

JUL 18 2013

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - June 30, 2013

LEGISLATIVE FOR THE HOUSE Page 1 of 3

2013 JUL 25 PM 1:14

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: POWELL H. RICHARDS Daytime Telephone: \_\_\_\_\_

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>OHIO</u> District: <u>2</u>	Date of Election: <u>Nov. 4, 2014</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?

Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "Yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒



# SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

*Benny H. Richards*

Page 3 of 3

BLOCK A		BLOCK B										BLOCK C				BLOCK D															
Asset and/or Income Source		Value of Asset										Type of Income				Amount of Income															
SP, JT, DC		A None	B \$1 - \$1,000	C \$1,001 - \$15,000	D \$15,001 - \$50,000	E \$50,001 - \$100,000	F \$100,001 - \$250,000	G \$250,001 - \$500,000	H \$500,001 - \$1,000,000	I \$1,000,001 - \$5,000,000	J \$5,000,001 - \$25,000,000	K \$25,000,001 - \$50,000,000	L Spouse/DC Asset over \$1,000,000*	M DIVIDENDS	N INTEREST	O EXCEPTED/BLIND TRUST	P Other Type of Income--(Specify: e.g., Partnership Income or Farm Income)	Current Year						Preceding Year							
																		II \$1 - \$200	IV \$1,001 - \$2,500	VI \$5,001 - \$15,000	VIII \$50,001 - \$100,000	X \$1,000,001 - \$5,000,000	XII Spouse/DC Income over \$1,000,000*	II \$1 - \$200	IV \$1,001 - \$2,500	VI \$5,001 - \$15,000	VIII \$50,001 - \$100,000	X \$1,000,001 - \$5,000,000	XII Spouse/DC Income over \$1,000,000*		
	<i>Farm related equipment</i>			X																											
	<i>2007 Honda CRV</i>			X																											
	<i>2000 Buick LaSabre</i>			X																											
	<i>2000 Nissan Frontier</i>			X																											
	<i>Ed. Jones Joint Acct.</i>			X																											
	<i>Benny Richards E. Jones IRA</i>																														
	<i>Cynthia Richards E. Jones IRA</i>																														
	<i>Cynthia Richards E. Jones Roth IRA</i>																														
	<i>Cynthia Richards E. Jones Roth IRA</i>			X																											
	<i>Interest Dividend See E. Jones ATTACH.</i>													X																	

Account number:  
Statement type: Preferred  
December 1 – December 31, 2012

201 Progress Parkway  
Maryland Heights, MO 63043-3042  
www.edwardjones.com  
Member SIPC

**Edward Jones**

## A Unique Understanding of Your Financial Needs

At Edward Jones, we believe the best investment recommendations are those tailored to your specific needs. That's why we work so hard to thoroughly understand your financial situation and your goals. The following is an overview of your investment and borrowing activity with Edward Jones. Working with your financial advisor, use it to determine how we can help you meet other important financial goals. Call ASA T. JEWETT at 740-353-3655 or 800-279-3090.

Although account information is provided on this page, it does not guarantee an actual statement was produced. Please refer to your account statement for the exact registration and more specific details regarding each account. Edward Jones statements are issued for each account holding securities in firm name with Edward Jones in March, June, September and December. Monthly statements (for months other than those previously referred to) will not be sent to you in months for which there was no activity or your only account activity is the payment of income on your Edward Jones money market fund or your cash account balance.

Investment accounts	Account holder	Account number	Current value	Value one year ago
Joint tenants with right of survivorship	CYNTHIA STEINECKER RICHARDS & RONNY RICHARDS		\$9,876.12	\$8,916.62
Individual retirement account Advisory Solutions Fund Model	RONNY RICHARDS		\$114,939.83	\$105,076.99
Individual retirement account Advisory Solutions Fund Model	CYNTHIA L RICHARDS		\$69,161.93	\$62,034.73
ROTH Individual retirement account	CYNTHIA LEE RICHARDS		\$44,052.73	\$32,496.72
Total investment accounts			\$238,030.61	\$208,525.06



Account number:  
Statement type: Preferred  
June 1 - June 28, 2013

2013 TO CROSS Parkway  
Maryland Heights, MO 63043-3042  
www.edwardjones.com  
Member SIPC

**Edward Jones**

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Investment accounts	Account holder	Account number	Current value	Value one year ago
Joint tenants with right of survivorship	CYNTHIA STEINECKER RICHARDS & RONNY RICHARDS		\$10,485.04	\$8,383.08
Individual retirement account Advisory Solutions Fund Model	RONNY RICHARDS		\$118,504.43	\$107,997.18
Individual retirement account Advisory Solutions Fund Model	CYNTHIA L RICHARDS		\$72,090.86	\$64,934.39
ROTH Individual retirement account Advisory Solutions Fund Model	CYNTHIA L RICHARDS		\$49,809.72	-
ROTH Individual retirement account	CYNTHIA LEE RICHARDS		\$1,449.34	\$38,370.37
Total Investment accounts			\$252,339.39	\$219,685.02

