

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2018 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name BOB HOPE		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid In 2018 \$19,956.00	Box 4. Benefits Repaid to SSA in 2018 \$1,296.00	Box 5. Net Benefits for 2018 (Box 3 minus Box 4) \$18,660.00 ✓

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	\$17,186.00
Medicare Part B premiums deducted from your benefits	\$1,474.00 ✓
Deductions for work or other adjustments	\$1,296.00
Total Additions	\$19,956.00
Benefits for 2018	\$19,956.00

DESCRIPTION OF AMOUNT IN BOX 4

Deductions for work or other adjustments	\$1,296.00
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Box 6. Voluntary Federal Income Tax Withheld

NONE ✓

Box 7. Address

**BOB HOPE
123 MAIN ST
TRENTON, NJ 08618**

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

CUI964405-11296982495-1

CUI964405-11296982495-1

Employee's name, address, and ZIP code
HMSHOST TOLLROADS INC
6905 ROCKLEDGE DRIVE
BETHESDA, MD 20817

e/f Employee's name, address, and ZIP code

DOLORIS HOPE

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

DOLORIS HOPE

Social Security Number: 152-88-8265

b Employer's FED ID number 52-1942491	a Emp.
1 Wages, tips, other comp. 16431.05	2 Federal income tax withheld 1017.20
3 Social security wages 16431.05	4 Social security tax withheld 1018.73
5 Medicare wages and tips 16431.05	6 Medicare tax withheld 238.25
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 13.15 FLI 27.84 NJ SDI 69.85 UI/HCWD	12b 12c 12d 13 Stat emp/Ret. plan/3rd party sick pay
15 State Employer's state ID no. NJ 521-942-491/000	16 State wages, tips, etc. 16433.63
17 State income tax 239.87	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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PAGE 01 OF 01

Fold and Detach Here

1 Wages, tips, other comp. 16431.05	2 Federal income tax withheld 1017.20
3 Social security wages 16431.05	4 Social security tax withheld 1018.73
5 Medicare wages and tips 16431.05	6 Medicare tax withheld 238.25
d Control number 0000005676 WHG	Dept. 4NJRRS
Corp. SA32	Employer use only A 48606
c Employer's name, address, and ZIP code HMSHOST TOLLROADS INC 6905 ROCKLEDGE DRIVE BETHESDA, MD 20817	
b Employer's FED ID number 52-1942491	a Emp.
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 13.15 FLI 27.84 NJ SDI 69.85 UI/HCWD	12b 12c 12d 13 Stat emp/Ret. plan/3rd party sick pay
e/f Employee's name, address and ZIP code DOLORIS HOPE 1111111111	
15 State NJ 521-942-491/000	16 State wages, tips, etc. 16433.63
17 State income tax 239.87	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy	

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15 State NJ 521-942-491/000	16 State wages, tips, etc. 16433.63
17 State income tax 239.87	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NJ. State Filing Copy	

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17 State income tax 239.87	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
City or Local Filing Copy	

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GOOD BANK		Payer's RTN (optional)		OMB No. 1545-0112		Interest Income
		1 Interest income		2021 Form 1099-INT		
		\$ 50		2 Early withdrawal penalty		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.
PAYER'S TIN		RECIPIENT'S TIN		\$		
		3 Interest on U.S. Savings Bonds and Treas. obligations		\$		
RECIPIENT'S name		4 Federal income tax withheld		5 Investment expenses		
BOB & DOLORES HOPE		\$		\$		
Street address (including apt. no.)		6 Foreign tax paid		7 Foreign country or U.S. possession		
		\$				
City or town, state or province, country, and ZIP or foreign postal code		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$		\$		
		10 Market discount		11 Bond premium		
		\$		\$		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$		\$		
Account number (see instructions)		2nd TIN not.		14 Tax-exempt and tax credit bond CUSIP no.		
		<input type="checkbox"/>		15 State		17 State tax withheld \$ \$
		<input type="checkbox"/>		16 State identification no.		

