

Historical Documentation Supporting the Commercial/Light Industrial

Use of 9705 National Turnpike, Fairdale, KY 40118

2002 – Trans Union Report, Tangible Personal Property Tax Return, Annual Report, Payment from H. Slaughter, Pictures

2001 –Form 720, Form 1120, Form OL-3, Payment from H. Slaughter, Pictures

2000 –House and Building Mover Book, Phone Directory, Form OL-3, Pictures

1999 – Brandies Invoices, Phone Directory, Form 1040, Form OL-3, Form Schedule C, Pictures

1998 – Permit,Agreement, Adam’s Contractors Check, Phone Directory, Form Schedule C, Form 1040, Form OL-3, Form 4562, Pictures

1997 –Trans Union Report, Form Schedule C, Tangible Personal Property Tax Return, Pictures

1996 – Moving Contractor Registration Renewal, Certificate of Existence, Form 1120, Form 720, Form OL-3, Form 1040, Depreciation Schedule, Form 4562, Pictures

1995 – Form 4562, Form 1120, Form 720, Form 720L, Form OL-3, Form 1040, Depreciation Schedule, Moving Contract, Contract Payment, Pictures

1994 –Schedule C, Form 4562, Tangible Personal Property Tax Return, Depreciation Schedule, Phone Directory, Code Enforcement Registration and/or License Renewal, Form 1120-A, Form 720, Form OL-3, Form 1040, Invoice for Removal of Snow for Department of Public Works, Pictures

1993 –Phone Directory, Insurance Policy, Form 1120, Form 720, Form 720L, Ky. Corporation Questionnaire, Form OL-3, Refund of Ky. Motor Fuel Tax, Form 1040, Form 4562, Ky. Supporting Statements, Form W2, Pictures

1992 –Form 1120, Form 720, Form 720L, Form OL-3, Form 1040, Tangible Personal Property Tax Return, Pictures

1991 –Phone Directory, Form 1120-A, Form 720, Ky. Corporation Questionnaire, OL-3, Schedule C, Pictures

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1990 – Form 1120-A, Grouping Schedule, Form 720, Form 720L, Form OL-3, Form 1040, Building Permit, Authorization to Move Residence from Public Works, Permit, Form 1096, Form 1099-MISC, Form Schedule C, Form 740, Form 720L, Pictures

1989 – Form 1120, Form OL-3, Business Deductions, Form 720, Pictures

1988 – Form 1120, Schedule, Business Deductions, Form 720L, Form OL-3, Form 720, Annual Verification Report, Annual Filing Fees, Pictures

1987 – Cellular Mobile Phone Service, Certificate of Existence, Form 1120, Schedule, Form 1040, Form Schedule C, Schedule E, Depreciation Schedule, Form 740, Form 720, Form OL-3, Form 722, Ledger, Pictures

1986 – Articles of Incorporation, Form 1040, Form Schedule C, Depreciation Schedule, Form OL-3, Form 740, Pictures

1985 – PVA Records, Minutes of Annual Meeting, Form 1040, Form Schedule c, Form OL-3, Form 740, Depreciation Schedule, Pictures

1984 – Minutes of Annual Meeting, Form 1040, Form Schedule C, Form OL-3, Form 740, Depreciation Schedule, Occupational license Questionnaire, Utility Trailer Title, Pictures

1983 – Minutes of Annual Meeting, Form 1040, Pictures

1982 – Minutes of Annual Meeting, Form 1040, A. C. Krebs Invoice, Home Supply Company Invoices, Big 3 Gas Company Invoice, Yorktown Lumber Company Invoices, Wickes Lumber Invoice, Payment Book, Pyramid Builders Receipt, Pictures

1981 – Shively Exteriors Contract, Walker Auction Company Invoice, Annual Report of Corporations, Ledger, Minutes of Annual Meeting, Pictures

1980 – Deed, Annual Report, Ky. State Treasurer Payment, Transfer of Shares, Minutes of Annual Meeting, Resolution of Board, Certificate of Shares, Property Record Cards, Pictures

1979 – Annual Report, Minutes of Annual Meeting, Pictures

**Historical Documentation Supporting the Commercial/Light Industrial
Use of 9705 National Turnpike, Fairdale, KY 40118**

1978 –Ledger, Tax Bill, Pictures

1977 – Annual Report of Corporation, Pictures

1975 – Phone Directory Showing Carpet Cleaning, Pictures

1974 – Phone Directory Showing Carpet Cleaning, Certificate of Shares,
Pictures

1972 – Phone Directory Showing Blacksmith Shop, Pictures

1971 – Phone Directory Showing Blacksmith Shop, Pictures

1966 –Phone Directory Showing Blacksmith Shop, Pictures

1964 –H. Slaughter Contract

1961 –Phone Directory Showing H. Slaughter

1954 – Phone Directory Showing Affiants Addresses

1946 – Phone Directory Showing Affiants Addresses

Multiple Affidavits Verifying Commercial Use back to the 1930s

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Visiting job site where rented steel is being used.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Steel rented from Mac Sawyers House and Building Movers being used, Mac Sawyers assisted with advice for move.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Visiting job site where rented steel is being used, and giving advice on move.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Steel rented from Mac Sawyers House and Building Movers being used, Mac Sawyers assisted with advice for move.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Preparing pad for block and concrete pouring.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Smoothing concrete after pour.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Pouring concrete at jobsite.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2019



2019 - Pouring concrete for building pad.

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BOB COOK'S LOCKSMITH SERVICES

4614 POPLAR LEVEL ROAD
LOUISVILLE, KENTUCKY 40213

PHONE 964-8238

FAX 964-9243



NAME Mac Sawyer / House B. Hilling DATE CALLED 1/15/15

LOCATION 9905 National Turnpike

2 CROSS STREETS Fairdale 40118

JOB PHONE # _____ HOME PHONE # 614 0621

CALL FIRST	DATE SCHED	BEFORE NOON	AFTER NOON

YEAR	MAKE	MODEL	COLOR
<u>15</u>	<u>Ford</u>	<u>F150</u>	<u>Red</u>

TECH	QTY	DESCRIPTION	LABOR	MATERIAL
		<u>F.I.S. program</u>	<u>key to vehicle</u>	
		<u>customer has mechanical key</u>		
		<u>service</u>	<u>49.50</u>	
		<u>program key</u>	<u>25.00</u>	
<u>H-22</u>	<u>07</u>	<u>key blank</u>	<u>29.50 x 5</u>	<u>147.50</u>

DO NOT PAY FROM THIS INVOICE

CASH/CHECK	DRIVERS LICENSE #	SUB-TOTALS	<u>252.00</u>
CREDIT CARD	CARD #	TAX	<u>12.15</u>
ACCT	P.O.#		<u>264.15</u>
BILLING NAME			<u>-47.50</u>
BILLING ADDRESS			
CITY STATE, ZIP		TOTAL	<u>216.65</u>

COMPLETE LOCKSMITH AT YOUR DOOR

Republic Bank & Trust Company

4/10/19

09:49:09

Customer Portfolio

Current +

Portfolio Options

[|](#) [Batch Inquiry](#) [|](#) [Tax Inquiry](#) [|](#) [View Default Fields](#) [|](#) [View Default Screens](#)

Customer Information

[Customer Inquiry](#) [|](#) [Customer Relationship](#) [|](#) [Print Portfolio Snapshot](#) [|](#) [Create Customer Note](#) [|](#) [Create Contact Note](#) [|](#) [Recommended Product](#) [|](#)

Mac Sawyers General Contractors, LLC

TIN [REDACTED] Display

User Nbr

9705 National Tpke

Phone 502 614-0621 Cellular

Reg-ID

Fairdale KY 40118-9766

Status Active

Privacy Not Assigned

[View Map](#)

VIP

Comment Line

Account Information

[|](#) [Account Total](#) [|](#) [Collateral List](#)

Balances Dates Payoff

Application	Account	Rel	Typ	Off	Bn	Balance	Avail Balance	Chrg-Off Balance	Status
Demand Dep	[REDACTED]	LLC	159	111	019	.00	.00	.00	Cls

+

Commonwealth of Kentucky
999 Chenault Rd
Frankfort, KY 40601-7546

Bill of Sale Date: 28 Mar 2019

Bill of Sale Number: 3282019

Asset ID: 2850

Inventory ID: MX6/INV82092/DS15469/DSP

Description of Property

JOHN DEERE MX6 BUSH HOG / Pre-Owned /INV82092/ DS15469 / DSP

Award Amount

226.00

Asset Information



Year: Make/Brand: John Deere Model: MX6 VIN/Serial: W00MX6X003379

Meter: Hours Title Restriction: Not Applicable

Sale Information

* Actual Sold Amount: USD \$226.00

Paid On: 28 Mar 2019 by Credit Card

Other Amount: USD \$0.00

Other Amount Description:

Buyer's Premium: USD \$22.60

Tax Rate: 6%

Tax Amount: USD \$13.56

Total Amount: USD \$262.16

* Taxable Items

Mac Sawyers
9705 National Tpke
Fairdale, KY 40118 USA
macgsawyers@gmail.com
5026140621

Asset is sold as is, where is and without warranty. Once the asset is removed from the seller's premises there is no refund of monies previously paid.

Buyer/Agent Signature: MAC SAWYERS

Print Name: MAC SAWYERS

Date: 4-9-19

House + Build
move
by Mac Sawyers



013374 Branch# 5670082 MAC SAWYERS GENERAL
 MAC SAWYERS GENERAL CONTRACTORS, LL
 9705 NATIONAL TURNPIKE
 FAIRDALE, KY 40118

Account Number	Statement Date
[REDACTED]	28/FEB/2019
A/R #	Amount Due
8711148	\$ 34.31

Line#	Trans. Date	Trans.#	Reference	Due Date	P.O.Number	Job	INV. Ref	Trans. typ	Amount				
1	01/FEB/2019	7286209990	910803091633	15/MAR/2019	mistints		7286209990	Inv	\$ 9.54				
2	06/FEB/2019	7286227846	910803091684	15/MAR/2019	cash sale		7286227846	Inv	\$ 24.77				
Future		Current		Past Due 1-30		Past Due 30-60		Past Due Over 60		Total Balance		Amount Due Now	
0.00		34.31		0.00		0.00		0.00		34.31		34.31	

Check transaction(s) being paid.
 Please return this bottom portion with your remittance.

Line#	Trans.Date	Trans.#	Amount Due	Line#	Trans.Date	Trans.#	Amount Due	Line#	Trans.Date	Trans.#	Amount Due
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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2018



2018 - Jacking another house up, and replacing rotten wood. Common job request, especially in flood prone areas.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2018



2018 - Repairing and replace failed floor joists.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2017



2017 - Leveling a building whose foundation had failed. - Per work order requested by Jefferson County.

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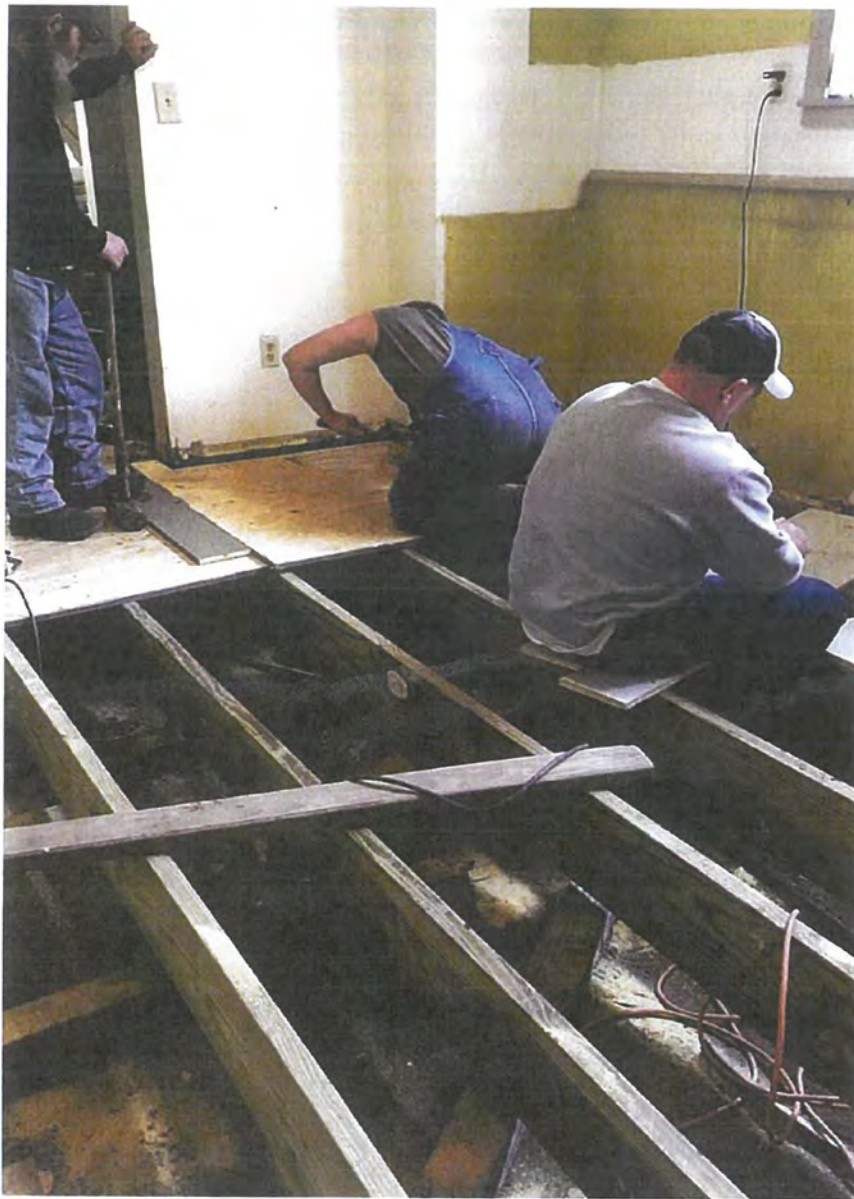
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2017



2017 - Leveling a building whose foundation had failed. - Per work order requested by Jefferson County.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2017



2017 - Finishing floor repair after house had been leveled.

