MetLife

Computershare
Computershare
PO Box 505000
Louisville, KY 40233-5000

Within USA, US territories & Canada	800 649 3593
Outside USA, US territories & Canada	201 680 6578
Hearing Impaired (TDD)	201 680 6611

www.computershare.com/metlife

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

********AUTO**ALL FOR AADC 054 P000002/ 000077 033046

Recipient
PATRICIA K CLARK
98 STERLING WOODS RD
STOWE VT 05672-4054

Control #: 4876 5820 9067

Holder Account Number
C0009751661 I ND

Your account is not tax certified. Please contact us via web or phone as shown above to avoid tax withholding on sales proceeds and/or dividend payments.

Please see reverse for important information.

Record Date 06 Nov 2017
Check Number 0048012070

001CS0005.DomLngMETL_PG1.METL.111205_118564/033046/033046/i

MetLife, Inc. - Combined Dividend Payment / 2017 Tax Form 1099-DIV RETAIN FOR YOUR RECORDS

☐ Corrected (if checked)

Form 1099 - DIV - Dividends and Distributions 2017 Copy B - For Recipient

Account Number	C0009751661
Recipient's ID No. ending in	***-**-5680
Payer's Federal ID No.	51-6516897
OMB No.	1545-0110

Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient PATRICIA K CLARK
98 STERLING WOODS RD
STOWE VT 05672-4054

1a Total Ordinary Dividends ($)	1b Qualified Dividends ($)	3 Nondividend Distributions ($)	4 FEDERAL INCOME TAX WITHHELD ($)	6 Foreign Tax Paid ($)	7 Foreign Country or U.S. Possession	8 Cash Liquidation Distri. ($)	Payer's Details
70.40	70.40	0.00	19.72			0.00	COMPUTERSHARE INC AS CUSTODIAN OF THE METLIFE POLICYHOLDER TRUST PO BOX 43078 PROVIDENCE RI 02940

Form 1099-DIV (Keep for your records)

MetLife Policyholder Trust Annual Statement

Prior Year Distribution: 69.30

Record Date	Payable Date	Security Description	Total Trust Interests	Dividend Rate	Current Distribution	Tax Deduction Amount ($)	Net Dividend ($)	Total Market Value	Stock Price as of Record Date
06 Feb 2017	13 Mar 2017	TRUST INTERESTS	44	$0.40000	17.60	4.93	12.67	2,282.72	51.88000
08 May 2017	13 Jun 2017	TRUST INTERESTS	44	$0.40000	17.60	4.93	12.67	2,334.64	53.06000
07 Aug 2017	13 Sep 2017	TRUST INTERESTS	44	$0.40000	17.60	4.93	12.67	2,135.32	48.53000
06 Nov 2017	13 Dec 2017	TRUST INTERESTS	44	$0.40000	17.60	4.93	12.67	2,390.52	54.33000
		Year-To-Date Paid			**70.40**	**19.72**			

46UTX METL

01IOWB_TRUST_PP_F

003SSP0020 / R

WARNING: MULTIPLE SAFETY FEATURES. THE FACE OF THIS CHECK HAS A BLUE BACKGROUND AND FLUORESCENT INK (HOLD UNDER BLACKLIGHT TO VIEW). REFER TO SECURITY ENDORSEMENT BACKER FOR TRUE WATERMARK AND ADDITIONAL FEATURES.

MetLife

Bank of America
Atlanta, Dekalb County, Georgia

64-1278
611 GA

PLEASE DEPOSIT THIS CHECK PROMPTLY.

MetLife

Computershare

Computershare
PO Box 505000
Louisville, KY 40233-5000
Within USA, US territories & Canada 800 649 3593
Outside USA, US territories & Canada 201 680 6578
Hearing Impaired (TDD) 201 680 6611
www.computershare.com/metlife

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

********AUTO**ALL FOR AADC 054 P000002/ 000066 029071

Recipient
ROY E CLARK
98 STERLING WOODS RD
STOWE VT 05672-4054

Control #: 7201 2881 4412

Holder Account Number

C0009763261 IND

Record Date 06 Nov 2017
Check Number 0048012433

Please see reverse for important information.