### Need a Helping Hand?

Do you have questions regarding your client statement? Do you need help completing some Edward Jones paperwork? If so, just call your local branch office administrator. He or she can help you with a variety of tasks, including answering questions about dividends and stock certificates; updating the name, address or telephone number associated with your account; providing market quotes; handling deposits and check requests; and answering noninvestment questions. So keep his or her name and phone number handy.



Federal Payer's Identification Number:

# SUMMARY OF INVESTMENT INCOME

Recipient's Name:  
CYNTHIA STEINECKER RICHARDS &

Printed on January 20, 2013

Edward Jones Account Number:

Page 3 of 3

Figures Are Final

**This is not a Form 1099.** It is a summary of the income you received in your account during 2012. For a complete description of each activity, refer to your account statement for that period. If you have any questions, contact your Edward Jones financial advisor.

2012 Date	Description	CUSIP	Amount in 2012
02/24	CITIGROUP INC		0.21
05/25	CITIGROUP INC		0.21
08/24	CITIGROUP INC		0.21
11/21	CITIGROUP INC		0.21
01/25	GENERAL ELECTRIC CO		61.25
04/25	GENERAL ELECTRIC CO		61.79
07/25	GENERAL ELECTRIC CO		62.32
10/25	GENERAL ELECTRIC CO		62.85
12/14	PRUDENTIAL FINANCIAL INC		14.40
<b>Total Qualified Dividends (Box 1b on Form 1099-DIV):</b>			<b>263.45</b>
<b>Total Ordinary Dividends (Box 1a on Form 1099-DIV):</b>			<b>263.45</b>

Thank you for doing business with Edward Jones. This is the end of your 2012 tax reporting information. If you have any questions concerning any matter, especially errors or omissions, contact your branch team at 740-353-3655 immediately or the Edward Jones Tax Hotline at 1-800-282-0829.

IRS e-file Signature Authorization

OMB No. 1545-0074

2012

Do not send to the IRS. This is not a tax return.

Keep this form for your records.

Declaration Control Number (DCN)

Submission ID

Taxpayer's name  
RONNY H RICHARDS

Social security number

Spouse's name

Spouse's social security number

CYNTHIA L RICHARDS

Tax Return Information—Tax Year Ending December 31, 2012 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040EZ, line 4)	39,740
2	Total tax (Form 1040, line 61; Form 1040EZ, line 10)	2,126
3	Federal income tax withheld (Form 1040, line 62; Form 1040EZ, line 7)	3,792
4	Refund (Form 1040, line 74a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	1,666
5	Amount you owe (Form 1040, line 76; Form 1040EZ, line 12)	0

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

I, the taxpayer, declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts shown on the return are the amounts from my electronic income tax return. I consent to allow my immediate service provider, transmitter, or electronic return preparer (ERO) to send my return to the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the return for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of any federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) of the return. I authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to resolve issues and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize Pam's Tax Service

ERO firm name

as my signature on my tax year 2012 electronically filed income tax return.

to enter or generate my PIN

Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Taxpayer's signature

Date

3/25/2013

Taxpayer's PIN: check one box only

☐ I authorize Pam's Tax Service

ERO firm name

as my signature on my tax year 2012 electronically filed income tax return.

to enter or generate my PIN

Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Taxpayer's signature

Date

3/25/2013

Practitioner PIN Method Returns Only—continue below

Certification and Authentication—Practitioner PIN Method Only

ERO firm name. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

31498306839

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return (taxpayer(s) indicated above). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

Taxpayer's signature

Date

3/25/2013

ERO Must Retain This Form—See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

# 2012 Electronic Filing Information (1040)

## Signature Method (Note: When filing status is 'MFJ,' both filers must use PINs.)

- ☐ Practitioner PIN. Use only Section (A) below.
- ☒ Self-Select PIN. Use Sections (A) and (B) below.
- ☐ Self-Select PIN using Electronic Filing PIN. Use Sections (A) and (B) below. [Click here to get EF PIN from IRS website](#)

## PIN Information (Enter information below and then confirm the information on the 'PIN' tab)

(A) Practitioner and Self-Select PIN			
	PIN (5 Digits)	T/S entered	ERO entered
Taxpayer PIN:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spouse PIN:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date signed:	03/25/2013		
ERO PIN:			

(B) Self-Select PIN Only:		
Prior Year PIN (or)	Prior Year AGI	Date of Birth
		09/05/1948
		10/13/1954

- ☐ Power of Attorney.
- ☐ Personal Representative.