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Notice: Coming soon this website will be replaced by a new and improved business portal. Learn more at the [New Business Portal informational page](#)

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Violation Detail

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Case Number: 15PM28271

Inspection Date: 09/11/2017

Violation	Status	Due Date	Violation Date	Location	Comments	Responsibility
RUBBISH/GARBAGE/UNSANIT EXT CO [156.053-A/156.055-A,B,C,D] (Rubbish/garbage/unsanitary exterior conditions) {156.053-A} The exterior of a structure shall be maintained...and sanitary so as not to pose a threat to the public health, safety or welfare. {156.055-A} All exterior property and premises, and the interior of every structure, shall be free from any accumulation of rubbish or garbage. {156-055-B} Every occupant of a structure shall dispose of all rubbish in a clean and sanitary manner by placing such rubbish in approved containers. {156.055-C} The owner of every occupied premise shall supply approved covered containers for rubbish and the owner of the premise shall be responsible for the removal of rubbish. {156-055-D} Every occupant of a structure shall dispose of garbage in a clean and sanitary manner by placing such garbage in an approved garbage disposal facility or approved garbage containers.	New Violation	09/25/2017	09/11/2017	ENTIRE	TRASH SERVICE IS REQUIRED AT ALL TIMES WHEN PROPERTY IS OCCUPIED. (OVER FLOWING TRASH CANS AT STREET AND DEBRIS STACKED UP IN DRIVEWAY.)	OWNER
ACCESSORY STRUCTURE [156.052-G] All accessory structures, ... shall be maintained structurally sound and in good repair. ...	Total Compliance	04/14/2017	03/14/2017	REAR	HAVE SHED REPAIRED AS NEEDED. PORTIONS MISSING AND ALSO LEANING TO ONE SIDE. LEVEL AND REPAIR AS NEEDED. (SIDING FALLEN OFF AND DOORS MISSING AS WELL.)	OWNER
WINDOW GLASS/GLAZING	Total	04/14/2017	03/14/2017	FRONT	WINDOW	OWNER

[156.053-N-1] All glazing materials shall be maintained free from cracks and holes.

Compliance

ON FRONT
SIDE OF
HOUSE IS
BROKEN
AND
MISSING
GLASS.
(PLYWOOD
INSIDE
COVERING
MISSING
GLASS.)

COPY

	38	Amount from line 37 (adjusted gross income)	38
Tax and Credits	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 1 if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } 39a 1	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>	
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
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, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	41	Subtract line 40 from line 38	41
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44
	45	Alternative minimum tax (see instructions). Attach Form 6251	45
	46	Excess advance premium tax credit repayment. Attach Form 8962	46
	47	Add lines 44, 45, and 46	47
	48	Foreign tax credit. Attach Form 1116 if required	48
	49	Credit for child and dependent care expenses. Attach Form 2441	49
	50	Education credits from Form 8863, line 19	50
	51	Retirement savings contributions credit. Attach Form 8880	51
	52	Child tax credit. Attach Schedule 8812, if required	52
	53	Residential energy credits. Attach Form 5695	53
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54 558
	55	Add lines 48 through 54. These are your total credits	55
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60a	Household employment taxes from Schedule H	60a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions: enter code(s)	62
63	Add lines 56 through 62. This is your total tax	63	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64
	65	2017 estimated tax payments and amount applied from 2016 return	65 2,554
	66a	Earned income credit (EIC)	66a
	b	Nontaxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/>	
	67	Additional child tax credit. Attach Schedule 8812	67
	68	American opportunity credit from Form 8863, line 8	68
	69	Net premium tax credit. Attach Form 8962	69
	70	Amount paid with request for extension to file	70
	71	Excess social security and tier 1 RRTA tax withheld	71
	72	Credit for federal tax on fuels. Attach Form 4136	72
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a
	b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78
	79	Estimated tax penalty (see instructions)	79 3,217

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

Designee's name ▶ **Harry L. Freibert, CPA** Personal identification number (PIN) ▶ **02007** Phone no. ▶ **502-584-2007**

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Home Mover

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Print/Type preparer's name ▶ **Harry L. Freibert, CPA** Preparer's signature Date **10/15/18** Check if self-employed PTIN *********

Preparer Firm's name ▶ **Freibert CPA Group PLLC** Firm's EIN ▶ *****-**-**

Use Only Firm's address ▶ **220 W Main St Ste 1870 Louisville KY 40202-1382** Phone no. **502-584-2007**

COPY
OL-3_2018_V1.0

Form **OL-3**

Louisville Metro Revenue Commission
Occupational License Tax Return

▼ INDIVIDUAL/ SOLE PROPRIETOR ▼				
Last name Sawyer	First name Mac	MI G	Social Security Number ***-**-XXXX	
▼ CORPORATION/ PARTNERSHIP ▼				
Legal name/ Business name		Federal ID Number		
<input type="checkbox"/> CHECK IF CHANGE IN ADDRESS IS BELOW				
Address (number and street) 9705 National Turnpike		Unit/Apt. no.	Account ID XXXXXX	
City, town, or post office Fairdale	State KY	Zip code 40018	Tax Year Ending 12/31/2017	
Email	Phone no.	Ext.		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Louisville Metro, Kentucky, other than an employee? IF YES, YOU ARE REQUIRED TO FILE FORM 1099-SF.		RETURN STATUS <input type="checkbox"/> No Activity <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Business Cease Date		
General Information These questions must be answered	A. Principal business activity: Rental Real Estate & House Mover			
	B. Did Federal Authorities change or propose to change net income reported for any prior year? If YES, which year(s) was adjusted? (Attach statement of changes)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	C. Corporation's Principal Administrative Officer Address		Social Security Number	
	D. Did you file a consolidated federal return? (If YES, see instructions)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	E. Was there a change in ownership in the past year? Name of new owner Address		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO New Ownership Date	
Tax Computation Complete Income Worksheet on Page 2 prior to completing this section.	25. Enter Adjusted Net Profit (From Line 20 on page 2 of form):		2,005.00	
	Occupational License Tax Computation			
	26. Enter Apportionment Percentage from Line 24 on page 2 of form		COLUMN A: Tax Rate = (.0145) Louisville Metro & Mass Transit	COLUMN B: Tax Rate = (.0075) School Board
	27. Enter Net Profit Allocation (Line 25 x Line 26) in Columns A & B			Non-Resident Individuals Do Not Complete Column B
	28. Enter result of Line 1(e) on page 2 of form			2,005.00
	29. Enter the sum of Line 27 + Line 28 or Line 28, whichever is greater			
	30. Tax Calculations [Line 29, Column A x .0145] & [Line 29, Column B x .0075] Enter in proper column			
	31. Total Tax Due - Sum of Columns A & B of Line 30 (If Line 31 is greater \$5,000.00, See Exhibit "A" under Specific Instructions.)			
	32. Total Prepayments		a.	
	Refund: b. .00 Credit to next year: c. .00			
	33. Balance Due: (Line 31 minus Line 32a, if greater than \$0)			
	34. Penalty & Interest (See Instructions):			
35. Amount To Be Paid (Add Lines 33 and 34):				
Signature	I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.			
	Your signature		Date	
	Print/Type your name Mac G. Sawyer	Your Title Owner	Daytime phone number	
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 10/15/18	
			PTIN P00696787	
	Firm's name ▶ Freibert CPA Group PLLC	Firm's EIN ▶ ** - *** - XXXX		
	Firm's address ▶ 220 W Main St Ste 1870 Louisville KY 40202-1382	Phone no. ▶ 502-584-2007		
ELECTRONIC FILING				
Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes on-line. For more information access https://www.metrorevenue.org				

Form 1040 (2016) **Mac G. Sawyer**

38 Amount from line 37 (adjusted gross income)		38
Tax and Credits	39a Check <input checked="" type="checkbox"/> You were born before January 2, 1952. <input type="checkbox"/> Blind. Total boxes checked 39a <input type="checkbox"/> 1	39b <input type="checkbox"/>
	if: <input type="checkbox"/> Spouse was born before January 2, 1952. <input type="checkbox"/> Blind.	
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	
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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
	41 Subtract line 40 from line 38	41
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
	44 Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44
	45 Alternative minimum tax (see instructions). Attach Form 6251	45
	46 Excess advance premium tax credit repayment. Attach Form 8962	46
	47 Add lines 44, 45, and 46 ▶	47
	48 Foreign tax credit. Attach Form 1116 if required	48
	49 Credit for child and dependent care expenses. Attach Form 2441	49
	50 Education credits from Form 8863, line 19	50
	51 Retirement savings contributions credit. Attach Form 8880	51
	52 Child tax credit. Attach Schedule 8812, if required	52
	53 Residential energy credits. Attach Form 5695	53
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54 8,779
55 Add lines 48 through 54. These are your total credits	55	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60a Household employment taxes from Schedule H	60a
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62
	63 Add lines 56 through 62. This is your total tax ▶	63
Payments If you have a qualifying child, attach Schedule EIC.	64 Federal income tax withheld from Forms W-2 and 1099	64
	65 2016 estimated tax payments and amount applied from 2015 return	65 1,262
	66a Earned income credit (EIC)	66a
	b Nontaxable combat pay election 66b	
	67 Additional child tax credit. Attach Schedule 8812	67
	68 American opportunity credit from Form 8863, line 8	68
	69 Net premium tax credit. Attach Form 8962	69
	70 Amount paid with request for extension to file	70 140,960
	71 Excess social security and tier 1 RRTA tax withheld	71
	72 Credit for federal tax on fuels. Attach Form 4136	72
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number <input type="text"/>		
77 Amount of line 75 you want applied to your 2017 estimated tax ▶	77 2,554	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78
	79 Estimated tax penalty (see instructions)	79 1,812

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name **▶ Harry L. Freibert, CPA** Personal identification number (PIN) **▶ 02007**

Phone no. **▶ 502-584-2007**

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Spouse's occupation **House Mover**