001CS0005.DomLngMETL_PG1.METL.111119_118565/029071/029071/i

MetLife, Inc. - Combined Dividend Payment / 2017 Tax Form 1099-DIV RETAIN FOR YOUR RECORDS

☐ Corrected (if checked)

Form 1099 - DIV - Dividends and Distributions 2017 Copy B - For Recipient

Account Number C0009763261
Recipient's ID No. ending in ***-**-6006
Payer's Federal ID No. 51-6516897
OMB No. 1545-0110
Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient ROY E CLARK
98 STERLING WOODS RD
STOWE VT 05672-4054

1a Total Ordinary Dividends ($)	1b Qualified Dividends ($)	3 Nondividend Distributions ($)	4 FEDERAL INCOME TAX WITHHELD ($)	6 Foreign Tax Paid ($)	7 Foreign Country or U.S. Possession	8 Cash Liquidation Distri. ($)	Payer's Details
78.40	78.40	0.00	21.96			0.00	COMPUTERSHARE INC AS CUSTODIAN OF THE METLIFE POLICYHOLDER TRUST PO BOX 43078 PROVIDENCE RI 02940

Form 1099-DIV (Keep for your records)

MetLife Policyholder Trust Annual Statement

Prior Year Distribution: 77.18

Record Date	Payable Date	Security Description	Total Trust Interests	Dividend Rate	Current Distribution	Tax Deduction Amount ($)	Net Dividend ($)	Total Market Value	Stock Price as of Record Date
06 Feb 2017	13 Mar 2017	TRUST INTERESTS	49	$0.40000	19.60	5.49	14.11	2,542.12	51.88000
08 May 2017	13 Jun 2017	TRUST INTERESTS	49	$0.40000	19.60	5.49	14.11	2,599.94	53.06000
07 Aug 2017	13 Sep 2017	TRUST INTERESTS	49	$0.40000	19.60	5.49	14.11	2,377.97	48.53000
06 Nov 2017	13 Dec 2017	TRUST INTERESTS	49	$0.40000	19.60	5.49	14.11	2,662.17	54.33000
		Year-To-Date Paid			**78.40**	**21.96**			

46UTX METL

01IOWB_TRUST_PP_F

003SSP0020 / R

1099 – SOCIAL SECURITY BENEFIT STATEMENT

'OUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
REVERSE FOR MORE INFORMATION.

Box 2. Beneficiary's Social Security Number

046-38-6006

Box 4. Benefits Repaid to SSA in 2017	Box 5. Net Benefits for 2017 *(Box 3 minus Box 4)*
NONE	$22,308.00

AMOUNT IN BOX 3

eposit	$18,961.20
e tax	
	$3,346.80
	$22,308.00
	$22,308.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

$3,346.80

Box 7. Address

ROY E CLARK
98 STERLING WOODS RD
STOWE VT 05672-4054

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

046-38-6006A

DO NOT RETURN THIS FORM TO SSA OR IRS

CU2510484-11221255618-2

CU2510484-11221255618-2

Roy Clark
SchC
2017

	Initials	Date
Prepared By		
Approved By		

		1	2	3
Income		18322 15		
Accounting		250 - ✓		
Advertising		620 - ✓		
Misc Expense		423 90 ✓		
Postage		37 38 ✓		
Telephone		807 - ✓		
Meals + Ent.		721 00 ✓	-See Emails-used those #	
Uniforms		250 50 ✓		
Cont. Ed		285 - ✓		
Client Gifts		103 02 ✓	-See Email	
Dues + Licenses		1327 00 ✓		
Direct Client Exp.		2100 - ✓		
		26%		74%
Auto Exp	Total	Old Subaru		Subaru Legacy
Gas	1650	429 -		1221 -
Repairs	180 -	46 80		133 20
Insurance	1100 -	286 00		814 00
Registration	64 -	16 64		47 36
AAA	103.	26 78		76 22
Total miles 16300		4238		12062 -
Bus miles 9780		2543		7237
SchA				
Medical		5417 54 ✓		
RX		1085 69 ✓		
Donations		20 - ✓		
Goodwill		400 - ✓		