## EFIN

Enter your 6-digit EFIN number. Note: You must enter the EFIN through the Preparer Manager.  
 EFIN: \_\_\_\_\_

## Submission ID

The Submission ID for this return will be computed automatically when you create the e-file and will be displayed here.  
 Submission ID: \_\_\_\_\_

## Taxpayer Information

Filer's first name RONNY	Filer's middle initial H	Filer's last name RICHARDS	Filer's suffix
Spouse's first name CYNTHIA	Spouse's middle initial L	Spouse's last name RICHARDS	Spouse's suffix
Street address		Filer's SSN	Spouse's SSN
Address continuation		POA, personal rep or c/o addressee name	
City BLUE CREEK	State OH	ZIP code 45616	Daytime phone number
Foreign country	Foreign province/county	Foreign postal code	Foreign phone number
Email address		IRS identity protection PIN	

## ERO

(Enter data in the Preparer Manager)

ERO's name PAM KESSINGER	Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN
Firm's name Pam's Tax Service	ERO's EIN	
Address P.O. BOX 258	Phone	
City FRIENDSHIP	State OH	ZIP code 45630-0258

## Paid Preparer

(Enter data in the Preparer Manager)

Paid preparer's name PAM KESSINGER	Non-paid prep type	Check if self-employed <input checked="" type="checkbox"/>	Preparer's PTIN
Firm's name Pam's Tax Service	EIN		
Address P.O. BOX 258	Phone		
City FRIENDSHIP	State OH	ZIP code 45630-0258	Foreign country



For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , ending See separate instructions.

Your first name M.I. Last name Suffix  
**RONNY H RICHARDS**

If a joint return, spouse's first name M.I. Last name Suffix  
**CYNTHIA L RICHARDS**

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
**BLUE CREEK OH 45616**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
**BLUE CREEK OH 45616**

Foreign country name Foreign province/state/county Foreign postal code  
**Foreign country name Foreign province/state/county Foreign postal code**

**Filing Status** 1 ☐ Single 4 ☐ Head of household (qualifying person). (See instructions.) If the qualifying person is not your dependent, enter this child's name here.

2 ☒ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

Check only one box. First name Last name SSN

5 ☐ Qualifying widow(er) with dependent child

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check this box. 6b ☒ Spouse

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship (4) If child under age 17, check box if child qualifies for child tax credit (see instructions)

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

8a Taxable interest. Attach Schedule B if required. 8b Tax-exempt interest. Do not include on line 8a.

9a Ordinary dividends. Attach Schedule B if required. 9b Qualified dividends.

10 Taxable refunds, credits, or offsets from income taxes. 11 Alimony received.

12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐.

14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15b Taxable amount.

16a Pensions and annuities. 16b Taxable amount.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F.

19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount.

21 Other income. Enter gross amount. 22 Complete the amount in the far right column for lines 7 through 21. This is your total income.

**Adjusted Gross Income** 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ.

25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903.

27 Deductible part of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans.

29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings.

31a Alimony paid. 31b Recipient's SSN. 32 IRA deduction.

33 Student loan interest deduction. 34 Tuition and fees. Attach Form 8917.

35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35.

37 Subtract line 36 from line 22. This is your adjusted gross income.

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,950  
Married filing jointly or Qualifying widow(er), \$11,900  
Head of household, \$8,700

38	Amount from line 37 (adjusted gross income).	38	39,740
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,900
41	Subtract line 40 from line 38	41	27,840
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	7,600
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	20,240
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	2,126
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	2,126
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	2,126

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	2,126

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	3,792
63	2012 estimated tax payments and amount applied to 2011 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8859	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RR tax withheld	69	
70	Credit for federal tax on future earnings. Attach Form 8817	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8812 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, 65, 66, 68, 69, 70, and 71. These are your total payments	72	3,792

**Refund**

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,666
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	74a	1,666
b	Routing number <u>242278823</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>310057</u>		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0
77	Estimated tax penalty (see instructions)	77	

**Third Party Designee**

Do you want another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name PAM KESSINGER Phone no.  Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date 3/25/2016	Your occupation RETIRED / MUSICIAN	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date 3/25/2013	Spouse's occupation BUSINESS OFFICE ADMIN	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name PAM KESSINGER	Preparer's signature PAM KESSINGER	Date 3/25/2013	Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> PTIN
Firm's name <u>Pam's Tax Service</u>	Firm's EIN <u></u>		
Firm's address <u>P.O. BOX 258</u>	Firm's phone no. <u>FRIENDSHIP OH 45630-0258</u>		

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor  
**RONNY H RICHARDS**

**A** Principal business or profession, including product or service (see instructions)  
**MUSICIAN**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), (see instr.)