Form 1099-INT

Cat. No. 14410K

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

Securian Life Insurance Company
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098

1 Gross distribution \$ 4,000.00	2a Taxable amount \$ 4,000.00	OMB No. 1545-0119 2019 Form 1099-R
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 800.00	

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

PAYER TAX ID NUMBER
41-0417830

RECIPIENT TAX ID NUMBER

5 Employee contributions/Designated Roth contributions or Insurance premiums \$ 0.00	7 Distribution code(s) 7
---	--------------------------

BUSINESS UNIT CODE
EMS 091848

IRA/SEP/SIMPLE <input type="checkbox"/>	9a Your percentage of total distribution 100 %
---	---

RECIPIENT'S name, street address, city, state, and ZIP code

BOB HOPE

EMS

9b Total employee contributions \$ 0.00
--

10 Amount allocable to IRR within 5 years \$ 0.00
--

11 1st year of desig. Roth contrib.

12 State income tax withheld \$ 0.00

Copy B
Report this income on your federal return. If this form shows federal withholding in Box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Date of payment	13 State/Payer's state number NJ	State EIN 410-417-830
-----------------	-------------------------------------	--------------------------

BERRY GLOBAL EMPLOYEES 401(K) RETIREMENT PLAN

Securian Life Insurance Company
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098

1 Gross distribution \$ 4,000.00	2a Taxable amount \$ 4,000.00	OMB No. 1545-0119 2019 Form 1099-R
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 800.00	

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

PAYER TAX ID NUMBER
41-0417830

RECIPIENT TAX ID NUMBER

5 Employee contributions/Designated Roth contributions or Insurance premiums \$ 0.00	7 Distribution code(s) 7
---	--------------------------

BUSINESS UNIT CODE
EMS 091848

IRA/SEP/SIMPLE <input type="checkbox"/>	9a Your percentage of total distribution 100 %
---	---

RECIPIENT'S name, street address, city, state, and ZIP code

BOB HOPE

EMS

9b Total employee contributions \$ 0.00
--

10 Amount allocable to IRR within 5 years \$ 0.00
--

11 1st year of desig. Roth contrib.

12 State income tax withheld \$ 0.00

Copy 2
File this copy with your state tax return when required.

Date of payment	13 State/Payer's state number NJ	State EIN 410-417-830
-----------------	-------------------------------------	--------------------------

BERRY GLOBAL EMPLOYEES 401(K) RETIREMENT PLAN

Securian Life Insurance Company
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098

1 Gross distribution \$ 4,000.00	2a Taxable amount \$ 4,000.00	OMB No. 1545-0119 2019 Form 1099-R
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 800.00	

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

PAYER TAX ID NUMBER
41-0417830

RECIPIENT TAX ID NUMBER

5 Employee contributions/Designated Roth contributions or Insurance premiums \$ 0.00	7 Distribution code(s) 7
---	--------------------------

BUSINESS UNIT CODE
EMS 091848

IRA/SEP/SIMPLE <input type="checkbox"/>	9a Your percentage of total distribution 100 %
---	---

RECIPIENT'S name, street address, city, state, and ZIP code

EMS

9b Total employee contributions \$ 0.00
--

10 Amount allocable to IRR within 5 years \$ 0.00
--

Copy C
For your records.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

DISNEY

1a Total ordinary dividends
\$ 200
1b Qualified dividends
\$ 200

OMB No. 1545-0110
2021
Form 1099-DIV

Dividends and Distributions

PAYER'S TIN

RECIPIENT'S TIN

2a Total capital gain distr.
\$ 150

2b Unrecap. Sec. 1250 gain
\$

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2021 General
Instructions for
Certain
Information
Returns.

RECIPIENT'S name

BOB & DOLORES HOPES

Street address (including apt. no.)

City or town, state or province, country, and ZIP or foreign postal code

2c Section 1202 gain
\$

2d Collectibles (28%) gain
\$

2e Section 897 ordinary dividends
\$

2f Section 897 capital gain
\$

3 Nondividend distributions
\$

4 Federal income tax withheld
\$

5 Section 199A dividends
\$

6 Investment expenses
\$

7 Foreign tax paid
\$

8 Foreign country or U.S. possession

9 Cash liquidation distributions
\$

10 Noncash liquidation distributions
\$

FATCA filing
requirement
☐

11 Exempt-interest dividends
\$

12 Specified private activity
bond interest dividends
\$

Account number (see instructions)

2nd TIN not.
☐

13 State

14 State identification no.

15 State tax withheld
\$

\$

Form 1099-DIV

Cat. No. 14415N

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

STATE OF N.J.