38
647
1633

Gifts & Meals

Miscellaneous

Direct client costs

Broker Expenses		All + Fairs	License & Dues		~~Client Gifts~~	For ~~Client~~	Advertising
	Education	Telephone	$725			$1,850 HT	
	$285	$807	150			$250 survey	
			252			$100 Donation	
			$200			$2200	
			$1327				
						Buyers Fund	$300
						1World	$50
						FaceBook	$45.00
	Acct	a				Business	
	$240					MP	$150
						Reporter	75.00
							$620

Misc Exp = 192.30 Dry clean
231.60 Sirius
423.90

Uniforms 250.50

RE

	Education	Tel.	Lic & Dues	Advertising	Misc	Meals	
	$285	$807	$1327	$620	$2100	$721 +	
Vehicles	Subaru	1/1/17 –	4/7/17	97 days	26%		
	Subaru						
	Legacy	4/7/17 –	12/31/17	268 days			
	~~Subaru~~						
	Total Mileage		16,300 miles	prorate Work	9780 mi other	6520 mi	
	Gas		$1650				
	Repairs		$180				
	Car Payments		$4170				
	Insurance		$1100 prorate				
	Registration		$64				
	AAA		$163				

Taxes 2017	Real Estate Dues	Vehicle	Dry Cleaning	Real Estate Courses/Ads	Donations	AT&T	Fairpoint
	$1,003.00	$4,438.80	$192.30	$834.40	$20.00	$647.42	$1,633.19
					plus Goodwill		
					$400		
						SCNA	
	Roy Clothing	**Postage**	**Gas**	**Gifts**	**Sirius**	**Medical**	**Entertainment**
	$250.50	$37.38	$2,261.45	$103.02	$231.60	$5,417.54	$2,818.04
					Auto	RX 1085.69	
					Est Auto Ins		
					793		

136L0300025532

Tax Statement for Form 1098 for Tax Year 2017

1098, Copy B, For Payer, OMB# 1545-0901

PEOPLE'S UNITED BANK, N.A.
P. O. BOX 820
BURLINGTON VT 05402-0820

Recipient's Federal ID #: 06-1213065
Questions? (800) 525-1006

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE
(keep for your records)

025187

ROY E CLARK
PATRICIA K CLARK
98 STERLING WOODS RD
STOWE VT 05672

TAXPAYER ID#
***-**-6006

2017 FORM 1098: MORTGAGE INTEREST STATEMENT

Account Number	IRS Description	IRS Box #	Amount
00270004042 00001	Mortgage interest received from payer(s)/borrower(s) *	1	919.09
	Outstanding mortgage principal as of 1/1/2017	2	23,993.26
	Mortgage origination date	3	06/13/1996
	Is address of property securing mortgage same as PAYER'S/BORROWER'S address?	7	
	If Yes, box is checked		
	If No, see box 8 or 9 below		
	Address of property securing mortgage	8	
	LOT 3 STERLING WOOD RD STOWE VT		
	Number of mortgaged properties	10	

* 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.

THE INFORMATION IN BOXES 1 THROUGH 10 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 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 NON-DEDUCTIBLE ITEM.

PLEASE NOTE:

Your interest may be overstated in Box 1 if all or a portion of your payments are subsidized by a state-funded program. Contact your tax advisor with questions.

This statement shows the Real Estate Taxes Chase paid from your escrow account.
Further Real Estate Tax Questions? See **Chase.com/PrepayTaxesFAQ**