Spouse's signature. If a joint return, both must sign. Date

Daytime phone number

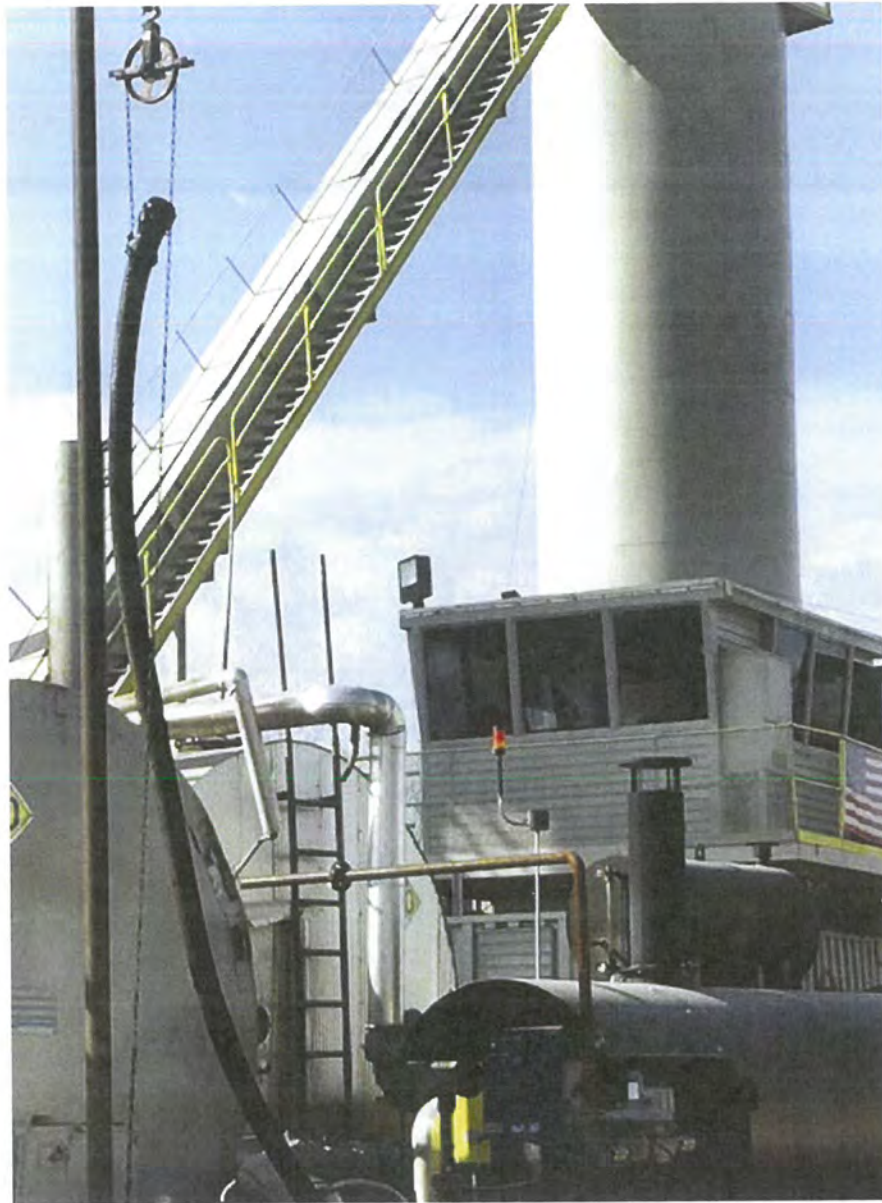
If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **Harry L. Freibert, CPA** Preparer's signature Date **10/16/17** Check if self-employed PTIN *********

Preparer Use Only Firm's name **▶ Freibert CPA Group PLLC** Firm's EIN **▶ ***-**-******

Firm's address **▶ 220 W Main St Ste 1870 Louisville KY 40202-1382** Phone no. **502-584-2007**

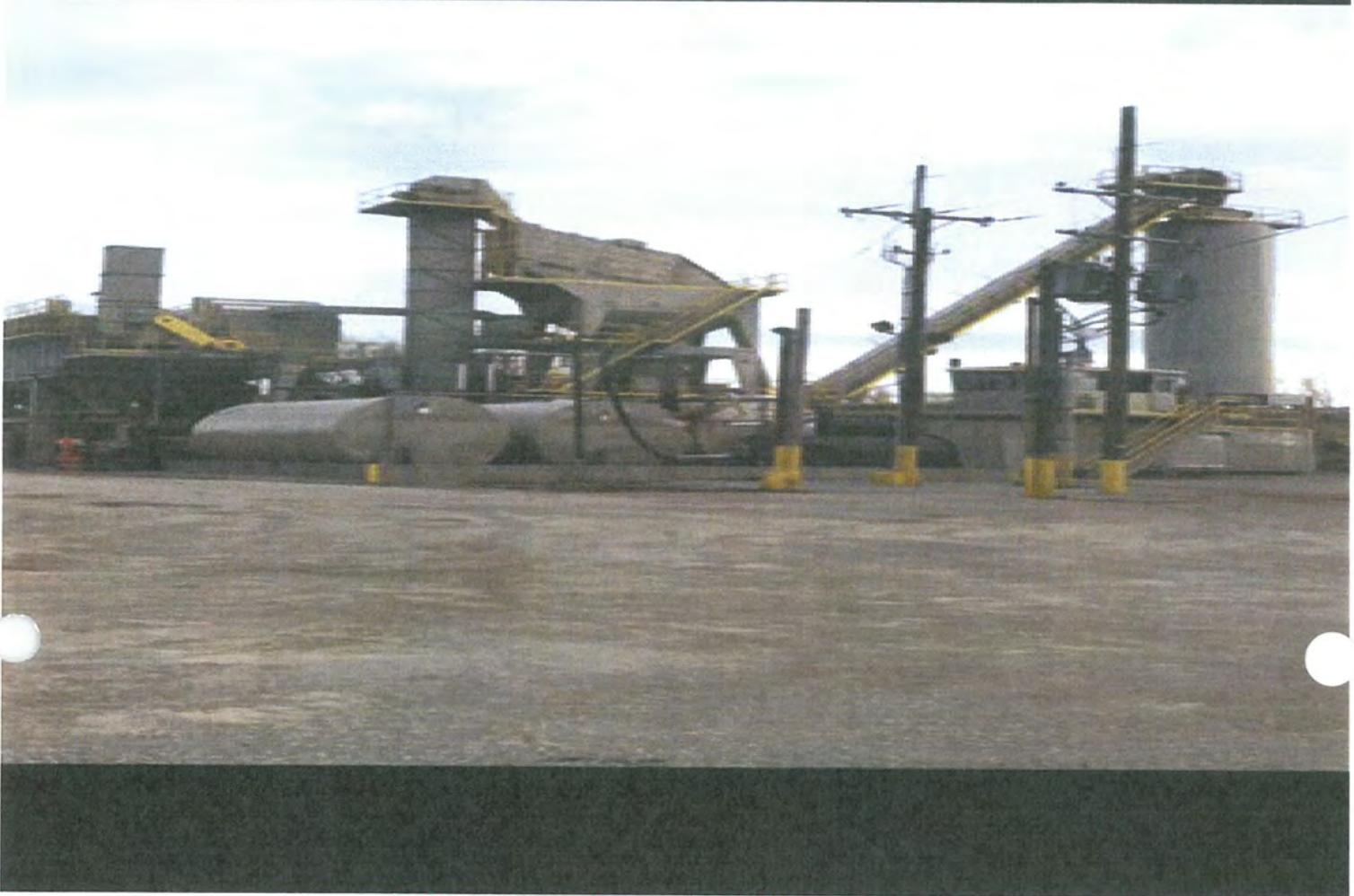
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2016



2016 - Mac Sawyers General Contractors painted this entire ashplat plant, raising heavy conveyors and hoppers and replacing them in the process.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2016



2016 - Mac Sawyers General Contractors painted this entire asphalt plant, raising heavy conveyors and hoppers and replacing them in the process.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2016



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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2016



2016 - Mac Sawyers General Contractors painted this entire ashplant, raising heavy conveyors and hoppers and replacing them in the process.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2016



2016 - Hauling dirt away from a job site where it was dug out, so a house could be put in with a basement under it.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Louisville Metro Revenue Commission
Occupational License Tax Return

COPY

FORM **OL-3**

CHECK IF "FINAL RETURN" Date Operations Ceased: _____ (Required to close account.) CHECK IF "NO ACTIVITY" FOR YEAR

CHECK IF CHANGE IN ADDRESS IS BELOW CHECK IF AMENDED RETURN

Name: **Mac G. Sawyer**

Address: **9705 National Turnpike**

City: **Fairdale** State: **KY** Zip: **40018**

Federal ID: *****-**-****** Social Security No.: *****-**-****** Phone No.: _____ Ext: _____

FOR YEAR ENDING (MM/DD/YYYY) **12/31/2016**

* THE QUESTIONS BELOW MUST BE ANSWERED *

A. Principal business activity: **Real Estate Rental & Home Mover**

B. During the past year, did Federal Authorities change or propose to change net income reported for that year or any prior year? YES NO (Attach statement of changes)

C. Corporation's Principal Administrative Officer: _____ Social Security Number: _____

D. Did you file a consolidated federal return? YES NO If YES, see instructions

E. Was there a change in ownership in the past year? YES NO If YES, when did the change occur? _____

Please write the name and address of new owner: _____

YES NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Louisville Metro, Kentucky, other than an employee? **IF YES, YOU ARE REQUIRED TO FILE FORM 1099-SF.**

* PAGE 2 MUST BE COMPLETED PRIOR TO COMPLETING THIS NEXT SECTION *

25. Enter ADJUSTED NET PROFIT (From Line 20 on page 2 of form): \$ _____

Occupational License Tax Computations	COLUMN A Louisville Metro & Mass Transit Tax Rate = (.0145)	COLUMN B School Boards Tax Rate = (.0075)	IMPORTANT! Please write your account number on your check or money order and make payable to: Louisville Metro Revenue Commission
26. Enter Apportionment Percentage from Line 24	_____ %	DO NOT COMPLETE COLUMN B IF NON-RESIDENT INDIVIDUAL	
27. Net Profits Allocation (Line 25 X Line 26) Enter in Columns A & B	_____	_____	
28. Enter result of Line 1(e)	_____	_____	
29. Enter the sum of Line 27 + Line 28 or Line 28, whichever is greater	\$ _____	\$ _____	
30. TAX CALCULATIONS - [Line 29, Column A x .0145] & [Line 29 Column B x .0075] Enter in proper column	\$ _____	\$ _____	
31. TOTAL OCCUPATIONAL TAX DUE - Sum of Columns A & B of Line 30 (If Line 31 is greater than \$5,000.00, see Exhibit "A" under Specific Instructions)	\$ _____		
32. Enter any credit due: (a) Prepayment of tax: _____ (b) Refund Due: _____ (c) Credit to next year: _____			
33. BALANCE OF OCCUPATIONAL LICENSE TAX DUE [Line 31 minus Line 32(a)]:	\$ _____		
34. PENALTY AND INTEREST (See Instructions):	\$ _____		
35. AMOUNT TO BE PAID (Add Lines 33 and 34):	\$ _____		

I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.

Preparer's Signature (Return must be signed.): _____ Date: **10/16/17**

Signature of Licensee (Return must be signed.): _____ Date: _____

Print Name: **Freibert CPA Group PLLC** Federal ID: *****-**-****** Print Name: **Mac G. Sawyer** Title: _____

Address: **220 W Main St Ste 1870 Louisville KY 40202-1382** Phone No.: **502-584-2007**

ATTENTION: Federal ID Numbers and Social Security Numbers must be supplied for both the Tax Preparer and the Licensee.
 MAILING ADDRESS: P.O. BOX 35410 * LOUISVILLE, KENTUCKY 40232-5410
 Telephone: (502) 574-4860 * www.metrorevenue.org * Fax: (502) 574-4818 * taxhelp@metrorevenue.org * TDD: (502) 574-4811

Mac G.

Sawyer

***-**-

applied for

Lines 1(a) through 1(e), apply only to individuals with income reported on Federal W-2 Form from which no occupational taxes were withheld.

1(a) Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld, plus deferred compensation from 401 (K), 403 (B) or 457 plans

1(a)

1(b) Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106)

1(b)

1(c) Line 1(a) minus Line 1(b)

1(c)

1(d) If you did not own or operate a business during the year, compute the apportionment below for the time spent in Louisville Metro, carrying the percentage out five (5) decimal places. EXAMPLE: "22.12345%" or ".2212345"

[] ÷ [] =

Total Days Worked in Louisville Metro Total Days Worked Everywhere

1(d)

1(e) Multiply Line 1(c) by Line 1(d) and enter on Line 28, Columns A and B on the front page. Note: If you are a non-resident of Louisville Metro, Kentucky, leave Line 28, Column B blank.