1 Unemployment compensation

\$ 4,000

2 State or local income tax refunds, credits, or offsets

\$

OMB No. 1545-0120

2021

Form 1099-G

Certain
Government
Payments

PAYER'S TIN
22 248 1818

RECIPIENT'S TIN

3 Box 2 amount is for tax year

4 Federal income tax withheld
\$ 400

RECIPIENT'S name
DOLORIS HOPE

5 RTAA payments
\$

6 Taxable grants
\$

Street address (including apt. no.)

7 Agriculture payments
\$

8 Check if box 2 is trade or business income ☐

City or town, state or province, country, and ZIP or foreign postal code

9 Market gain
\$

Account number (see instructions)

10a State

10b State identification no.

11 State income tax withheld

\$

Copy 1
For State Tax
Department

Form 1099-G

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

SANTANDER BANK, N.A.
450 PENN STREET
10-421-MC3
READING, PA 19602

If you have questions contact: Santander Bank, N A
Collections Recovery, 877-391-6371
Hours of Operation: M-TH 8AM-8PM ET, F 8AM-6PM,
Sat 8AM-1PM ET

1099-C



TEP398796_252_503 1 of 2

J
10/25/2019

BOB HOPE

Instructions for Debtor

You received this form because a Federal Government agency or an applicable financial entity (a creditor) has discharged (canceled or forgiven) a debt you owed, or because an identifiable event has occurred that either is or is deemed to be a discharge of a debt of \$600 or more. If a creditor has discharged a debt you owed, you are required to include the discharged amount in your income, even if it is less than \$600, on the "Other Income" line of your Form 1040. However, you may not have to include all of the canceled debt in your income. There are exceptions and exclusions, such as bankruptcy and insolvency. See Pub. 4681, available at IRS.gov, for more details. If an identifiable event has occurred but the debt has not actually been discharged, then include any discharged debt in your income in the year that it is actually discharged, unless an exception or exclusion applies to you in that year.

Debtor's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the creditor has reported your complete TIN to the IRS.

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

Box 1. Shows the date the earliest identifiable event occurred or, at the creditor's discretion, the date of an actual discharge that occurred before an identifiable event. See the code in box 6.

Box 2. Shows the amount of debt either actually or deemed discharged. **Note:** If you don't agree with the amount, contact your creditor.

Box 3. Shows interest if included in the debt reported in box 2. See Pub. 4681 to see if you must include the interest in gross income.

Box 4. Shows a description of the debt. If box 7 is completed, box 4 also shows a description of the property.

Box 5. Shows whether you were personally liable for repayment of the debt when the debt was created or, if modified, at the time of the last modification. See Pub. 4681 for reporting instructions.

Box 6. Shows the reason your creditor has filed this form. The codes in this box are described in more detail in Pub. 4681. A - Bankruptcy; B - Other judicial debt relief; C - Statute of limitations or expiration of deficiency period; D - Foreclosure election; E - Debt relief from probate or similar proceeding; F - By agreement; G - Decision or policy to discontinue collection; or H - Other actual discharge before identifiable event.

Box 7. If, in the same calendar year, a foreclosure or abandonment of property occurred in connection with the cancellation of the debt, the fair market value (FMV) of the property will be shown, or you will receive a separate Form 1099-A. Generally, the gross foreclosure bid price is considered to be the FMV. For an abandonment or voluntary conveyance in lieu of foreclosure, the FMV is generally the appraised value of the property. You may have income or loss because of the acquisition or abandonment. See Pub. 4681 for information about foreclosures and abandonments. If the property was your main home, see Pub. 523 to figure any taxable gain or ordinary income.

Future developments. For the latest information about developments related to Form 1099-C and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099c.

Taxable State: NJ

☐ CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP, or foreign postal code, and telephone no.

SANTANDER BANK, N.A.