Esta comunicación contiene información importante acerca de la cuenta. Si tiene alguna pregunta o necesita ayuda para traducirla, comuniquese con nosotros llamando al 1-800-848-9136.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JPMORGAN CHASE BANK, N.A. OH4-7399 PO BOX 182613 COLUMBUS OH 43218 PHONE: 1-800-848-9136	*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 **2017** Form **1098**	**Mortgage Interest Statement**
	1 Mortgage interest received from payer(s)/borrower(s)* $ 1,692.57		**Copy B For Payer/ Borrower**
RECIPIENT'S/LENDER'S federal identification number: 13-4994650 PAYER'S/BORROWER'S taxpayer identification no.: ***-**-6006	2 Outstanding mortgage principal as of 1/1/2017 $ 41,478.59	3 Mortgage origination date 12/18/1992	The information in boxes 1 through 10 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 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 non-deductible item.
PAYER'S/BORROWER'S name ROY E CLARK PATRICIA K CLARK	4 Refund of overpaid interest $ 0.00	5 Mortgage insurance premiums $	
	6 Points paid on purchase of principal residence $ 0.00		
Street address (including apt. no.) 98 STERLING WOODS RD	7 Is address of property securing mortgage same as PAYER'S/BORROWER'S address? If "Yes," box is checked . . . . ☐ If "No," see box 8 or 9, below		
City or town, state or province, country, and ZIP or foreign postal code STOWE VT 05672-4054	8 Address of property securing mortgage 98 STERLING WOODS RD		
10 Number of mortgaged properties: 1 11 Other: STOWE VT 05672-4054	9 If property securing mortgage has no address, below is the description of the property		
Account number (see instructions) 6161726077			

0000002 1824 171230 Page 1 of 1 42622

Form **1098** (Keep for your records) www.irs.gov/form1098 Department of the Treasury - Internal Revenue Service

PROPERTY TAX BILL

Town of Stowe

67 Main Street, P O Box 730
Stowe, Vermont 05672-0730
802.253.6133

THIS IS THE ONLY BILL YOU WILL RECEIVE. PLEASE SEND IT TO NEW OWNER IF PROPERTY IS SOLD.

Payable by 5:00 PM of due date to:
TOWN OF STOWE
Mail to:
P.O. Box 730
Stowe, VT 05672-0730

PARCEL ID	BILL DATE	TAX YEAR
19067.010	06/30/2017	17-18

Description: 3.69 AC & DWL
Location: 98 STERLING WOODS RD

OWNER
CLARK ROY E & PATRICIA K
98 STERLING WOODS RD
STOWE VT 05672

Taxes on real property are payable in four (4) equal installments, due as shown below. Taxes not paid when due are delinquent and payable to the collector of delinquent taxes. Interest at two (2) percent on any tax not paid on or before the due date will be charged per month or fraction thereof. Postmarks are accepted.

HOUSESITE TAX INFORMATION

SPAN # 621-195-10535	SCL CODE: 195
TOTAL PARCEL ACRES	3.69
HOUSESITE VALUE	267,800
HOUSESITE EDUCATION TAX	4,082.34
HOUSESITE MUNICIPAL TAX	1,118.33
HOUSESITE TOTAL TAX	5,200.67

RETAIN FOR INCOME TAX PURPOSES

ASSESSED VALUE		HOMESTEAD	NON RESIDENTIAL
REAL	284,000	284,000	
TOTAL TAXABLE VALUE	284,000	284,000	
GRAND LIST VALUES	2,840.00	2,840.00	

For more information about how education tax rates are determined, go online to: http://tax.vermont.gov/property-owners

1166.07
1166.07
1329.07
1329.07
4990.28

TAX RATE NAME	TAX RATE	x GRAND LIST =	TAXES
Town	0.4128	x2,840.00=	1172.35
Farmers Contracts	0.0048	x2,840.00=	13.63
HOMESTEAD EDUCATION	1.5244	x2,840.00=	4329.30

PAYMENT DUE DATE(S) AND AMOUNT(S)