1(e)

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES

- 2. Non-employee compensation as reported on Form 1099-MISC reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)
- 3. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ)
- 4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)
- 5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)
- 6. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, pages 1 and 2)
- 7. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pages 1 and 2)
- 8. Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2, 3 and 4, Schedule of Other Deductions, and Rental Schedule(s), if applicable)
- 9. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2, and 3, Sch. of Other Deductions, and Rental Schedule(s), if applicable)
- 10. State Income Taxes and Occupational Taxes deducted on Federal Schedule C, E, F, or Form 1065, 1120, 1120A, or 1120S
- 11. Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)
- 12. Net Operating Loss deducted on Form 1120
- 13. TOTAL INCOME - Add Lines 2 through Line 12
- 14. Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of form 1065 or 1120S and Rental Schedule(s), if applicable)
- 15. Alcoholic Beverage Sales Deduction (Attach Computation Sheet)
- 16. Other Adjustments (Attach Schedule)
- 17. Non-Taxable Income (Attach Schedule)
- 18. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)
- 19. TOTAL DEDUCTIONS - Add Lines 14 through Line 18
- 20. Adjusted Net Profit - Subtract Line 19 from Line 13. Enter here and on Line 25 on the front page (Do Not include the amount from Line 1(e))

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)	\$	\$	\$
14)			
15)			
16)			
17)			
18)			
19)	\$	\$	\$
20)	\$	\$	\$

COMPUTATION OF APPORTIONMENT PERCENTAGES

Businesses whose total gross receipts and payroll were not confined solely to Louisville Metro, Kentucky, must complete Lines 21-24. All percentages in Column C must be carried out five (5) decimal places.

COLUMN C = Column A / Column B

APPORTIONMENT CALCULATION		COLUMN A LOUISVILLE METRO, KY	COLUMN B TOTAL OPERATIONS EVERYWHERE	COLUMN C LOUISVILLE METRO %
21	Gross receipts from sales made and/or services rendered	21(a)	21(b)	21(c)
22	Gross wages, salaries, and other compensation paid to all employees (See Instructions before completing)	22(a)	22(b)	22(c)
23	TOTAL APPORTIONMENT PERCENTAGE for Louisville Metro, KY Add Lines (21c) and (22c)			23(c)
24	APPORTIONMENT PERCENTAGE - [If both Lines 21(b) and 22(b) are greater than zero, divide entry on Line 23(c) by 2. Enter here and on Line 26 on the front page. If either Line 21(b) or Line 22(b) is zero, enter the amount from Line 23(c) here and on Line 26 on the front page.] EXAMPLE: "22.12345%" or ".2212345"			24(c)



CITATION EQUIPMENT, INC.
 4319 CRITTENDEN DRIVE
 LOUISVILLE, KY 40209
 UNITED STATES
 (502)-367-2239

PAGE 1

INVOICE DATE 11/1/2016
 INVOICE NO 180655

S ZZSA14
 O SAWYERS, MAC
 L 9705 NATIONAL TURNPIKE
 D FAIRDALE, KY 40118
 T
 O

S ZZSA14
 H SAWYERS, MAC
 I 9705 NATIONAL TURNPIKE
 P FAIRDALE, KY 40118
 T
 O

TOTAL DUE 0.00

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
100		11/1/2016	11/1/2016	00030872	11/1/2016	11/1/2016	

TERMS DESCRIPTION	CUSTOMER PO NO	SHIP VIA
C.O.D.		COUNTER

ITEM ID	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
CO08111.1450 NOZZLE, ROTATING, 4.0 4500PSI MAX 210 DEGREE MAX ALWAYS START FRONTING NOZZLE IN DOWN POSITION! VEL 16.0080	1	EA	1.0000	1.0000	109.500	109.50
SP0000342042 FILTER-SP-ROTATING NOZZLE 1/4" QC 8.709-979.0 VEL 23.0014	1	EA	1.0000	1.0000	16.050	16.05
VISA ** PAID VISA, THANK YOU! **	1	PAID	1.0000	1.0000	0.000	0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
125.55	0.00	0.00	7.53	0.00	133.08
PREPAYMENT			133.08	TOTAL DUE	0.00



PPG Architectural Coatings

Because Every Job Matters

SEND TO: [REDACTED]
SAWYERS GENERAL
CONTRACTORS, LLC
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118
(502)614-0621

CUST PO#: Riverside
Paving
CUST JOB: asphalt plant

SHIP TO:
MAC, SAWYER
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118
(502)614-0621

STORE# 9108
9108 - OKOLONA
7900 PRESTON HWY
LOUISVILLE, KY 40219
PH: (502)966-8186 FX: (502)966-8187
HOURS: SUN 10:00 AM-4:00 PM
MON-FRI 7:00 AM-6:00 PM
SAT 7:00 AM-5:00 PM

PAF9108@PPG.COM

INVOICE REPRINT
#910802091576



910802100116091576

DATE: 10/01/2016 TIME: 12:29 PM
STORE REP: DEANA L
SALES REP: SCOTT H
PAGE 1 OF 2

QTY	ITEM#	DESCRIPTION	PRICE	AMOUNT
2	90-811/05	PITT-TECH EDF EXTERIOR ACRYLIC DRY FOG WHITE BASE _910803000004593_Seawo1f PC 787	\$140.00	\$280.00
1	PPG59285/EA	3 PROSUPREME WALL NYL/POLY PPG59285	\$11.17	\$11.17
1	PPG59276/EA	3 PROSUPREME AS NYL/POLY PPG59276	\$10.52	\$10.52
1	PPG37151/EA	5 QUART PPG PAIL BLUE PPG37151	\$1.81	\$1.81
1	MMM77385/EA	TG MASKER DISPENSER - H DUTY 220183	\$31.99	\$31.99
1	PPG59302/EA	9X1/2 PROSUPREME KNIT PPG59302	\$2.85	\$2.85
1	PPG59311/EA	9X1/2 PROSUPREME WOVEN PPG59311	\$2.98	\$2.98
1	MMM06802/EA	RE 3M MFCB12 CUT OFF FILM BLADE 12	\$12.99	\$12.99
2	MMM03683/EA	2090 2 SCOTCHBLUE PNTR TAPE MMM03683	\$5.99	\$11.98
2	MMM79683/EA	CP6 6X90 HAND-MASKR PF PLSTC	\$5.19	\$10.38
4	HT1027-90/01	HI-TEMP 1027 GRAY	\$110.00	\$440.00

RIVERSIDE PAVING & CONTRACTING, INC.

0018722

MAC SAWYERS GENERAL CONTRACTOR
9705 NATIONAL TURNPIKE
LOUISVILLE, KY 40214

Check: 18722
Date: 9/29/2016
Vendor: M SAWYER

<u>Invoice</u>	<u>P. O. Num.</u>	<u>Invoice Amt</u>	<u>Prior Balance</u>	<u>Retention</u>	<u>Discount</u>	<u>Amt. Paid</u>
2374		10,000.00	10,000.00	0.00	0.00	10,000.00
		=====	=====	=====	=====	=====
		10,000.00	10,000.00	0.00	0.00	10,000.00



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SEND TO: [REDACTED]
SAWYERS GENERAL
CONTRACTORS, LLC
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118
(502)614-0621

CUST PO#: Riverport
Paving
CUST JOB: asphalt plant

SHIP TO:
MAC, SAWYER
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118
(502)614-0621

STORE# 9108
9108 - OKOLONA
7900 PRESTON HWY
LOUISVILLE, KY 40219
PH: (502)966-8186 FX: (502)966-8187
HOURS: SUN 10:00 AM-4:00 PM
MON-FRI 7:00 AM-6:00 PM
SAT 7:00 AM-5:00 PM

PAF9108@PPG.COM

INVOICE REPRINT
#910802091350



910802092616091350

DATE: 09/26/2016 TIME: 7:09 AM
STORE REP: DEANA L
SALES REP: SCOTT H
PAGE 1 OF 2

QTY	ITEM#	DESCRIPTION	PRICE	AMOUNT
8	90-811/05	PITT-TECH EDF EXTERIOR ACRYLIC DRY FOG WHITE BASE _910803000004593_Seawolf PC 787 _Instant Savings	\$140.00	\$1,120.00
4	7-808/01	7-LINE INT/EXT INDUSTRIAL GLOSS OIL SAFETY YELLOW _Instant Savings	\$32.00	\$128.00
1	7-805/01	7-LINE INT/EXT INDUSTRIAL GLOSS OIL SAFETY ORANGE _Instant Savings	\$32.00	\$32.00
1	PPR00210/EA	5GGSS 5 GALLON 45 BUCKET GRID PPR00210	\$1.55	\$1.55
	PPG57600/EA	PPG 6-IN-1 PAINTERS TOOL PPG57600	\$2.27	\$4.54
1	WTI54246/EA	54246 6 HGHT REACHER 24 HNDL WTI54246	\$6.56	\$6.56
1	WTI44214/EA	44214 6X1/2 GECKO POLY 12PK WTI44214	\$12.21	\$12.21
1	ARR20912/EA	RF209 9 HD 5-WIRE RLLR FRAME ARR20912	\$2.40	\$2.40
1	PPG59302/EA	9X1/2 PROSUPREME KNIT PPG59302	\$2.85	\$2.85
1	PPG59288/EA	2.5 PROSUPREME AS WHT CHN PPG59288	\$8.25	\$8.25



PPG Architectural Coatings

Because Every Job Matters

SEND TO: [REDACTED]
SAWYERS GENERAL
CONTRACTORS, LLC
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118
(502)614-0621

CUST PO#: asphalt plant

CUST JOB:

SHIP TO:
MAC, SAWYER
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118
(502)614-0621

STORE# 9108
9108 - OKOLONA
7900 PRESTON HWY
LOUISVILLE, KY 40219
PH: (502)966-8186 FX: (502)966-8187
HOURS: SUN 10:00 AM-4:00 PM
MON-FRI 7:00 AM-6:00 PM
SAT 7:00 AM-5:00 PM

PAF9108@PPG.COM

INVOICE REPRINT
#910802091078



910802091916091078

DATE: 09/19/2016 TIME: 11:32 AM
STORE REP: SARAH H
SALES REP: SCOTT H
PAGE 1 OF 2

QTY	ITEM#	DESCRIPTION	PRICE	AMOUNT
10	90-811/05	PITT-TECH EDF EXTERIOR ACRYLIC DRY FOG WHITE BASE _910803000004593_Seawolf PC 787	\$140.00	\$1,400.00
1	5132/01	5132 PPG PAINTS PAINT THINNER B100	\$9.49	\$9.49
2	PPR00210/EA	5GGSS 5 GALLON 4S BUCKET GRID PPR00210	\$2.27	\$4.54
1	PPG59289/EA	3 PROSUPREME VARN WHT CHN PPG59289	\$11.87	\$11.87
1	PPG59300/EA	4X1/2 PROSUPREME KNIT PPG59300	\$2.46	\$2.46
		_2016 Mix & Match Buy 3 Get 1 Free - Select DC Sundry Items		(\$2.46)
	WTI54164/EA	54164 4 CUT & TRIM 16 HANDLE	\$6.07	\$6
1	ARR20007/EA	RF200 4 ECONOMY ROLLER FRAME ARR20007	\$2.08	\$2.08
1	GRA12974/EA	GRAC FILTER 50 MESH CONTR&FTX-E 218131	\$8.99	\$8.99
1	GRA86256/EA	GRAC BLUEMAX 11 HOSE 1/4 X15MM 240794	\$53.99	\$53.99



PPG Architectural Coatings

Because Every Job Matters

STORE# 9108
 9108 - OKOLONA
 7900 PRESTON HWY
 LOUISVILLE, KY 40219
 PH: (502)966-8186 FX: (502)966-8187
 HOURS: SUN 10:00 AM-4:00 PM
 MON-FRI 7:00 AM-6:00 PM
 SAT 7:00 AM-5:00 PM

SEND TO: XXXXXXXXXX
 SAWYERS GENERAL
 CONTRACTORS, LLC
 9705 NATIONAL TURNPIKE
 FAIRDALE, KY 40118
 (502)614-0621

CUST PO#: asphalt plant

 CUST JOB:

PAF9108@PPG.COM

INVOICE REPRINT
 #910802090961

SHIP TO:
 MAC, SAWYER
 9705 NATIONAL TURNPIKE
 FAIRDALE, KY 40118
 (502)614-0621



910802091616090961

DATE: 09/16/2016 TIME: 4:40 PM
 STORE REP: CHRISTOPHER S
 SALES REP: SCOTT H
 PAGE 1 OF 2

QTY	ITEM#	DESCRIPTION	PRICE	AMOUNT
1	90-811/05	PITT-TECH EDF EXTERIOR ACRYLIC DRY FOG WHITE BASE	\$140.00	\$140.00
3	ATONE2/05	AMERCOAT ONE GRAY	\$210.00	\$630.00
2	7-808/01	7-LINE INT/EXT INDUSTRIAL GLOSS OIL SAFETY YELLOW	\$32.00	\$64.00
1	WTI44214/EA	44214 6X1/2 GECKO POLY 12PK WTI44214	\$18.79	\$18.79
1	WBC17723/EA	BR924 9X1/2 SUPER/FAB FTP WBC17723	\$4.79	\$4.79
1	ARR20912/EA	RF209 9 HD 5-WIRE RLLR FRAME ARR20912	\$3.69	\$3.69
2	PPR00210/EA	_2016 Mix & Match Buy 3 Get 1 Free - Select DC Sundry Items 5GGSS 5 GALLON 45 BUCKET GRID PPR00210	\$2.39	(\$3.69) \$4.78
2	TFI11513/EA	11513 5 GALLON PAINT STRAINERS	\$2.09	\$4.18
1	WTI54164/EA	54164 4 CUT & TRIM 16 HANDLE	\$6.39	\$6.39
1	WTI54246/EA	54246 6 HGHT REACHER 24 HNDL WTI54246	\$10.09	\$10.09
1	5132/01	5132 PPG PAINTS PAINT THINNER B100	\$9.99	\$9.99
1	PPG37152/EA	_2016 Mix & Match Buy 3 Get 1 Free - Select DC Sundry Items 2 GALLON PPG PAIL BLUE PPG37152	\$4.09	(\$9.99) \$4.09
1	PPG57652/EA	200342 2GALLON LID/GASKET BLUE PPG57652	\$2.29	\$2.29
1	PPG57251/EA	_2016 Mix & Match Buy 3 Get 1 Free - Select DC Sundry Items 6414BL0510DPPG 4LB PROVAN RAG PPG57251	\$13.19	(\$2.29) \$13.19
1	PPG59276/EA	_2016 Mix & Match Buy 3 Get 1 Free - Select DC Sundry Items 3 PROSUPREME AS NYL/POLY PPG59276	\$16.19	(\$13.19) \$16.19
2	PPG59289/EA	3 PROSUPREME VARN WHT CHN PPG59289	\$12.49	\$24.98
1	PPG37151/EA	5 QUART PPG PAIL BLUE PPG37151	\$2.79	\$2.79
1	STX70070/EA	70070 5GL XYLOL XYLENE STX70070	\$72.99	\$72.99



CITATION EQUIPMENT, INC.
 4319 CRITTENDEN DRIVE
 LOUISVILLE, KY 40209
 UNITED STATES
 (502)-367-2239

PAGE 2

INVOICE DATE 9/16/2016
 INVOICE NO 180088

S ZZSA14
 O SAWYERS, MAC
 L 9705 NATIONAL TURNPIKE
 D FAIRDALE, KY 40118

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S ZZSA14
 H SAWYERS, MAC
 I 9705 NATIONAL TURNPIKE
 P FAIRDALE, KY 40118

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TOTAL DUE 0.00

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
SWT		9/16/2016	9/16/2016	00030107	9/16/2016	9/16/2016	

TERMS DESCRIPTION	CUSTOMER PO NO	SHIP VIA
C.O.D.		COUNTER

ITEM ID	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
AD0000007195 PLUG, QUICK COUPLER, 3/8F D1 8 8.7 92.0	1	EA	1.0000	1.0000	0.000	0.00
VISA ** PAID VISA, THANK YOU! **	1	PAID	1.0000	1.0000	0.000	0.00

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
1,618.00	0.00	0.00	97.08	0.00	1,715.08
PREPAYMENT			1,715.08	TOTAL DUE	0.00

September 20, 2016



Mac Sawyers General Contractors LLC
9705 National Turnpike
Fairdale, KY 40118

INFORMATION PAGES
FOR POLICY NUMBER - 412327
KEMI 007

1. Policyholder:

Mac Sawyers General Contractors LLC
9705 National Turnpike

Fairdale, KY 40118

Federal ID: [REDACTED]
Entity type: Limited Liability Company (LLC)

2. Policy Period:

Effective: 12:01 AM 09/16/2016 Expires: 12:01 AM 09/16/2017

3. Coverage, Limits and Endorsements:

- A. Part One of this policy applies only to the Workers' Compensation Laws of the Commonwealth of Kentucky.
- B. Part Two of this policy (Employers' Liability Insurance) is subject to the limits of our liability listed below:

Bodily Injury by Accident	\$100,000	each accident
Bodily Injury by Disease	\$500,000	policy limit
Bodily Injury by Disease	\$100,000	each employee

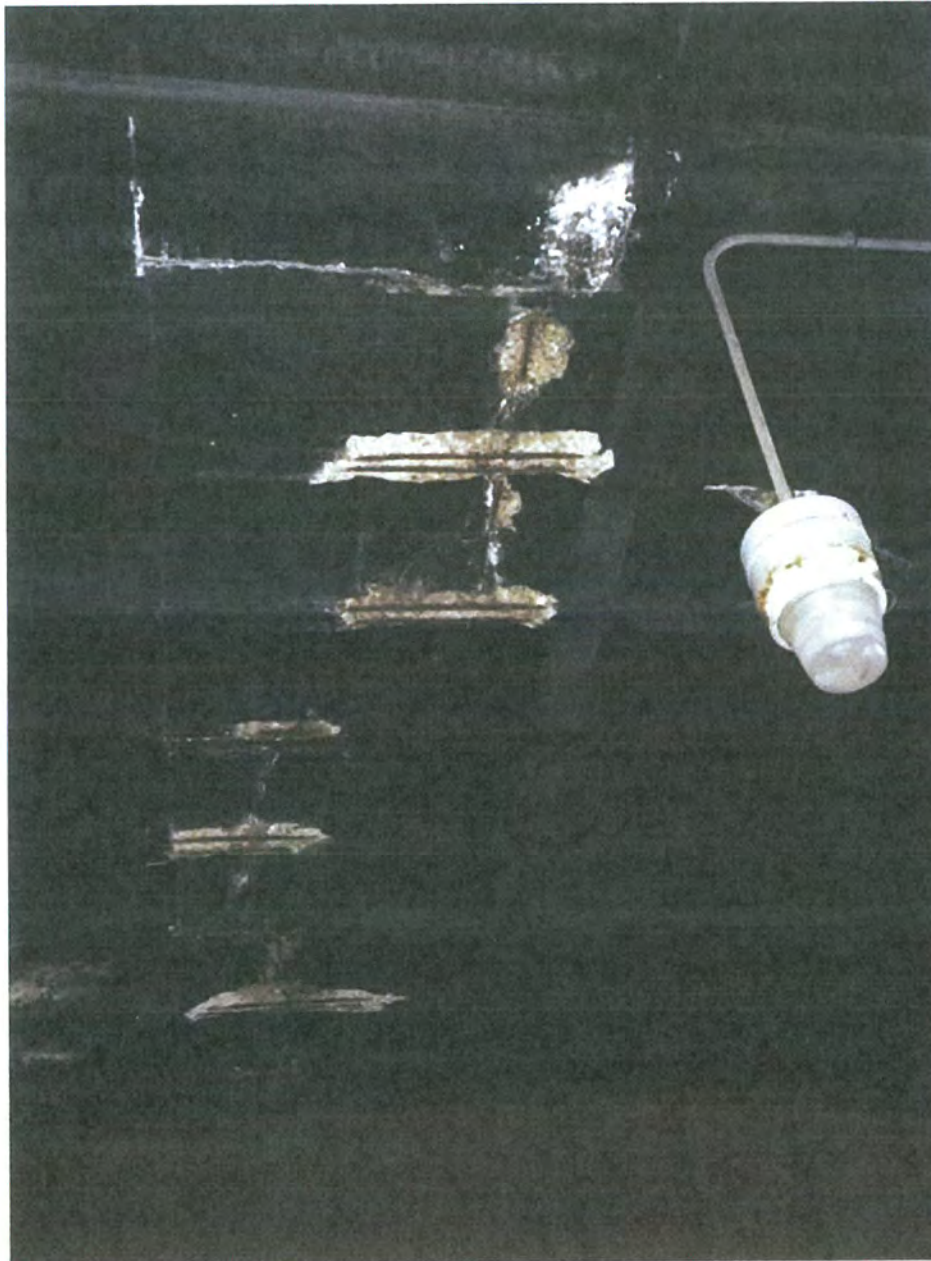
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2015



2015 - Multi level parking garage with structural and concrete surfacing repairs.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

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2015 - Multi level parking garage with structural and concrete surfacing repairs.

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APR 08 2019
COPY

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 **See separate instructions.**

Your first name and initial **MAC G** Last name **SAWYER** Your social security number [REDACTED]
 a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street) **9705 NATIONAL TURNPIKE** Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
FAIRDALE KY 40118
 Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

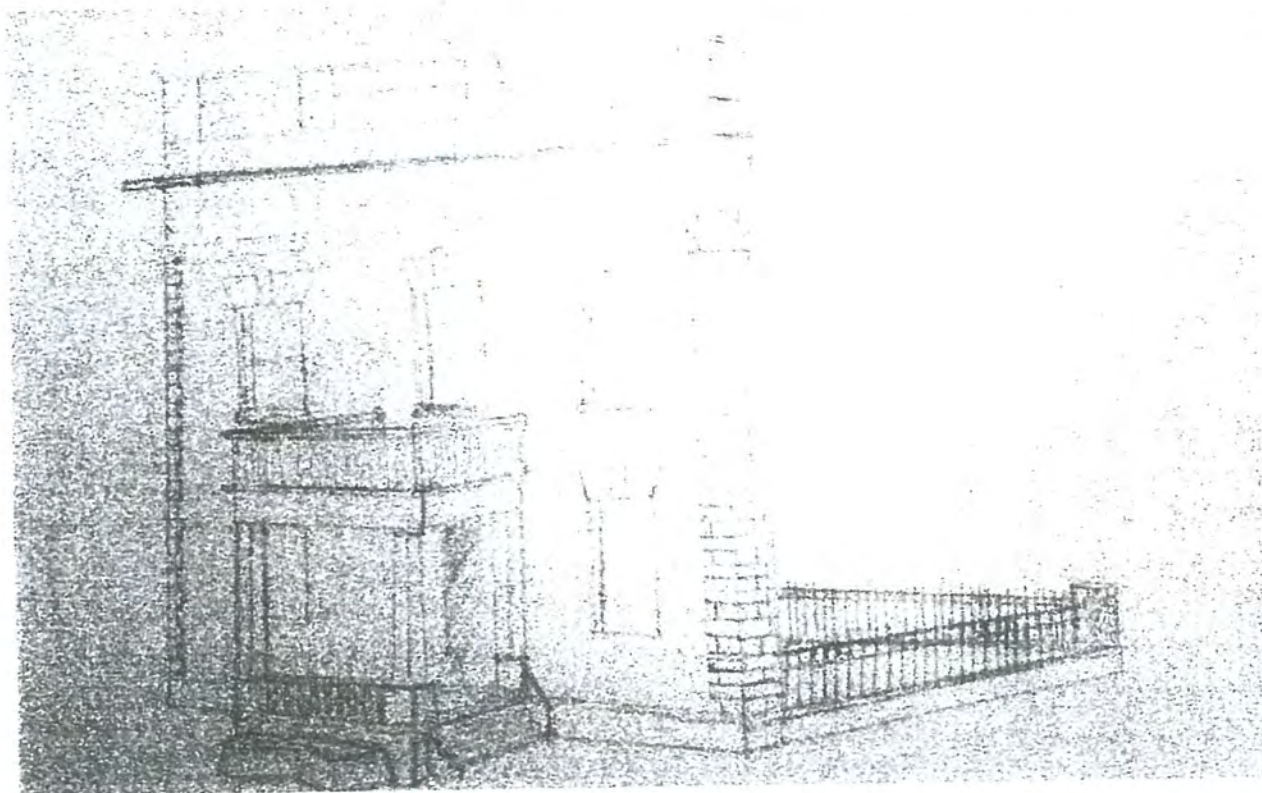
Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **4** Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Chk if child under age 17 qualifying for child tax credit (see instructions)
 If more than four dependents, see instructions and check here
 d Total number of exemptions claimed **1**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a Taxable interest. Attach Schedule B if required
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local 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 15a b Taxable amount 15b
 16a Pensions and annuities 16a b Taxable amount 16b
 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 20a **7,548** b Taxable amount 20b
 21 Other income **Statement #1**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22**

Adjusted Gross Income
 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8917 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income **37**

**Proposal of Mac Sawyers House and Building Movers
to Relocate the Old Louisville Water Company Building**



Artist's Rendering by David Willingham

July 23, 2015

**Mac Sawyers House and Building Movers
9705 National Turnpike
Fairdale, KY 40118
(502) 428-1145**

July 23, 2015

Mac Sawyers House and Building Movers
9705 National Turnpike
Fairdale, KY 40118
(502) 428-1145

Mayor Greg Fischer
Louisville Metro Government
527 West Jefferson Street
Louisville, KY 40202
(502) 574-2003

Re: Relocation of Old Louisville Water Company Building

Dear Mr. Mayor,

We have been watching with great interest the series of news articles and your requests for proposals to relocate the Old Water Company Buildings. We have a great interest in the continued development of Downtown Louisville, and great admiration for the size and scope of so many recent announcements and initiatives that you have been integral in creating in order to take our great city to a new level. The Omni Hotel Project, the re-development of the Kentucky International Convention Center, the beginning and completion of construction on several new hotels, the announcement of more to come, and the continued timely progress of the Ohio River Bridges project, all point towards a bright, vibrant future.

