

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 federal ID number 26-1285371	RECIPIENT'S ID number XXX-XX-0942
RECIPIENT'S name, address, ZIP/postal code & country NANCY DUMONT 60 HENRY STREET #202 SHELBURNE VT 05482	
Account number 958578620431	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. 23978.60
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 2017 Copy 2 - To be filed with Recipient's State Tax Return <input type="checkbox"/> CORRECTED <input type="checkbox"/> FATCA filing <input type="checkbox"/> Dept. of Treasury - IRS (if checked) requirement OMB No. 1545-0115	

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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.

Instructions for Recipient

Recipient's taxpayer identification number. 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 identification number to the IRS.

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

FATCA filing requirement. If 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.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, & patents on Schedule E (Form 1040). However, report payments for a working interest as explained in box 7 inst. 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 taxpayer identification number. 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 the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). 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 it on Form 1040, line 21 (or Form 1040NR, line 21).

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 "Total Tax" in 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. 030-64-0942	1 Wages, tips, other comp. 8978.47	2 Federal income tax withheld 1017.14	
b Employer ID number (EIN) 81-3991100	3 Social security wages 9198.36	4 Social security tax withheld 571.23	
	5 Medicare wages and tips 9198.36	6 Medicare tax withheld 133.60	
c Employer's name, address, and ZIP code CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELburne ROAD STE 300 SHELburne, VT 05482			
d Control number			
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	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other RETIREMENT 219.89	12b Code	
Retirement plan <input checked="" type="checkbox"/>		12c Code	
Third-party sick pay		12d Code	
VT	SUT10859356002	8978.47	280.78
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 2017 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	
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Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS

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Copy B—To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 030-64-0942	1 Wages, tips, other comp. 11004.00	2 Federal income tax withheld 1115.76	
b Employer ID number (EIN) 03-0213990	3 Social security wages 11275.11	4 Social security tax withheld 699.05	
	5 Medicare wages and tips 11275.11	6 Medicare tax withheld 163.51	
c Employer's name, address, and ZIP code CHITTENDEN SOUTH SUPERVISORY U SUITE 300 5420 SHELBURNE ROAD SHELBURNE VT 05482			
d Control number 383			
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7 Social security tips 0.00	8 Allocated tips	9 Verification code	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12	
13 Statutory employee	14 Other 414 (H)	12b Code	
Retirement plan X	271.11	12c Code	
Third-party sick pay		12d Code	
VT 430030213990F01	11004.00	321.66	
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Form W-2 Wage and Tax Statement

2017

Dept. of the Treasury -- IRS

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