08/10/2017	11/13/2017	02/10/2018	05/10/2018
1329.07	1329.07	1329.07	1329.07

A letter from the State explained the details of this payment

TOTAL TAX	5515.28
STATE PAYMT	199.00
NET TAX DUE	5316.28

EASTERN SYSTEMS 800.223.0101

DETACH THE STUBS BELOW AND RETURN WITH YOUR PAYMENT

	1 TOWN OF STOWE	2 TOWN OF STOWE	3 TOWN OF STOWE	4 TOWN OF STOWE
TAX YEAR	17-18	17-18	17-18	17-18
	1ST PAYMENT DUE	2ND PAYMENT DUE	3RD PAYMENT DUE	4TH PAYMENT DUE
	08/10/2017	11/13/2017	02/10/2018	05/10/2018
OWNER NAME	CLARK ROY E & PATRICIA K	CLARK ROY E & PATRICIA K	CLARK ROY E & PATRICIA K	CLARK ROY E & PATRICIA K
PARCEL ID	19067-010	19067-010	19067-010	19067-010
AMOUNT DUE	1329.07	1329.07	1329.07	1329.07
AMOUNT PAID				

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

Agency of Administration

00431

Jul 3, 2017

PATRICIA & ROY CLARK
98 STERLING WOODS RD
STOWE VT 05672-4054

Letter ID: L0748323840
Account ID: HSD-10254405
Tax: Homestead
Period: Dec-31-2017

Re: 2017 Property Tax Adjustment - Credit to be sent to your town

Dear PATRICIA K. CLARK and ROY E. CLARK II:

We are sending this letter to notify you that we have calculated a credit to be applied to your 2017/2018 property tax bill based upon information from your 2017 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 10/16/2017.

SPAN	621-195-10535
Housesite Value (from 2016/2017 property tax bill)	$267,800.00
Housesite Education Tax	$4,082.00
Housesite Municipal Tax	$1,097.00
2016 Household Income	$132,642.00
Ownership Interest	100.00
Allocable Mobile Home Lot Rent	$0.00
Education Tax Allocated from Land Trust, Co-op, or Nonprofit Mobile Home Park	$0.00
Municipal Tax Allocated from Land Trust, Co-op, or Nonprofit Mobile Home Park	$0.00
Education Tax on Contiguous Property	$0.00
Municipal Tax on Contiguous Property	$0.00
ADJUSTMENT PAYMENT AMOUNT	$199.00

(Continued on back)

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
LESS: $15 Late Filing Penalty (claims filed between 4/19/2017 and 10/16/2017)	$0.00
PLUS: 1% of Income Tax Refund Incentive	$0.00
TOTAL CREDIT SENT TO TOWN	**$199.00**

If you have questions about how your adjustment was calculated or how your town's education rate is set, please visit our website at: http://tax.vermont.gov/property-owners.

Note: If you itemize your deductions on Federal Form 1040, Schedule A, remember to deduct the amount of property taxes you actually paid after your adjustment has been applied.

If you have any questions regarding this letter, please contact us at the number listed below during regular business hours.

Vermont Department of Taxes
Taxpayer Services Division
Individual Income Tax Section

Phone: (802) 828-2865
(866) 828-2865 (Toll-Free in Vermont)
Fax: (802) 828-2720
Email: tax.individualincome@vermont.gov

Financial Summary Jan. 01, 2017-Dec. 31, 2017

Roy [illegible] $1,085.69

Your Total Rx Spend:

$1,085.69

For plan year
(January 1, 2017 - December 31, 2017)

Roy Clark DOB 07/24/1945

TOTAL **$1,085.69**

ZOLPIDEM TARTRATE 5MG TABLET
RX# 0158535 QTY 30 SUPPLY 30 - day LAST FILLED 12/19/2017 YOUR COST $1.72

Last filled on December 19, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$1.72
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24
RX# 0157798 QTY 30 SUPPLY 30 - day LAST FILLED 12/11/2017 YOUR COST $50.00

Last filled on December 11, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$50.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

ALLOPURINOL 300MG TABLET
RX# 0134468 QTY 90 SUPPLY 90 - day LAST FILLED 11/14/2017 YOUR COST $50.00

Last filled on November 14, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$12.50
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on August 18, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$12.50
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on May 2, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$12.50
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on February 1, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$12.50
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METFORMIN HCL 500MG TABLET
RX# 0134470 QTY 180 SUPPLY 90 - day LAST FILLED 11/14/2017 YOUR COST $17.50

Last filled on November 14, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$6.71
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on July 13, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$6.71
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on May 2, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$2.04
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on February 1, 2017