450 PENN STREET

10-421-MC3

READING, PA 19602

1 Date of identifiable event

08/28/2019

2 Amount of debt discharged

\$ 2,979.77

3 Interest if included in box 2

\$

OMB No. 1545-1424

2019

Form 1099-C

Cancellation
of Debt

CREDITOR'S TIN

23-1237295

DEBTOR'S TIN

DEBTOR'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

BOB HOPE

4 Debt description

OPN

5 If checked, the debtor was personally liable for
repayment of the debt

☒

Copy B
For Debtor

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

Account number (see instructions)

4549056762

Loan #: 4549056762

6 Identifiable event code

F

7 Fair market value of property

\$

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number MERCER COUNTY COLLEGE 123 VILLAGE RD. WEST WINDSOR 08570		1 Payments received for qualified tuition and related expenses \$ 2500	OMB No. 1545-1574 2021 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S employer identification no. 221804242	STUDENT'S TIN	3		
STUDENT'S name SAM HOPE		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 500	
Street address (including apt. no.)		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2022 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code				
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	

Form **1098-T**

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

OTHER EXPENSES:

BOOKS \$250

ART SUPPLIES \$300

SOFTWARE \$50

PARKING \$50

MEALS \$200

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number MERCER COUNTY COLLEGE 123 VILLAGE RD. WEST WINDSOR 08570		1 Payments received for qualified tuition and related expenses \$ 2500	OMB No. 1545-1574 2021 Form 1098-T	Tuition Statement
FILER'S employer identification no. 221804242		2	3	
STUDENT'S TIN		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 500	Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
STUDENT'S name SAM HOPE		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2022 <input type="checkbox"/>	
Street address (including apt. no.)		8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		10 Ins. contract reimb./refund \$		
Service Provider/Acct. No. (see instr.)				

Form 1098-T

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

OTHER EXPENSES:

BOOKS \$250

ART SUPPLIES \$300

SOFTWARE \$50

PARKING \$50

MEALS \$200

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <div style="font-size: 1.5em; font-family: cursive;">SHIFTY BROKERAGE</div>			Applicable checkbox on Form 8949		OMB No. 1545-0715		<div style="font-size: 2em; font-weight: bold;">2021</div> Form 1099-B		Proceeds From Broker and Barter Exchange Transactions	
			1a Description of property (Example: 100 sh. XYZ Co.) <div style="font-size: 1.2em; font-family: cursive;">100 SHARES XYZ</div>							
PAYER'S TIN RECIPIENT'S TIN			1b Date acquired <div style="font-size: 1.2em; font-family: cursive;">01/02/04</div>		1c Date sold or disposed <div style="font-size: 1.2em; font-family: cursive;">07/04/20</div>		Copy 1 For State Tax Department			
			1d Proceeds \$ <div style="font-size: 1.2em; font-family: cursive;">1000</div>		1e Cost or other basis \$ <div style="font-size: 1.2em; font-family: cursive;">500</div>					
1f Accrued market discount \$		1g Wash sale loss disallowed \$								
RECIPIENT'S name <div style="font-size: 1.2em; font-family: cursive;">BOB d DOLores HOPE</div>			2 Short-term gain or loss <input type="checkbox"/>		3 If checked, proceeds from:					
Long-term gain or loss <input checked="" type="checkbox"/>		Collectibles <input type="checkbox"/>								
Street address (including apt. no.)			4 Federal income tax withheld \$		5 If checked, noncovered security <input type="checkbox"/>					
			6 Reported to IRS:		7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>					
City or town, state or province, country, and ZIP or foreign postal code			Gross proceeds <input type="checkbox"/>						Net proceeds <input type="checkbox"/>	
			8 Profit or (loss) realized in 2021 on closed contracts \$		9 Unrealized profit or (loss) on open contracts—12/31/2020 \$					
Account number (see instructions)			10 Unrealized profit or (loss) on open contracts—12/31/2021 \$		11 Aggregate profit or (loss) on contracts \$					
CUSIP number		FATCA filing requirement <input type="checkbox"/>								
14 State name		15 State identification no.		12 If checked, basis reported to IRS <input checked="" type="checkbox"/>		13 Bartering \$				
16 State tax withheld \$		\$								