**B** Enter code from instructions

Social security number (SSN)

**Profit or Loss From Business**  
(Sole Proprietorship)  
For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074  
**2012**  
Attachment  
Sequence No. 09

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income is reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐ **2,200**

2 Returns and allowances (see instructions) **2,200**

3 Subtract line 2 from line 1 **2,200**

4 Cost of goods sold (from line 42) **2,200**

5 Gross profit. Subtract line 4 from line 3 **2,200**

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) **6**

7 Gross income. Add lines 5 and 6 **2,200**

8 Advertising **8**

9 Car and truck expenses (see instructions) **9**

10 Commissions and fees **10**

11 Contract labor (see instructions) **11**

12 Depreciation **12**

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) **13**

14 Employee benefit programs (other than on line 19) **14**

15 Insurance (other than health) **15**

16 Interest **16**

17 Legal and professional services **17**

18 Office expense (see instructions) **18**

19 Pension and profit-sharing plans **19**

20 Vehicles, machinery, and equipment **20a**

21 Other business property **20b**

22 Repairs and maintenance **21**

23 Supplies (not included in Part III) **22**

24 Taxes and licenses **23**

25 Travel, meals, and entertainment **24a**

26 Deductible meals and entertainment (see instructions) **24b**

27 Utilities **25**

28 Wages (less employment credits) **26**

29 Other expenses (from line 48) **27a**

30 Reserved for future use **27b**

31 Total expenses before expenses for business use of home. Add lines 8 through 27a **1,925**

32 Tentative profit or (loss). Subtract line 30 from line 7 **275**

33 Expenses for business use of home. Attach Form 8829. Do not report such expenses elsewhere. **30**

34 Net profit or (loss). Subtract line 33 from line 29 **275**

35 If a profit, enter on Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see the line 31 instructions. **31**

36 If a loss, you must go to line 32. **32**

37 If you have a loss, check the box that describes your investment in this activity (see instructions). **32a**

38 If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) **32b**

39 If you checked 32b, you must attach Form 6198. Your loss may be limited. **32c**

**Part II Expenses**

1 Enter expenses for business use of your home only on line 30. **25**

2 Office expense (see instructions) **18**

3 Pension and profit-sharing plans **19**

4 Vehicles, machinery, and equipment **20a**

5 Other business property **20b**

6 Repairs and maintenance **21**

7 Supplies (not included in Part III) **22**

8 Taxes and licenses **23**

9 Travel, meals, and entertainment **24a**

10 Deductible meals and entertainment (see instructions) **24b**

11 Utilities **25**

12 Wages (less employment credits) **26**

13 Other expenses (from line 48) **27a**

14 Reserved for future use **27b**

15 Total expenses before expenses for business use of home. Add lines 8 through 27a **1,925**

16 Tentative profit or (loss). Subtract line 15 from line 7 **275**

17 Expenses for business use of home. Attach Form 8829. Do not report such expenses elsewhere. **30**

18 Net profit or (loss). Subtract line 17 from line 29 **275**

19 If a profit, enter on Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see the line 31 instructions. **31**

20 If a loss, you must go to line 32. **32**

21 If you have a loss, check the box that describes your investment in this activity (see instructions). **32a**

22 If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) **32b**

23 If you checked 32b, you must attach Form 6198. Your loss may be limited. **32c**

**Cost of Goods Sold (see instructions)**

**Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during \_\_\_\_\_, enter the number of miles you used your vehicle for:

a Business \_\_\_\_\_

b Commuting (see instructions) \_\_\_\_\_

c Other \_\_\_\_\_

45 Was your vehicle available for personal use during off-duty hours? Yes ☐ No ☐

46 Do you (or your spouse) have another vehicle available for personal use? Yes ☐ No ☐

47 a Do you have evidence to support your deduction? Yes ☐ No ☐

b If "Yes," is the evidence written? Yes ☐ No ☐

**Other Expenses.** List new business expenses not included on lines 8-26 or line 30.

48 Total other expenses. Enter here and on line 27a		48	1,850
OTHER MUSICIANS LISTED			

Do not use staples.  
Department of  
**Ohio** | Taxation  
Use only black ink.