FULFILLED BY	CVS/pharmacy	YOU PAID	$2.04
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# **0154906** QTY **30** SUPPLY **30 - day** LAST FILLED **11/06/2017** YOUR COST **$50.00**

Last filled on November 6, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$50.00
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

BUPROPION XL 300MG TAB ER 24H

RX# **0131575** QTY **90** SUPPLY **90 - day** LAST FILLED **10/25/2017** YOUR COST **$37.50**

Last filled on October 25, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$12.50
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on July 13, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$12.50
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on March 25, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$12.50
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

SIMVASTATIN 10MG TABLET

RX# **0131492** QTY **90** SUPPLY **90 - day** LAST FILLED **10/25/2017** YOUR COST **$4.86**

Last filled on October 25, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$1.62
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on August 10, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$1.62
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on March 25, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$1.62
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

LISINOPRIL 10MG TABLET

RX# **0131493** QTY **90** SUPPLY **90 - day** LAST FILLED **10/25/2017** YOUR COST **$7.23**

Last filled on October 25, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$2.41
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on July 13, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$2.41
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

Last filled on March 25, 2017

FULFILLED BY **CVS/pharmacy**

YOU PAID	$2.41
AMOUNT APPLIED TO DEDUCTIBLE	$0.00

COLCHICINE 0.6MG TABLET

RX# 0133672 | QTY 30 | SUPPLY 30 - day | LAST FILLED 10/25/2017 | YOUR COST $450.00

Last filled on October 25, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on September 20, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on August 18, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on July 13, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on June 12, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on May 2, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on March 25, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on February 19, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

Last filled on January 20, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# 0152359 | QTY 30 | SUPPLY 30 - day | LAST FILLED 10/06/2017 | YOUR COST $50.00

Last filled on October 6, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

ZOLPIDEM TARTRATE 5MG TABLET

RX# 0152360 | QTY 30 | SUPPLY 30 - day | LAST FILLED 10/06/2017 | YOUR COST $1.72

Last filled on October 6, 2017

FILLED BY CVS/pharmacy | YOU PAID $1.72 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# 0149295 | QTY 30 | SUPPLY 30 - day | LAST FILLED 08/31/2017 | YOUR COST $50.00

Last filled on August 31, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# 0146840 | QTY 30 | SUPPLY 30 - day | LAST FILLED 07/31/2017 | YOUR COST $50.00

Last filled on July 31, 2017

FILLED BY CVS/pharmacy | YOU PAID $50.00 | AMOUNT APPLIED TO DEDUCTIBLE $0.00

ZOLPIDEM TARTRATE 5MG TABLET

RX# **0146839** QTY 30 SUPPLY 30 - day LAST FILLED 07/31/2017 YOUR COST $1.72

Last filled on July 31, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$1.72
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# **0144371** QTY 30 SUPPLY 30 - day LAST FILLED 06/27/2017 YOUR COST $50.00

Last filled on June 27, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$50.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# **0142042** QTY 30 SUPPLY 30 - day LAST FILLED 05/25/2017 YOUR COST $50.00

Last filled on May 25, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$50.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

ZOLPIDEM TARTRATE 5MG TABLET

RX# **0141969** QTY 30 SUPPLY 30 - day LAST FILLED 05/24/2017 YOUR COST $1.72

Last filled on May 24, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$1.72
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# **0139696** QTY 30 SUPPLY 30 - day LAST FILLED 04/21/2017 YOUR COST $50.00

Last filled on April 21, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$50.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

OXYCODONE HCL 10MG TABLET

RX# **0139697** QTY 56 SUPPLY 14 - day LAST FILLED 04/21/2017 YOUR COST $5.00

Last filled on April 21, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$5.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPREDNISOLONE 4MG TAB DS PK

RX# **0139192** QTY 21 SUPPLY 6 - day LAST FILLED 04/13/2017 YOUR COST $5.00

Last filled on April 13, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$5.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# **0137268** QTY 30 SUPPLY 30 - day LAST FILLED 03/16/2017 YOUR COST $50.00

Last filled on March 16, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$50.00
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

