST DETAIL

TOTAL INTEREST APPLIED 2019

\$9,668.72

2019 MORTGAGE INTEREST RECEIVED FROM PAYER / BORROWER(S)

\$9,668.72

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.