Taxable year beginning in  
**2012**

IT 1040  
Individual  
Income Tax Return  
Rev. 10/12

Taxpayer Social Security no. (required) ☐ If deceased Spouse's Social Security no. (only if joint return) ☐ If deceased

Use UPPERCASE letters.

Your first name **RONNY** M.I. **H** Last name **RICHARDS**

Spouse's first name (only if married filing jointly) **CYNTHIA** M.I. **L** Last name **RICHARDS**

Mailing address (for faster processing, use a street address)

City **BLUE CREEK** State **OH** Zip code **43123** County (first four letters) **SCIO**

Home address (if different from mailing address) - do NOT show city or state  
Foreign country (provide this information if the mailing address is outside the U.S.)  
E-mail address

**Ohio Residency Status** - Check applicable box

☒ Full-year resident ☐ Part-year resident ☐ Nonresident ☐ Indicate state

**Filing Status** - Check one (as reported on federal income tax return)

☒ Single or head of household or qualifying widow(er)

☐ Married filing jointly ☐ Married filing separately (enter spouse's SS#)

**Ohio Political Party Fund**

Do you want \$1 to go to this fund? ☒ Yes ☐ No

If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No

Note: Checking "Yes" will not increase your tax or increase your refund.

**Ohio School District Number** for 2012 **7309**

(see pages 43-48 of the instructions)

**INCOME AND TAX INFORMATION**

1. Federal adjusted gross income (from IRS Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 30; 1040, line 10) 39740 00
2. Adjustments from line 47 on page 8 of Ohio form IT 1040 (enclose page 3) - 1329 00
3. Ohio adjusted gross income (line 1 added to or subtracted from line 1) 38411 00
4. Personal exemption and dependent exemption deduction - multiply your personal and dependent exemptions 2 times \$1,700 and enter the result here 3400 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4) 35011 00
6. Tax on line 5 (see tax tables on pages 35-41 of the instructions) 866 00
7. Schedule B credits from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) 200 00
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 6 is less than line 7) 666 00
9. Exemption credit: Number of personal and dependent exemptions 2 times \$20 40 00
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9) 626 00

Most electronic filers receive their refunds in 5-7 business days by direct deposit!

Go paperless. It's FREE!  
Visit [tax.ohio.gov](http://tax.ohio.gov) to try Ohio I-File.

Do not use staples, tape or glue. Place your W-2(s), check (payable to Ohio Treasurer of State) and Ohio form IT 40P on top of your return. Include forms W-2G and 1099-R if tax was withheld. Place any other supporting documents or statements after the last page of your return.

**COPY**

## MAILING INFORMATION:

NO Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2679, Columbus, OH 43218-2679  
 Payment Enclosed - Mail to: Ohio Department of Taxation, P.O. Box 2057, Columbus, OH 43218-2057

Preparer's printed name (see page 11 of the instructions) \_\_\_\_\_  
 Do you authorize your preparer to contact us regarding this return? X Yes No  
 Phone number \_\_\_\_\_

Spouse's signature (see page 10 of the instructions) \_\_\_\_\_  
 PAM KESSINGER  
 Phone number (optional) \_\_\_\_\_

Your signature \_\_\_\_\_  
 Date \_\_\_\_\_

## For Department Use Only

If you owe less than \$1.01, no refund will be issued.  
 If your refund is less than \$1.01, no refund will be issued.

**SIGN HERE (required)**

I have read this return, the return and all enclosed documents, and believe that the return is true, correct and complete.

30. Refund less interest and penalty (see page 26 of the instructions) Enter the amount here. (If line 28 is more than line 26, you must enter an amount due. Subtract line 26 from line 28 and enter this amount on line 30.) **YOUR REFUND** ▶ 30. 91 00

29. Amount due plus interest and penalty (see page 27 of the instructions) If you entered an amount on line 26, subtract line 26 from line 28 and enter the amount due. Subtract line 26 from line 28 and enter this amount on line 29. **AMOUNT DUE PLUS INTEREST AND PENALTY** ▶ 29. 00

28. Interest and penalty due on late-paid tax (see page 22 of the instructions) **INTEREST AND PENALTY** ▶ 28. 00

27. If line 22 is LESS THAN line 18, subtract line 18 from line 22 and enter the amount due. Subtract line 18 from line 22 and enter this amount on line 27. **AMOUNT DUE** ▶ 27. 91 00

26. Line 23 minus the sum of lines 24 and 25a, b, c and d. Enter here, then skip to line 28. **AMOUNT DUE** ▶ 26. 91 00

25. Amount of line 23 that you wish to donate to the following fund(s):  
 a. Military injury relief 00  
 b. Ohio Historical Society 00  
 c. Wildlife species 00  
 d. Natural areas 00

