

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS 225 CLEVELAND AVE LONG BRANCH NJ 07740 732-492-3034		1 Rents		OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income
		\$			
		2 Royalties		\$	
		\$			
3 Other income		4 Federal income tax withheld		Copy B For Recipient	
\$		\$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds		6 Medical and health care payments	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.
45-0612334	901-94-4742	\$		\$	
RECIPIENT'S name RUBIO CRUZ Street address (including apt. no.) 354 MORRIS AVE City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$ 3240.00		\$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
11		12			
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney	
		\$		\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	18 State income
\$	\$	\$			\$
		\$			\$

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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 the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 9938.

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.

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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).

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				\$	
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				\$	

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45-0612334	955-72-5567	\$		\$	
RECIPIENT'S name LUIS ALBERTO MONTERROSA Street address (including apt. no.) 144 WESTWOOD AVE APT 1A City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$ 8650.00		\$	
		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	
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			\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	18 State income
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		2 Royalties \$			
		3 Other income \$			
PAYER'S federal identification number 45-0612334		RECIPIENT'S identification number 955-72-5567		4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name LUIS ALBERTO MONTERROSA Street address (including apt. no.) 144 WESTWOOD AVE APT 1A City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		5 Fishing boat proceeds \$		6 Medical and health care payments \$	
		7 Nonemployee compensation \$ 8650.00		8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	11	12	
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		\$			
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\$		\$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds		6 Medical and health care payments	
45-0612334	732-09-0862	\$		\$	
RECIPIENT'S name YINNA CELESTE NUNES CONCEPCION Street address (including apt. no.) 38-18 199TH ST City or town, state or province, country, and ZIP or foreign postal code CORONA NY 11368		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	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.
		\$ 24141.00		\$	
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\$	\$	\$			\$
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45-0612334	732-09-0862	\$		\$	
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**Miscellaneous
Income**

Copy 2
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45-0612334	932-94-9341	\$		\$	
RECIPIENT'S name JUAN CARLOS PORTILLO HERNANDEZ Street address (including apt. no.) 135 ROCKWELL AVE City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$ 12540.00		\$	
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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.

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☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS 225 CLEVELAND AVE LONG BRANCH NJ 07740 732-492-3034		1 Rents		OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income			
		\$						
		2 Royalties						
\$		3 Other income		4 Federal income tax withheld				
\$		\$		\$				
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds		6 Medical and health care payments		Copy 2 To be filed with recipient's state income tax return, when required.
45-0612334		932-94-9341		\$		\$		
RECIPIENT'S name JUAN CARLOS PORTILLO HERNANDEZ Street address (including apt. no.) 135 ROCKWELL AVE City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest				
		\$ 12540.00		\$				
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds				
				\$				
11		12						
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
				\$		\$		
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income
\$		\$		\$				\$
				\$				\$

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		\$			
		2 Royalties			
		\$			
3 Other income		4 Federal income tax withheld		Copy B For Recipient	
\$		\$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds		6 Medical and health care payments	
45-0612334	82-1490106	\$		\$	
RECIPIENT'S name SOARES CONTRACTING LLC Street address (including apt. no.) 88 MILLER STREET City or town, state or province, country, and ZIP or foreign postal code NEWARK NJ 07114		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	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.
		\$ 115010.00		\$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
				\$	
11		12			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
			\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	18 State income
\$	\$	\$			\$
		\$			\$

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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 the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 9938.

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.

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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, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian 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.

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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.

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		\$		2017 Form 1099-MISC	
		2 Royalties			
		\$			
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds		6 Medical and health care payments	
45-0612334	82-1490106	\$		\$	
RECIPIENT'S name SOARES CONTRACTING LLC Street address (including apt. no.) 88 MILLER STREET City or town, state or province, country, and ZIP or foreign postal code NEWARK NJ 07114		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$ 115010.00		\$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
		\$		\$	
		11		12	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney
			\$		\$
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	18 State income
\$	\$	\$			\$
		\$			\$

Miscellaneous
Income

Copy 2
To be filed with
recipient's state
income tax return,
when required.

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		\$			
		2 Royalties			
		\$			
3 Other income		4 Federal income tax withheld		Copy B For Recipient	
\$		\$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds		6 Medical and health care payments	
45-0612334	32-0478624	\$		\$	
RECIPIENT'S name SUPERIOR WS COVERING LLC Street address (including apt. no.) 647 BROADWAY SUITE 148 City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	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.
		\$ 201776.00		\$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
		\$		\$	
11		12			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
			\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.	18 State income
\$	\$	\$			\$
		\$			\$

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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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.

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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.

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Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian 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).

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		\$						
		2 Royalties						
\$		3 Other income		4 Federal income tax withheld				
\$		\$		\$				
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds		6 Medical and health care payments		Copy 2 To be filed with recipient's state income tax return, when required.
45-0612334		32-0478624		\$		\$		
RECIPIENT'S name SUPERIOR WS COVERING LLC Street address (including apt. no.) 647 BROADWAY SUITE 148 City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest				
		\$ 201776.00		\$				
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds				
				\$				
11		12						
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
				\$		\$		
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income
\$		\$		\$				\$
				\$				\$

Form **1099-MISC**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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		2 Royalties \$				
		3 Other income \$		4 Federal income tax withheld \$		Copy B For Recipient
		PAYER'S federal identification number 45-0612334		RECIPIENT'S identification number 81-2626772		
RECIPIENT'S name ULTIMATE CONTRACTING INC Street address (including apt. no.) 6522CASTOR AVE City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA PA 19149		5 Fishing boat proceeds \$		6 Medical and health care payments \$	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.	
		7 Nonemployee compensation \$ 24858.00		8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$		
		11		12		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$		17 State/Payer's state no.	18 State income \$	

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Department of the Treasury - Internal Revenue Service

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		2 Royalties \$			
		3 Other income \$			
PAYER'S federal identification number 45-0612334		RECIPIENT'S identification number 81-2626772		4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name ULTIMATE CONTRACTING INC Street address (including apt. no.) 6522CASTOR AVE City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA PA 19149		5 Fishing boat proceeds \$		6 Medical and health care payments \$	
		7 Nonemployee compensation \$ 24858.00		8 Substitute payments in lieu of dividends or interest \$	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$		10 Crop insurance proceeds \$	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	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 \$