As we all know, the disposition of the Old Louisville Water Company buildings are stalling the development of the Omni Hotel, the centerpiece, by a great magnitude, of these efforts to grow our city. While it is extremely important to preserve our heritage, it is equally important to progress forward. Doing both can be accomplished, as is being evidenced on another great downtown project, the Whiskey Row Lofts. Their recent setback is very unfortunate, but I do not believe that will slow us down, or prevent the ultimate success of that project and all the others.

In the case of the Old Water Company Buildings, we have gleaned from all the news reporting that the City believes best way to preserve our heritage and progress forward, is to relocate all or part of the structures to a nearby downtown location where they can be renovated and restored for a positive community use. We would like to help in that endeavor.

We have visited the site numerous times in recent months. There is no question that part of the buildings can be moved for a reasonable cost. Mac Sawyers has over 40 years of experience moving structures large and small, many much larger and heavier than this project. However, we were reluctant to submit a proposal for several reasons, including, a suitable location, an appropriate re-use, the availability of a strong enough hydraulic platform, and manpower.

When we learned that the deadline for proposals had again been extended, we went back to the drawing board. We spent most of this week planning for this project. By working with longtime business associates of ours, we were able to put all of the pieces of the puzzle together.

Contained in the following pages is our summary proposal of two options save the Old Louisville Water Company Building:

- 1) Move the entire facade and portico to Founder's Square, creating an outdoor public monument and gathering area.
- 2) Move the first 35 feet of the main Old Louisville Water Company Building, with the portico in place, and relocate it to one of two proposed locations in the CBD, then restoring and renovating it into a casual dining restaurant, in partnership with one of Louisville's renowned restaurateurs, Marcos Lorenzo, of Havana Rumba Restaurants and Mojitos Tapas Bar.

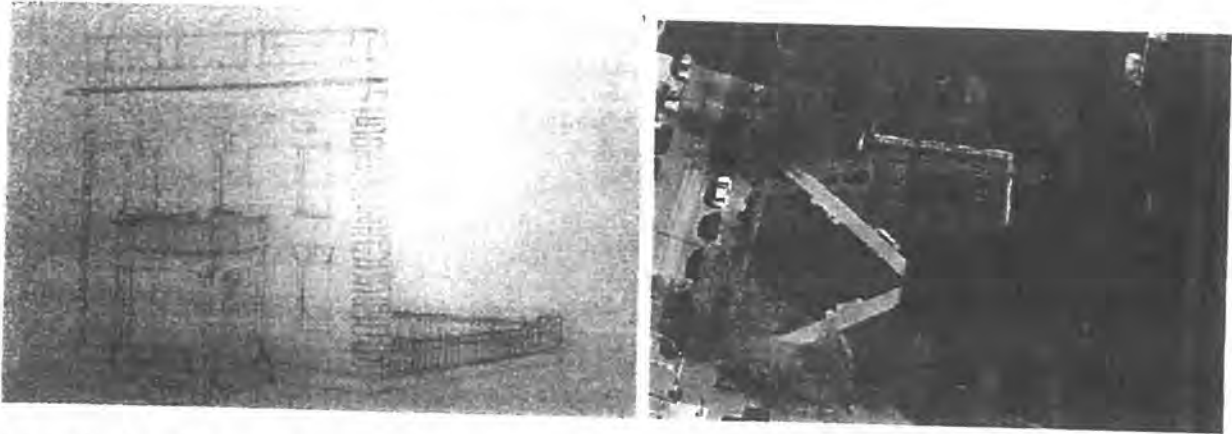
We believe that either option meets all of the City's requirements, that apparently have not been met in prior proposals. We look forward to your consideration of our proposal, and look forward to meeting with you as soon as possible to iron out contract details and begin the move!

Sincerely,

Mac G. Sawyers
S. Ross Lerner
Mac Sawyers House and Building Movers

Option #1

Move Portico and Entire Front Facade to Founders Square and Renovate as Public Monument



We will raise the entire portico and front facade in one piece, after separating it from the remainder of the building and framing the inside of the facade with supports.

The facade and portico will be moved and placed in Founder's Square, just to the north of the center X of the existing sidewalks, on top of a new foundation. The foundation will include a 60 by 10 foot raised deck, at equal height to the front landing porch being moved. The raised deck will be enclosed by the moved facade on the front and by the stone fence from the rooftop of the water company building on the other three sides, preserving that wonderful architectural feature. The deck will be tiled with outdoor grade tile, in the style of the original Water Company lobby. On the raised deck will be wrought iron chairs and circular tables for lunch, picnics and other gatherings. (Appropriate floor drains will be built into the tiled deck, and the tables and chairs will be permanently affixed.) The deck will be accessible from the original stairs into the Old Louisville Water Company building, which are being moved along with the facade.

In addition to being a public area, the deck will serve as a place to seat angled support beams on both sides, to ensure the structural integrity of the facade.

The front doors in the facade, and the windows, will be removed. The remaining surfaces, including the entire portico, and decorative work on the roof line, will be cleaned, refinished and restored.

This will not only preserve the history of the Old Louisville Water Company building for generations to come, but will accent Founder's Square with an attractive, historic, usable area for outdoor enjoyment. Founder's Square is already busy with people everyday enjoying the park, sitting on benches, having a conversation. Having a unique, historic structure, to climb the stairs into and sit down and enjoy a break or a lunch, is a natural fit. As much as it will be a monument and a gathering area, it will be a piece of artwork.

Option #2

Move First 35 Feet of Building, Including Portico to a New Location and Renovate and Restore as a Casual Dining Restaurant

Location # 1 - 123 South Second Street



This location is within sight of the KFC Yum Center, and within walking distance of thousands of office workers. The Old Louisville Water Company building would be placed at the Northwest corner of the lot, with the facade facing the Courtyard by Marriott. This vibrant area, anchored by the KFC Yum Center, features numerous entertainment, nightlife and dining options. Placing a casual dining restaurant here is a perfect fit for the community.

This parcel is currently paid public parking, operated by Riverside Parking and owned by GP Enterprises, LLC, headed by Gus Goldsmith. We spoke with Gus this week about this proposal. He stated that he was very interested in the concept of placing the building on this lot, and renovating it for a long term casual dining tenant.

Should the City express serious interest in this option, then we will move swiftly with a likely tenant on terms for a lease.

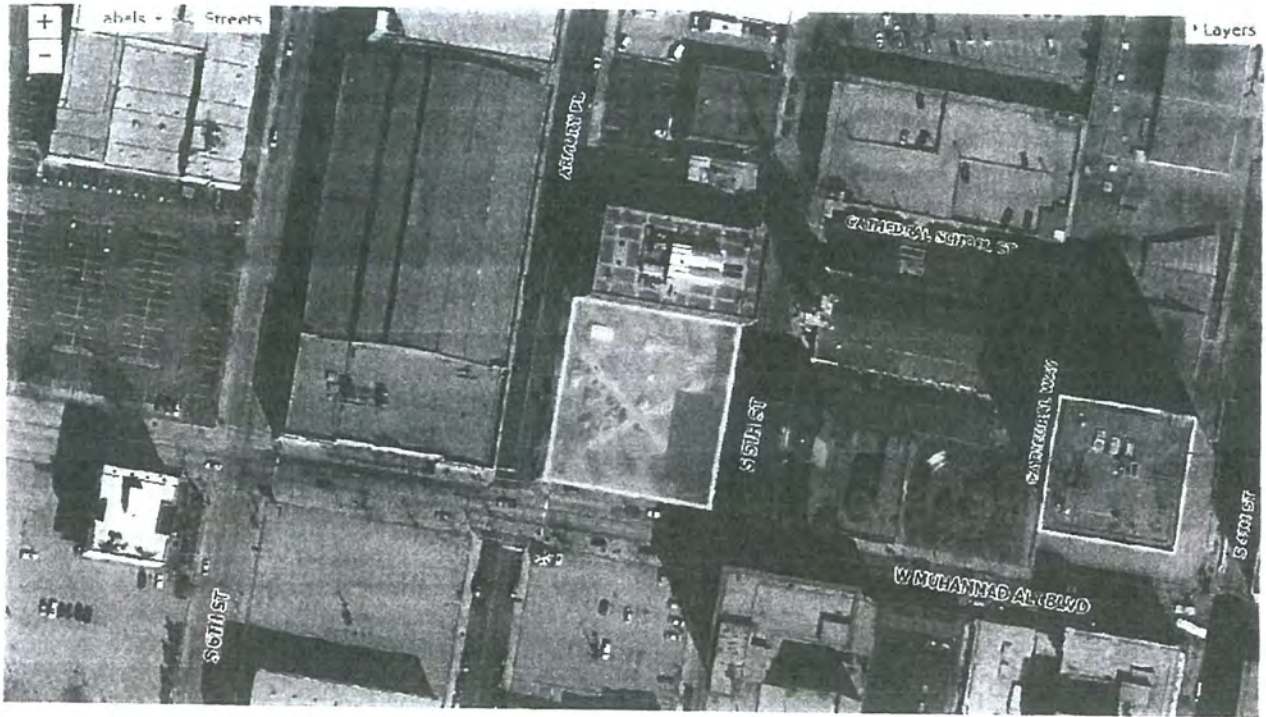
For this location option, the route to be taken would be 3rd Street North, Liberty Street East, Second Street North to location. At maximum this would require disconnecting and removing on steel bar, and replacing, from four stoplights.

At a proper time, likely a Sunday morning and throughout the day, the building will be moved by the hydraulic trailer to its new location. This will require the cooperation of Louisville Metro Police to keep necessary intersections blocked, and Public Works to temporarily remove stoplights, the latter of which we believe will be minimal based on the route chosen.

Once at the new location, the building will be raised off the platform by hydraulic jacks, the platform disassembled, and the building lowered onto its new foundation.

The rear wall will then be constructed anew with a finish that accents the overall style of the existing building. The exterior will be cleaned and washed, all painted surfaces including windows, the top of the portico, and the ornate historical roof ledge, will be stripped and re-finished. The interior will then be renovated and restored.

Location #2 - Founders Square - 501 West Muhammad Ali Blvd



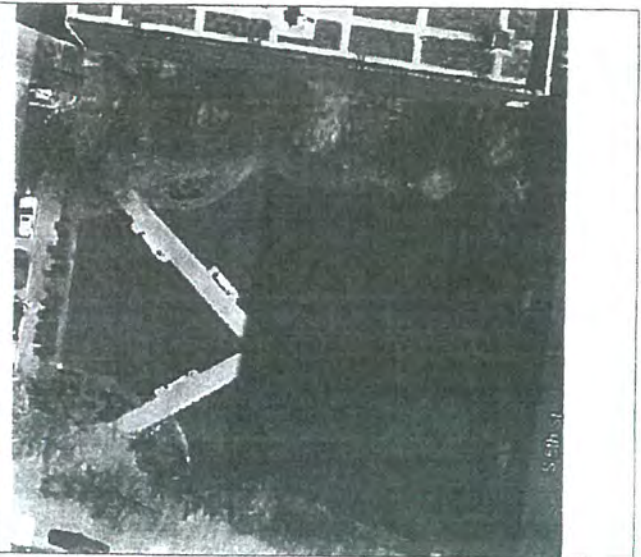
Founder's Square is the location that has most often been discussed with regards to a move of the water company building. This location makes a tremendous amount of sense for a variety of reasons. Most notably, it incorporates a historic structure into a historic park owned by the City.