ZOLPIDEM TARTRATE 5MG TABLET

RX# **0137282** QTY 30 SUPPLY 30 - day LAST FILLED 03/16/2017 YOUR COST $1.72

Last filled on March 16, 2017

FILLED BY	CVS/pharmacy	YOU PAID	$1.72
		AMOUNT APPLIED TO DEDUCTIBLE	$0.00

METHYLPHENIDATE ER 54MG TAB ER 24

RX# **0134634** QTY 30 SUPPLY 30 - day LAST FILLED 02/03/2017 YOUR COST $50.00

Last filled on February 3, 2017

PHARMACY	**CVS/pharmacy**	YOU PAID	$50.00
		[illegible]	$0.00

This report may not reflect all medicines dispensed during the specified period.

Costs displayed may not reflect coverage from any supplemental insurance plans.

Other Adjustments may include supplemental insurance coverage, manufacturer coupons or other discounts.

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ CORRECTED

OMB No. 1545-2252

2017

Part I Responsible Individual

1 Name of responsible individual PATRICIA K CLARK		2 Social security number (SSN or other TIN) ***-**-5680	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 98 STERLING WOODS RD	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): . . . . > B		9 Reserved	

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name THREE WHITE BIRCHES DEVELOPMENT & AMPERS			11 Employer identification number (EIN) **-***8221
12 Street address (including room or suite no.) PO BOX 60	13 City or town STOWE	14 State or province VT	15 Country and ZIP or foreign postal code US 05672

Part III Issuer or Other Coverage Provider (see instructions)

16 Name MVP HEALTH PLAN INC		17 Employer identification number (EIN) 14-1640868	18 Contact telephone number 8558534877
19 Street address (including room or suite no.) 625 STATE STREET	20 City or town SCHENECTADY	21 State or province NY	22 Country and ZIP or foreign postal code 12305

Part IV Covered Individuals (Enter the information for each covered individual.)

	(a) Name of covered individual(s)	(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	PATRICIA K CLARK	***-**-5680		X												
24	ROY E CLARK	***-**-6006		X												

MVP® HEALTH CARE
625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

PATRICIA K CLARK
98 STERLING WOODS RD
STOWE, VT 05672

IMPORTANT INFORMATION YOU NEED TO FILE YOUR TAX RETURN

KEEP THIS FORM FOR YOUR RECORDS

Dear MVP Subscriber,

Please review the important information below regarding a new tax form, IRS Form 1095-B, that you are now required to file with the Internal Revenue Service (IRS).

WHY AM I GETTING THIS LETTER AND IRS FORM 1095-B?
As part of the Affordable Care Act (ACA), MVP is now required to send you IRS Form 1095-B. This Form 1095-B provides information needed to report on your income tax return that you, your spouse and/or individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the tax year. **A file containing the information on the Form 1095-B will be sent directly to the IRS.**

WHY DOES THE IRS NEED TO KNOW IF I HAD HEALTH COVERAGE?
Individuals who do not have "minimum essential coverage", and who do not qualify for an exemption, may be liable to pay a fee. This fee is called the "individual shared responsibility" and would be imposed if an individual chooses to go without health coverage. "Minimum essential coverage" includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and miscellaneous coverage designated by the Department of Health and Human Services.

WHAT IF I HAVE CHANGES TO MY INFORMATION OR HAVE QUESTIONS ABOUT FORM 1095-B?
Review your Form 1095-B carefully. If you think information on Form 1095-B is wrong, please call the MVP Health Care Customer Care Center at **1-855-853-4877**, 8:30am to 5pm Monday – Friday.

If you need help filling out your tax return or have questions about how to file your taxes using Form 1095-B, you can call the IRS Tax Help Line at **1-800-829-1040**, Monday – Friday from 7am to 7pm.

Thank you for choosing MVP Health Care® for your health insurance needs.

Sincerely,

Laurie Metheny

Laurie Metheny
Vice President, Customer Care Center
MVP Health Care

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

TIP Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

Part I. Responsible Individual, lines 1-9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

CAUTION If you don't provide your SSN or other TIN and the SSNs or other TINs of all covered individuals to the sponsor of the coverage, the IRS may not be able to match the Form 1095-B with the individuals to determine that they have complied with the individual shared responsibility provision.