Form 1099-B

www.irs.gov/Form1099B

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (If checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. UBER TECHNOLOGIES INC 1455 MARKET STREET, FLOOR 4 SAN FRANCISCO, CA 94103		FILER'S federal identification no. 45-2647441	OMB No. 1545-2205 20 Form 1099-K	Payment Card and Third Party Network Transactions						
		PAYEE'S taxpayer identification no.								
		1a Gross amount of payment card/third party network transactions 8000								
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>			1b Card not present transactions	2 Merchant category code	Copy B For Payee 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 taxable income results from this transaction and the IRS determines that it has not been reported.			
PAYEE'S name BOB HOPE		3 Number of payment transactions	4 Federal income tax withheld							
Street address (including apt. no.) UNKNOWN 123 MAIN ST. TRENTON, NJ 08618		5a January	5b February							
City or town, state or province, country, and ZIP or foreign postal code UNKNOWN,		5c March	5d April							
PSE'S name and telephone number		5e May	5f June							
Account number (see instructions) 9RICXS3DY9AAEFT838BL		5g July	5h August	5i September	5j October	5k November	5l December	6 State PA	7 State identification no.	8 State income withheld

Form **1099-K**

(keep for your records)

www.irs.gov/form1099K

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. UBER TECHNOLOGIES INC 1455 MARKET STREET, FLOOR 4 SAN FRANCISCO, CA 94103		1 Rents	OMB No. 1545-0115 Form 1099-MISC		
		2 Royalties			
		3 Other income	4 Federal income tax withheld	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.	
PAYER'S federal identification number 45-2647441	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments		
RECIPIENT'S name BOB HOPE		7 Nonemployee compensation \$106	8 Substitute payments in lieu of dividends or interest		
Street address (including apt. no.) UNKNOWN 123 MAIN ST. TRENTON, NJ 08618		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		
City or town, state or province, country, and ZIP or foreign postal code UNKNOWN,		11	12		
Account number (see Instructions) 9RICXS3DY9AAEFT838BL		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. PA	18 State income	

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

Tax Summary for

Thanks for driving with Uber in 2018. Below is a breakdown of your earnings over the year that may help you file your taxes.

Driving Totals

Online Miles shows all of the miles you drove while online, including off trip miles.

COMPLETED TRIPS

ONLINE MILES



Your Gross Earnings

Total Trip Earnings from Uber plus any other additional earnings

Gross Trip Earnings

Total Additional Earnings



Expenses, Fees and Tax

Expenses, Fees and Tax. For a complete breakdown, please refer to table 1 on page 2.

Expenses, Fees and Tax



Your Net Payout

Not for tax filing purposes. This amount represents what was paid in your bank account.

Net Earnings

Reimbursements: Tolls,
Airport Fees and Surcharges
Partner Loyalty Program

150

7000

OK

Tax Summary for

BOB HOPE

Table 1 - Expenses, Fees, Tax and Reimbursements

All items marked with a * may be tax deductible. Your online mileage may also be deductible. Need help filling? Get help from the tax experts. Visit t.uber.com/turbotax or consult a tax professional for more information.

Expenses, Fees and Tax

Uber Service Fee/Other Adjustments*

\$ 2500

Booking Fee*

\$ 500

Airport and/or City Fee Paid by Uber or Subsidiaries*

\$ 25

Instant Pay Charges*

5

Reimbursements

Tolls, Airport Fees and Surcharges*

TOTAL EXPENSES, FEES, TAX AND REIMBURSEMENTS

\$ 3030

\$21,510.79

Uber Service Fee / Other Adjustments Includes both the Uber Service Fee and certain other items such as: 1) pricing adjustments due to Uber-provided rider promotions, or 2) differences between the rider's upfront price and your earnings.

Table - 2 Additional Payments from Uber or Subsidiaries

Incentives*

100

\$848.21

Partner Loyalty Program*

5

\$10.00

Other Miscellaneous Payment*

1

\$2.00

TOTAL ADDITIONAL EARNINGS

\$106

\$860.21

This is not an official tax document. Uber does not offer any tax advice.

Check with a tax professional or go to t.uber.com/tax for more information.