The route taken for this location will be Third Street South, Chestnut Street West (avoiding the walkways over Muhammad Ali), 5th Street North. No northerly route is practical, as there are walkways all the way to Main Street. This route requires moving more stoplights.

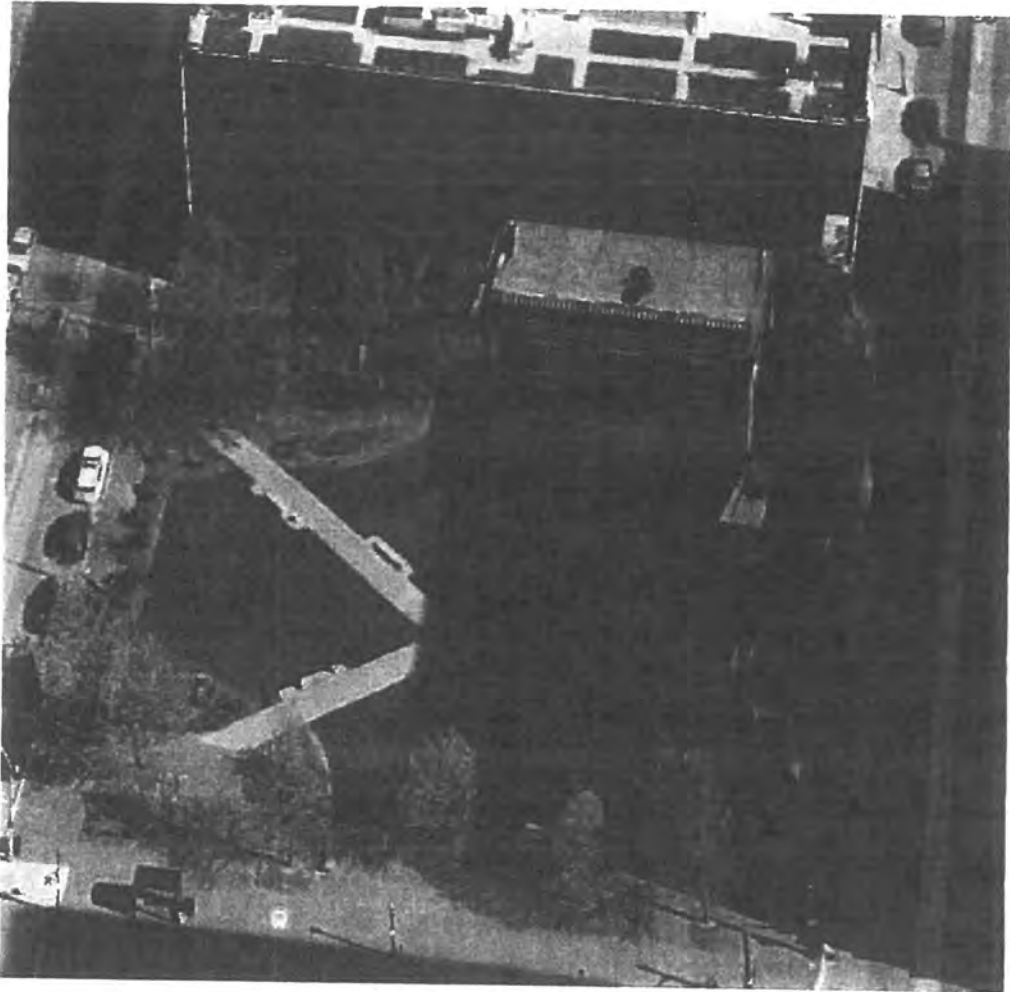
There are two locations that make sense within Founders Square for the 60 by 35 foot building.

The first is roughly centered between Muhammad Ali and the 444 Building, with the facade facing 5th Street. This allows for minimal disruption of the existing elements of the public park in Founder's Square, while allowing for maximum exposure for public access to the building from the 5th Street corridor.

This location, while placing the facade and portico right on 5th Street, causes the rest of the park to have a view of only the rear and sides of the building. Leading us to the second location proposed location.



The second location is as pictured below.



We regret that the lighting and shadows of the aerial imagery available to us on such notice is not higher quality. However, you can still envision how regal the moved and restored building would be in the location above. It would be a beautiful and welcome addition to Founder's Square, falling in place with the existing crossed stone sidewalks, benches and landscaping, while having minimal impact on existing structures. The only negative is the short alleyway between the rear of the moved structure and the 444 Building, would block the view of the park from a number of existing windows.

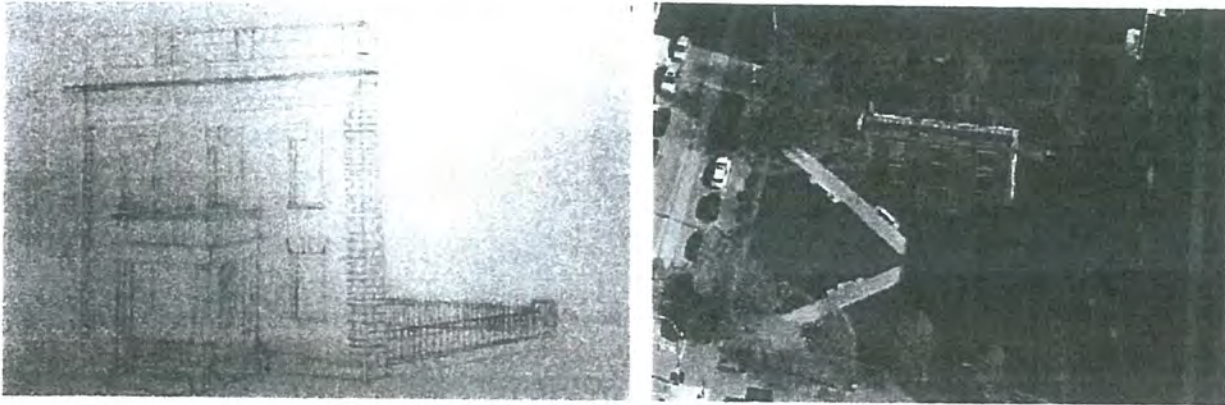
In either scenario, once the building was placed on its new foundation, the moving fee would be due and payable. We are not certain that this can be done for \$1,000,000.00, but we hope to be able to hit that target. In order to propose a firm number, we need to spend one day with interior access to the building to calculate a firm weight estimate.

In the case of Founder's Square, once the building is renovated and restored and open for business, the City would Deed the land upon which it sits, zero lot line, to us and add it the property tax roll.

Reuse for Greatest Community Benefit

Option #1

Move Portico and Entire Front Facade to Founders Square and Renovate as Public Monument



We believe that this is the highest and best reuse of the Old Louisville Water Company Building for the public benefit of the entire community. It creates a permanent monument of the Old Louisville Water Company Building, which will remain on City owned property. Furthermore, it creates a usable public meeting place, that integrates seamlessly into the existing park at Founder's Square, for the enjoyment of the entire community.

We regret that the lighting and shadows of the aerial imagery available to us on such notice is not higher quality. And while Mr. Willingham's rendering is excellent on such short notice, we would like to have a more detailed, full color rendering of our vision of the finished monument. We are having this done, and intend to deliver it as a supplement to this proposal by Tuesday of next week.

However, you can still envision how regal the moved and restored building would be in the location above. It would be a beautiful and welcome addition to Founder's Square, falling in place with the existing crossed stone sidewalks, benches and landscaping, while having minimal impact on existing structures.

Reuse for Community Benefit

Option #2

Move First 35 Feet of Building, Including Portico to a New Location and Renovate and Restore as a Casual Dining Restaurant



As we have mentioned in Option# 2 of this proposal, we are proposing to renovate and restore the moved building for the purposes of becoming a casual dining restaurant.

We have spoken extensively with Marcos Lorenzo, owner of Havana Rumba Restaurants and Mojito Tapas Bar about operating a restaurant in the Old Louisville Water Company building once it is moved and renovated. He is very excited about the project. Over the course of eleven years, Marcos has opened four successful restaurants in Louisville, KY. All of Marcos' restaurants feature Class A Cuban and Modern themed interiors, with five star authentic Cuban menus at Four Star prices.

Marcos has stated that he has long thought about a downtown location, and would love the opportunity to participate in the renovation of this historic building. Before coming to the United States, Marcos was trained in Cuba as a civil engineer. All of the interiors of his beautifully appointed restaurants were general contracted by himself, using his own team of craftsmen.

We are not certain how well received the privatization of the building will be Metro, as ideas like galleries and museums have been more prominent. We would like to say that privatization is not uncommon, and often works very well. Especially in light of the fact that the expenditures required to restore and maintain a historic building only become palatable to an investor when there is an opportunity to recoup that through the operation of business that accents the community, and Louisville is certainly a Foodie City.

More so, the area at 5th and Muhammad Ali has thousands of office workers within walking distance on a daily basis, in addition to the residents in the Kentucky Towers, and visitors to the Seelbach, the new Embassy Suites, and the future hotel at the Starks Building. The Manhattan Deli across the street is overflowing at lunch time. The area is ripe for another dining option, and Marcos is the right man for the job.

Experience and Credentials

Mac Sawyers

Mac Sawyers has been a house, building, and structure moving expert for over 40 years.

- Moved countless houses for the State of Kentucky Highway Department.
- Moved a 12 story silo in Lexington
- Raised a barge off the bed of the Ohio River for Ashland Oil, overseen by OSHA and the EPA.
- Moved buildings for the State of Kentucky, and throughout the tri-state area.
- Moved a bank building, of similar size to the Old Water Company building, in Lancaster, KY.

Mac never began a structure move that was not completed successfully and on time.

Marcos Lorenzo

Marcos Lorenzo has been a successful Louisville restaurant developer for over a decade.

- Opened the first Havana Rumba in Saint Matthews in 2004.
- Opened Mojito Tapas Bar in Holiday Manor in 2007.
- Opened the second Havana Rumba in Middletown in 2010.
- Opened the third Havana Rumba in the Highlands in 2012.

All of Marcos' restaurants have been received by the community with rave reviews, long lines, and long term success. Of note is the fact that Marcos, being trained as a civil engineer in Cuba, personally served as the General Contractor for the renovation of each of his restaurants. All of the restaurants are beautifully finished with expansive wood bars, elegant decor, tables inlaid with Cuban themed designs, and well appointed throughout.

Method of Moving



The method described below is specific to the 35 foot option, and is the most likely method to be used. The method is very similar for moving the facade and portico.-

The first 35 feet of the main building will be moved, along with the portico in place. Structural Steel will be placed underneath the first floor of the portion to be moved, likely two feet on center. Holes will be punched in the existing block at lot level, so the steel can be placed through and under the building, with cribbing to shim as necessary. The area around and underneath the portico will be excavated and structural steel built to catch the portico and transfer its weight to the main beams.

At the same time, the front of the building will be separated at the 35 foot line, from the remainder of the structure. Posts will be placed as necessary from the first to second floors, and second floor to roof, to ensure stability after the front and rear are separated.

With the steel and cross steel in place, self leveling hydraulic jacks will lift the front of the building to a sufficient height to allow clearance for the hydraulic platform. At this point, the basement will be filled with timber to level it with the existing lot.

With the basement leveled, a self driving hydraulic platform will be assembled under the raised building, and the building lowered onto to it. It is now ready to drive.

A large metal landmark sign, in the same style as is common around downtown and greater Louisville, will be placed near the restored structure, with language of Metro's choosing.

Accent lighting will be installed facing the facade, to keep it illuminated at night, in addition to less intense lighting facing downward onto the sitting area.

Upon turning over the finished product to Metro, Metro will only incur the expense of maintaining the lighting electric service and bulb replacement, and keeping the area clean, which service is likely already in place for Founder's Square.

We believe that this is the highest and best reuse of the Old Louisville Water Company Building for the public benefit of the entire community. It creates a permanent monument of the Old Louisville Water Company Building, which will remain on City owned property. Furthermore, it creates a usable public meeting place, that integrates seamlessly into the existing park at Founder's Square, for the enjoyment of the entire community.

We believe that this option also serves the best interests of time, as it is the most feasible and practical given the budget allotted. The scope of work and requirements that will need to be laid out are far simpler than the other option proposed, meaning we can move from agreement to executed contract to beginning the move much more quickly than the second option.

We will complete the work outlined above for the sum of \$1,000,000.00.

We regret that the lighting and shadows of the aerial imagery available to us on such notice is not higher quality. And while Mr. Willingham's rendering is excellent on such short notice, we would like to have a more detailed, full color rendering of our vision of the finished monument. We are having this done, and intend to deliver it as a supplement to this proposal by Tuesday of next week.