24. Amount of line 23 to be credited to 2013 income tax liability. **CREDIT TO 2013** ▶ 24. 00

23. If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27. **AMOUNT OVERPAID** ▶ 23. 91 00

22. Add lines 19, 20 and 21a, b, c and d. **TOTAL** ▶ 22. 623 00

21. Refundable credits. Include certificate(s) and K-1(s):  
 a. Business jobs credit 00  
 b. Pass-through entity credit 00  
 c. Historic preservation credit 00  
 d. Motion picture production credit 00

20. Add the 2012 Ohio form IT 1040ES payment(s), 2012 Ohio form IT 40P extension payment(s) and 2011 overpayment credited to 2012. **AMOUNT WITHHELD** ▶ 20. 623 00

19. Ohio income tax withheld (box 17 on W-2; box 14 on W-2G; and box 12 on 1099-R). Place W-2(s), W-2G(s) and 1099-R(s) on top of this return. **TOTAL TAX** ▶ 19. 532 00

18. Total Ohio tax liability (add lines 15, 16 and 17). **UNPAID OHIO TAX** ▶ 18. 00

17. Unpaid Ohio use tax (see the worksheet on page 33 of the instructions). **UNPAID OHIO TAX** ▶ 17. 00

16. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 (see page 21 of the instructions). **INTEREST PENALTY** ▶ 16. 532 00

15. Ohio income tax (line 12 minus lines 13 and 14; enter - 0- if the total of lines 13 and 14 is more than line 12). **OHIO INCOME TAX** ▶ 15. 00

14. Manufacturing equipment grant. You must include the grant request form. **MANUFACTURING EQUIPMENT GRANT** ▶ 14. 00

13. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4). **TOTAL CREDITS** ▶ 13. 532 00

12. Ohio income tax less joint filing credit (line 10a minus line 11). **OHIO INCOME TAX LESS JOINT FILING CREDIT** ▶ 12. 94 00

11. Joint filing credit. See the instructions on page 20 for eligibility and documentation requirements. (This credit is for married filing jointly status only). 15 % times line 10a (limit \$650). **JOINT FILING CREDIT** ▶ 11. 94 00

10a. Amount from line 10 on page 1. **AMOUNT FROM LINE 10** ▶ 10a. 626 00

IT 1040  
 Individual  
 Income Tax Return  
 Rev. 10/12

2012

Taxable year beginning in



12000260

Ohio  
 Department of  
 Taxation

SS#

enter the difference here and on line 2 as a negative amount.

00

NO Payment Enclosed - Mail to:  
Ohio Department of Taxation  
P.O. Box 2679  
Columbus, OH 43218-2679

Enclose your federal income  
tax return if line 1 on page 1 of this  
return is -0- or negative.

Payment Enclosed - Mail to:  
Ohio Department of Taxation  
P.O. Box 2057  
Columbus, OH 43218-2057

MAILING INFORMATION

69. Add lines 66, 67 and 68. Enter here and on page 2, line 13 ..... 69  
68. Enter the amount from line 66 above ..... 68  
67. Enter the amount from line 67 above ..... 67  
66. Enter the amount from line 66 above ..... 66  
32 of the instructions

SUMMARY OF CREDITS FROM SCHEDULES C, D AND E

66. Enter the amount from line 10 of Schedule E, Nonrefundable Business Credits (see page 66) ..... 66  
65. Divide line 63 by line 64 and enter the result here (four digits; do not round).  
Multiply this factor by the amount on line 12. Enter here and on line 68 below ..... 65  
64. Enter the Ohio adjusted gross income (line 63) ..... 64  
63. Enter the Ohio adjusted gross income (line 63) ..... 63  
in Ohio. Include Ohio form IT 2023 if received (see instructions) ..... 63  
62. Enter the portion of Ohio adjusted gross income (line 63) that was not earned or received ..... 62

SCHEDULE D - Nonresident / Part-Year Resident Credit (date of part-year residency

62. Enter the smaller of line 60 or line 61. This is your Ohio resident tax credit. Enter here and on line 67 below. If you filed a return for 2012 with a state abbreviation in the box(es) below ..... 62  
61. Enter the 2012 income tax, less all credits other than withholding, estimated tax payments and overpayment carryforwards from previous years, paid to other states and District of Columbia (limits apply - see page 31 of the instructions) ..... 61  
60. Divide line 58 by line 59 and enter the result here (four digits; do not round).  
Multiply this factor by the amount on line 12 on page 2 and enter the result here ..... 60  
59. Enter Ohio adjusted gross income (line 3 on page 1) ..... 59  
58. Enter the portion of line 3 on page 1 subjected to tax by other states or the District of Columbia while you are an Ohio resident (limits apply - see page 31 of the instructions) ..... 58