Line 8. This is the code for the type of coverage in which you or other covered individuals were enrolled. Only one letter will be entered on this line.

A. Small Business Health Options Program (SHOP)
B. Employer-sponsored coverage
C. Government-sponsored program
D. Individual market insurance
E. Multiemployer plan
F. Other designated minimum essential coverage

TIP If you or another family member received health insurance coverage through a Health Insurance Marketplace (also known as an Exchange), that coverage will generally be reported on a Form 1095-A rather than a Form 1095-B. If you or another family member received employer-sponsored coverage, that coverage may be reported on a Form 1095-C (Part III) rather than a Form 1095-B. For more information, see www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals.

Line 9. Reserved.

Part II. Information About Certain Employer-Sponsored Coverage, lines 10-15. If you had employer-sponsored health coverage, this part may provide information about the employer sponsoring the coverage. This part may show only the last four digits of the employer's EIN. This part also may be left blank, even if you had employer-sponsored health coverage. If this part is blank, you do not need to fill in the information or return it to your employer or other coverage provider.

Part III. Issuer or Other Coverage Provider, lines 16-22. This part reports information about the coverage provider (insurance company, employer providing self-insured coverage, government agency sponsoring coverage under a government program such as Medicaid or Medicare, or other coverage sponsor). Line 18 reports a telephone number for the coverage provider that you can call if you have questions about the information reported on the form.

Part IV. Covered Individuals, lines 23-28. This part reports the name, SSN or other TIN, and coverage information for each covered individual. A date of birth will be entered in column (c) only if the SSN or other TIN isn't entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than six covered individuals, see Part IV, Continuation Sheet(s), for information about the additional covered individuals.

☐ 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 05672-0539 802-253-9771	1 Rents $ 2 Royalties $	OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income
	3 Other income $	4 Federal income tax withheld $	Copy 2
PAYER'S federal identification number: 03-0229189 RECIPIENT'S identification number: 046-38-6006	5 Fishing boat proceeds $	6 Medical and health care payments $	To be filed with recipient's state income tax return, when required.
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code Roy Clark 98 Sterling Woods Rd. Stowe, VT 05672	7 Nonemployee compensation $ 18322.15	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	
Account number (see instructions) FATCA filing requirement ☐	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 Department of the Treasury - Internal Revenue Service

FORM # LMISCRECST

Goodwill Industries of Northern New England
work that works for you.

donation receipt
retain for tax purposes

date 7/25/17
name Clark
address 98 Sterling Woodsdell Stone

donation details

description	donor notes for tax records	boxes	bags
clothing	Clothes		3
household	Appliances	1	
furniture	Chairs		
other	Book		

tax year 2017 receipt value* $300 tax ID #01-0284340

Tax benefits for charitable contributions are available only to taxpayers who itemize deductions.
*To claim a deduction on taxes, the donor determines the fair market value of the contributions. (Please refer to IRS publication 561.) No goods or services were provided to the donor by Goodwill.
Goodwill does not retain a copy of this receipt.

goodwill confirmation
signature Steven location 2005

75 washington avenue, suite 300 | portland, me 04101 | 207.774.6323 | goodwillnne.org

Goodwill Industries of Northern New England
work that works for you.

donation receipt
retain for tax purposes

date 12-8-17
name
address

donation details

description	donor notes for tax records	boxes	bags
clothing		1	X
household		X	X
furniture		X	X
other		X	X

tax year 2017 receipt value* $100 tax ID #01-0284340

Tax benefits for charitable contributions are available only to taxpayers who itemize deductions.
*To claim a deduction on taxes, the donor determines the fair market value of the contributions. (Please refer to IRS publication 561.) No goods or services were provided to the donor by Goodwill.
Goodwill does not retain a copy of this receipt.

goodwill confirmation
signature Pete location 2005

75 washington avenue, suite 300 | portland, me 04101 | 207.774.6323 | goodwillnne.org