SCHEDULE C - Full-Year Ohio Resident Credit

57. Total Schedule B credits (add lines 48 through 56). Enter here and on page 1, line 7 ..... 57  
56. Ohio adoption credit (\$1,500 per child adopted during the year) ..... 56  
55. Ohio political contributions credit (limit \$50 per taxpayer) ..... 55  
54. Displaced worker training credit (see the worksheet and instructions on pages 30 and 31) (limit \$500 per taxpayer) ..... 54  
53. If line 5 on page 1 is \$10,000 or less, enter \$88; otherwise, enter -0- or leave blank ..... 53  
52. Lump sum retirement credit ..... 52  
51. Child care and dependent care credit (see the worksheet on page 30 of the instructions) ..... 51  
50. Lump sum distribution credit (you must be 65 or older to claim this credit) ..... 50  
49. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return) ..... 49  
48. Retirement income credit (limit \$200 per return). See the table on page 29 of the instructions ..... 48

SCHEDULE B - Nonbusiness Credits

IF LINE 7 (PAGE 1) AND LINE 13 (PAGE 2) ARE BOTH -0- OR BLANK, DO NOT MAIL PAGE 4.



Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city, state, ZIP code, and telephone no. SOUTHERN OHIO MUSEUM CORP. PORTSMOUTH, OH 45662		RECIPIENT'S name, address, city, and ZIP code RONNIE RICHARDS BLUE CREEK OH 45616		15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$
PAYER'S federal identification number		RECIPIENT'S federal identification number		Account number (see instructions)		13 Excess golden parachute payments \$		
1 Rents \$		2 Royalties \$		9 Payer made direct sales of products to a buyer \$5,000 or more of consumer (recipient) for resale <input type="checkbox"/>		14 Gross proceeds paid to an attorney \$		
3 Other income \$		4 Federal income tax withheld \$		5 Fishing boat proceeds \$		6 Medical and health care payments \$		
7 Nonemployee compensation \$		8 Substitute payments in lieu of dividends or interest \$		10 Crop insurance proceeds \$		11 <input type="checkbox"/> (recipient) for resale <input type="checkbox"/>		
12 <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 \$		

OMB No. 1545-0115 2012 Form 1099-MISC

Miscellaneous Income Copy B For Recipient

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.

RECEIVED (if checked) ☐

Form 1099-R (keep for your records) Department of the Treasury - Internal Revenue Service

PAYER'S federal identification number		RECIPIENT'S federal identification number		4 Federal income tax withheld \$		5 Employee/Design Roth contrib or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		7 Distribution Code		8 Other \$		9a Your percentage of total distribution %		9b Total employee contributions \$		12 State tax withheld \$		13 State/Payer's state number		Effective Date of Retirement		Health Care Deduction		Account number (optional)	
1 Gross distribution \$		2 Taxable amount \$		3 Capital gain (included in box 2a) \$		10a Your percentage of total distribution %		10b Total employee contributions \$		11 State tax withheld \$		12 State tax withheld \$		13 State/Payer's state number		14 Effective Date of Retirement		15 Health Care Deduction		16 Account number (optional)		17		18			
1 Gross distribution \$		2 Taxable amount \$		3 Capital gain (included in box 2a) \$		10a Your percentage of total distribution %		10b Total employee contributions \$		11 State tax withheld \$		12 State tax withheld \$		13 State/Payer's state number		14 Effective Date of Retirement		15 Health Care Deduction		16 Account number (optional)		17		18			

OMB No. 1545-0115 2012 Form 1099-R

Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

File this copy with your state, city, or local income tax return, when required.

RECEIVED (if checked) ☐

PAYER's name, street address, city, state, and ZIP code		EDWARD D. JONES & CO. 201 Progress Parkway Maryland Heights, MO 63043 1-888-225-5335	
PAYER's Federal Identification Number		RECIPIENT's Identification Number	
RECIPIENT's Name and Address		RONY RICHARDS BLUE CREEK OH 45616-9017	
10 Amount allocable to IRA within 5 years	11 1st year of design Roth contrib.	12 State tax withheld 13 State/Payer's state no. 14 State distribution 15 Local tax withheld 16 Name of locality 17 Local distribution	
1099-R Form Number		18 Gross Distribution 19 Taxable Amount 20 Taxable Amount Not Determined	
21 1st year of design Roth contrib. 22 State tax withheld 23 State/Payer's state no. 24 State distribution 25 Local tax withheld 26 Name of locality 27 Local distribution		28 Total Distribution 29 Taxable Amount 30 Taxable Amount Not Determined	
31 PAYER's name, street address, city, state, and ZIP code 32 PAYER's Federal Identification Number 33 RECIPIENT's Name and Address 34 RECIPIENT's Identification Number 35 1st year of design Roth contrib. 36 State tax withheld 37 State/Payer's state no. 38 State distribution 39 Local tax withheld 40 Name of locality 41 Local distribution		42 Gross Distribution 43 Taxable Amount 44 Taxable Amount Not Determined 45 Total Distribution 46 PAYER's name, street address, city, state, and ZIP code 47 PAYER's Federal Identification Number 48 RECIPIENT's Name and Address 49 RECIPIENT's Identification Number 50 1st year of design Roth contrib. 51 State tax withheld 52 State/Payer's state no. 53 State distribution 54 Local tax withheld 55 Name of locality 56 Local distribution	

Form W-2 Wage and Tax Statement		2012	
<b>C</b> Employer's name, address, and ZIP code EDWARD D. JONES & CO. ST. LOUIS MO 63131		<b>13</b> Senior employee <b>14</b> Other employee <b>15</b> State OH 45616	
<b>e</b> Employer's name, address, and ZIP code CYNTHIA LEE RICHARDS BLUE CREEK OH 45616		<b>16</b> State wages, tips, etc. <b>17</b> State income tax <b>18</b> Local wages, tips, etc. <b>19</b> Local income tax <b>20</b> Locality name	
<b>7</b> Social security tips <b>8</b> Allocated tips <b>3</b> Social security wages <b>4</b> Social security tax withheld <b>2</b> Federal income tax withheld		<b>10</b> Dependent care benefits <b>11</b> Nonqualified plans <b>5</b> Medicare wages and tips <b>6</b> Medicare tax withheld <b>12a</b> See instructions for box 12	
<b>1</b> Wages, tips, other compensation <b>13525.44</b>		<b>12b</b> Social security tax <b>12c</b> Medicare tax <b>12d</b> State income tax <b>12e</b> Local income tax	

Form C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) Dept. of the Treasury - IRS	
OMB No. 1545-0048	
Form <b>W-2 Wage and Tax Statement</b> 2012	C Employer's name, address, and ZIP code <b>EDWARD D. JONES &amp; CO.</b> <b>12555 MANCHESTER RD.</b> <b>ST. LOUIS MO 63131</b>
7 Social security tips 8 Allocated tips 3 Social security wages 4 Social security tax withheld 6 Medicare tax withheld 12a See instructions for box 12	1 Wages, tips, other compensation 2 Federal income tax withheld 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 11 Nonqualified plans 12a See instructions for box 12
b Employer's identification number a Employee's social security number 13 Statutory employee, Retirement plan, Third-party sick pay	14 Other 10 Dependent care benefits 11 Nonqualified plans
16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	15 State 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

To whom it may concern:

Since I have retired in 2006 I have been involved in small agricultural activities. This is primarily for the use of my family. However I do sell surplus produce and farm based products at a local farmers market.

I spoke with someone in your office and they told me I should claim what I made to the best of my ability. My income from this activity is so low that I have never maintained any records of my proceeds or expenditures.

I have given my best estimate of what I believe I might have cleared had I maintained proper records. I truly don't think I make any more than a dollar an hour doing this.

Also please note that I have included IRS Form 1099 from The Southern Ohio Museum and Cultural Center. This reflects payment to me for my band Houndog Harrison playing two events in 2012. The checks were made out to me yet the proceeds from these events were distributed as follows. Once again this does not factor any of the costs of expenses incurred getting ready to perform, i.e., gas, guitar strings etc.

Ronny Richards, \$350.00 musician, self

Bradley Gray, \$350.00 musician

Jody Gray, \$350.00 musician

Randy Ballinger, \$350.00 musician

Michael Barnhart, \$350.00 musician

Scott Williams, \$300.00 for running sound system

Donation to SOMCC from the band, \$150.00

Thank you,

Ronny Richards

Medicare

255.87

35.00

99.89

167.53

20.00

51.00

22.01

631.05

24.00

38.25

35.00

345.62

40.00

111.46

95.00

1971.68

50.51

out of pocket 2022.19

Dental insurance # 677.76

Medical insurance # 1075.68

+ Boardman 35.00

Medicare total 3810.63

Chumel 1053.00

Emergency  
Urgent care

Chiro

Physical therapy

G. Robert

VA

Some industry

T. King

CVS

Arthur

Zigzag

D. White

~~John~~ Walcott

SOMC

Pratt