However, you can still envision how regal the moved and restored facade and accompanying gathering area would be in the location above. It would be a beautiful and welcome addition to Founder's Square, falling in place with the existing crossed stone sidewalks, benches and landscaping, while having minimal impact on existing structures.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2014



2014 - Loading house moving steel to head to a job site.

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APR 08 2014
COPY

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20

Your first name and initial: MAC G Last name: SAWYER
a joint return, spouse's first name and initial Last name: Spouse's social security number

Home address (number and street): 9705 NATIONAL TURNPIKE Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code: FAIRDALE KY 40118

Foreign country name Foreign province/state/country Foreign postal code Presidential Election Campaign

Filing Status: 1 [X] Single 2 [] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child

Exemptions: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [] Spouse. Boxes checked on 6a and 6b: 1. No. of children on 6c who: lived with you; did not live with you due to divorce or separation (see instructions); Dependents on 6c not entered above; Add numbers on lines above: 1

Income table with 22 rows. Line 7: Wages, salaries, tips, etc. Attach Form(s) W-2. Line 8a: Taxable interest. Line 8b: Tax-exempt interest. Line 9a: Ordinary dividends. Line 9b: Qualified dividends (6,402). Line 10: Taxable refunds, credits, or offsets of state and local income taxes. Line 11: Alimony received. Line 12: Business income or (loss). Line 13: Capital gain or (loss). Line 14: Other gains or (losses). Line 15a: IRA distributions. Line 15b: Taxable amount. Line 16a: Pensions and annuities. Line 16b: Taxable amount. Line 17: Rental real estate, royalties, partnerships, S corporations, trusts, etc. Line 18: Farm income or (loss). Line 19: Unemployment compensation. Line 20a: Social security benefits (7,742). Line 20b: Taxable amount. Line 21: Other income Gambling winnings. Line 22: Combine the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income table with 10 rows. Line 23: Educator expenses. Line 24: Certain business expenses of reservists, performing artists, and fee-basis government officials. Line 25: Health savings account deduction. Line 26: Moving expenses. Line 27: Deductible part of self-employment tax. Line 28: Self-employed SEP, SIMPLE, and qualified plans. Line 29: Self-employed health insurance deduction. Line 30: Penalty on early withdrawal of savings. Line 31a: Alimony paid b Recipient's SSN. Line 32: IRA deduction. Line 33: Student loan interest deduction. Line 34: Tuition and fees. Attach Form 8917. Line 35: Domestic production activities deduction. Attach Form 8903. Line 36: Add lines 23 through 35. Line 37: Subtract line 36 from line 22. This is your adjusted gross income.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38
39a Check [X] You were born before January 2, 1950, [] Blind. Total boxes checked 39a 1
if: [] Spouse was born before January 2, 1950, [] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b []
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40
41 Subtract line 40 from line 38 41
42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions 42
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Excess advance premium tax credit repayment. Attach Form 8962 46
47 Add lines 44, 45, and 46 47
48 Foreign tax credit. Attach Form 1116 if required 48
49 Credit for child and dependent care expenses. Attach Form 2441 49
50 Education credits from Form 8863, line 19 50
51 Retirement savings contributions credit. Attach Form 8880 51
52 Child tax credit. Attach Schedule 8812, if required 52
53 Residential energy credit. Attach Form 5695 53
54 Other credits from Form: a [] 3800 b [] 8801 c [] 54
55 Add lines 48 through 54. These are your total credits 55
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56

Other Taxes

57 Self-employment tax. Attach Schedule SE 57
58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 58
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59
60 a Household employment taxes from Schedule H 60a
b First-time homebuyer credit repayment. Attach Form 5405 if required 60b
61 Health care: individual responsibility (see instructions) Full-year coverage [X] 61
62 Taxes from: a [] Form 8959 b [X] Form 8960 c [] Instructions, enter code(s) 62
63 Add lines 56 through 62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64
65 2014 estimated tax payments and amount applied from 2013 return 65
66a Earned income credit (EIC) 66a
b Nontaxable combat pay election 66b
67 Additional child tax credit. Attach Schedule 8812 67
68 American opportunity credit from Form 8863, line 8 68
69 Net premium tax credit. Attach Form 8962 69
70 Amount paid with request for extension to file 70
71 Excess social security and tier 1 RRTA tax withheld 71
72 Credit for federal tax on fuels. Attach Form 4136 72
73 Credits from Form: a [] 2439 b [] Reserved c [] Reserved d [] 73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a
b Routing number [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] Type: [] Checking [] Savings
d Account number [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X] [X]
77 Amount of line 75 you want applied to your 2015 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78
79 Estimated tax penalty (see instructions) 79 25

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No
Designee's name GARY W DAWSON Phone no. 502-543-1226 Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge 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 Your occupation Daytime phone number
22041 10-15-2015 HOUSE MOVER AND RENTALS
Spouse's signature, if a joint return, both must sign Date Spouse's occupation Identify Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature Date Check [] if PTIN
JOSEPH BRADEN 04-08-2019 self-employed
Print/Type preparer's name JOSEPH BRADEN
Firm's name DAWSON ACCOUNTING AND TAX SERVICE Firm's EIN
Firm's address 650-B CEDAR GROVE RD SHEPHERDSVILLE, KY 40165-5406 Phone no. 502-543-1226



CITATION
PRESSURE
WASHERS

CITATION EQUIPMENT, INC.
4319 CRITTENDEN DRIVE
LOUISVILLE, KY 40209
UNITED STATES
(502)-367-2239

PAGE 1

INVOICE DATE 6/3/2014
INVOICE NO 170617

SOLD TO
ZZSA14
SAWYERS, MAC
9705 NATIONAL TURNPIKE
FAIRDALE, KY 40118

SHIP TO
MACK SAWYERS

TOTAL DUE 0.00

SLS1	SLS2	DUE DATE	DISC DUE DATE	ORDER NO	ORDER DATE	SHIP DATE	SHIP NO
100		6/3/2014	6/3/2014	00017922	6/3/2014	6/3/2014	140603

TERMS DESCRIPTION	CUSTOMER PO NO	SHIP VIA
C.O.D.	VERBAL	COUNTER

ITEM ID	TX CL	UNITS	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
AD0000007217 COUPLER, QUICK, 3/8M	1	EA	1.0000	1.0000	6.500	6.50

We appreciate your business.

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
6.50	0.00	0.00	0.39	0.00	6.89
PREPAYMENT			6.89	TOTAL DUE	0.00



KENTUCKY FARM BUREAU INSURANCE COMPANIES

KENTUCKY FARM BUREAU MUTUAL INSURANCE COMPANY

02/11/2014

COMMERCIAL PACKAGE POLICY DECLARATION

4

THIS RENEWAL DECLARATION IS EFFECTIVE 03/02/2014 AT 1201 A.M. STANDARD TIME AND ALONG WITH THE FORMS AND ENDORSEMENTS IDENTIFIED BELOW, CONSTITUTE THE ENTIRE CONTRACT. THIS FORM SUPERSEDES ANY PRIOR SUCH FORMS BEARING THE SAME POLICY NUMBER. THE POLICY IS CONTINUOUS UNTIL CANCELLED OR EXPIRED IN ACCORDANCE WITH THE TERMS OF THE POLICY.

SAWYERS, MAC G
9705 NATIONAL TPKE
FAIRDALE, KY 40118-9766

POLICY NUMBER [REDACTED]
POLICY PERIOD 03/02/2014
03/02/2015
MEMBERSHIP NUMBER [REDACTED]
COUNTY NUMBER [REDACTED]
AGENT NUMBER [REDACTED]
COLE, JOEY
(502)429-9054

Table with 2 columns: Description and Amount. Rows include ADVANCE ANNUAL PREMIUM (\$548.00), LOCAL GOVERNMENT PREMIUM TAX AND COLLECTION FEE LOUISVILLE-JEFFERSON (\$31.51), KENTUCKY PREMIUM SURCHARGE (\$9.86), and TOTAL ADVANCE PREMIUM (\$589.37).

FORM OF BUSINESS: LIMITED LIABILITY COMPANY

POLICY FORM - CAUSE OF LOSS - SPECIAL FORM INCLUDING THEFT
ACTUAL CASH VALUE
POLICY DEDUCTIBLE - \$1,000

Table with 3 columns: UNIT, LIMIT, and PREMIUM. Row 1(1) describes CONDOMINIUMS - TENANT OCCUPIED with details on location, protection class, and coverage types like BUILDING, CONTENTS, and LIABILITY EXPOSURE.

Signature of Jeffrey L. Koch



Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

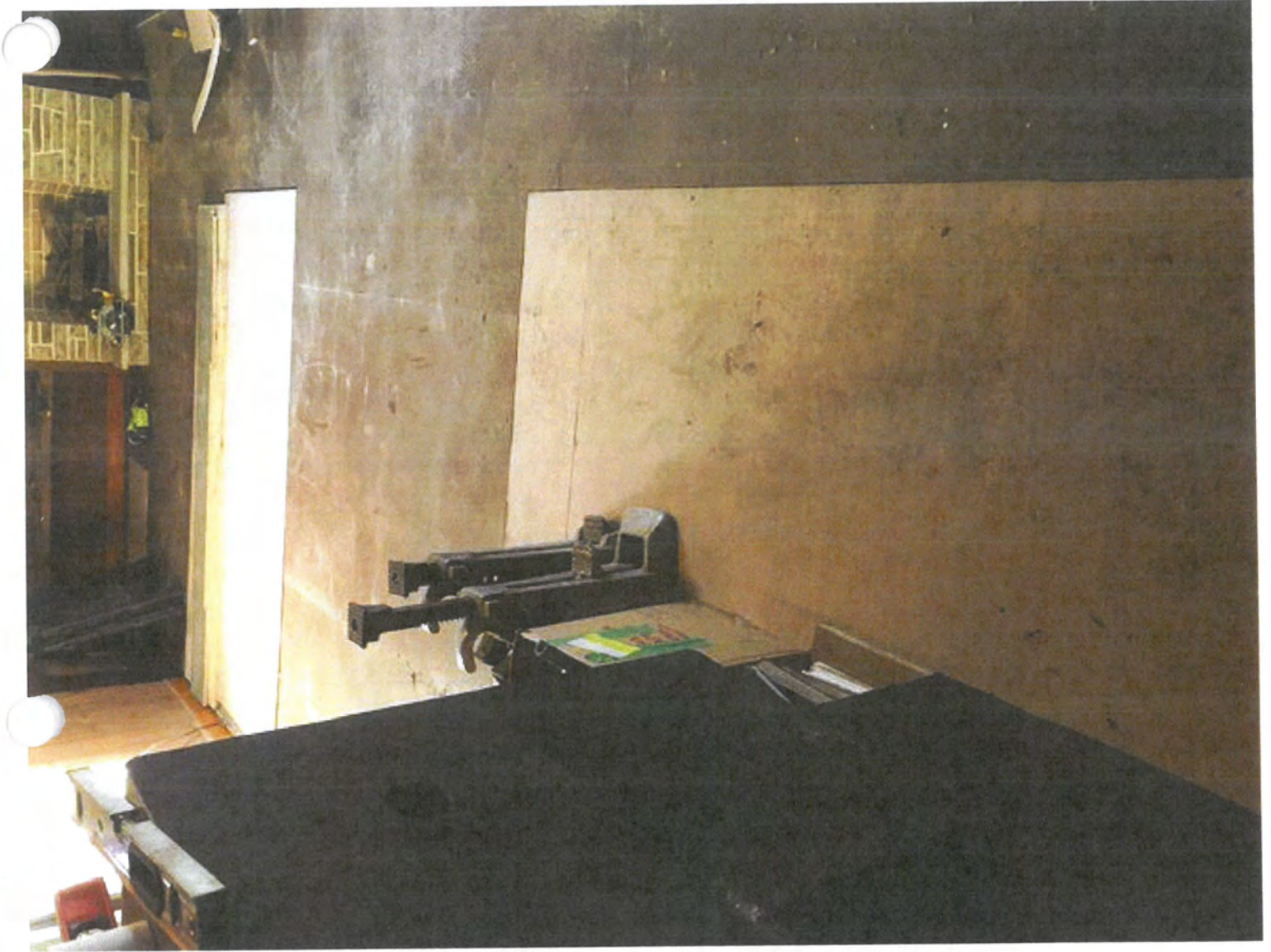
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

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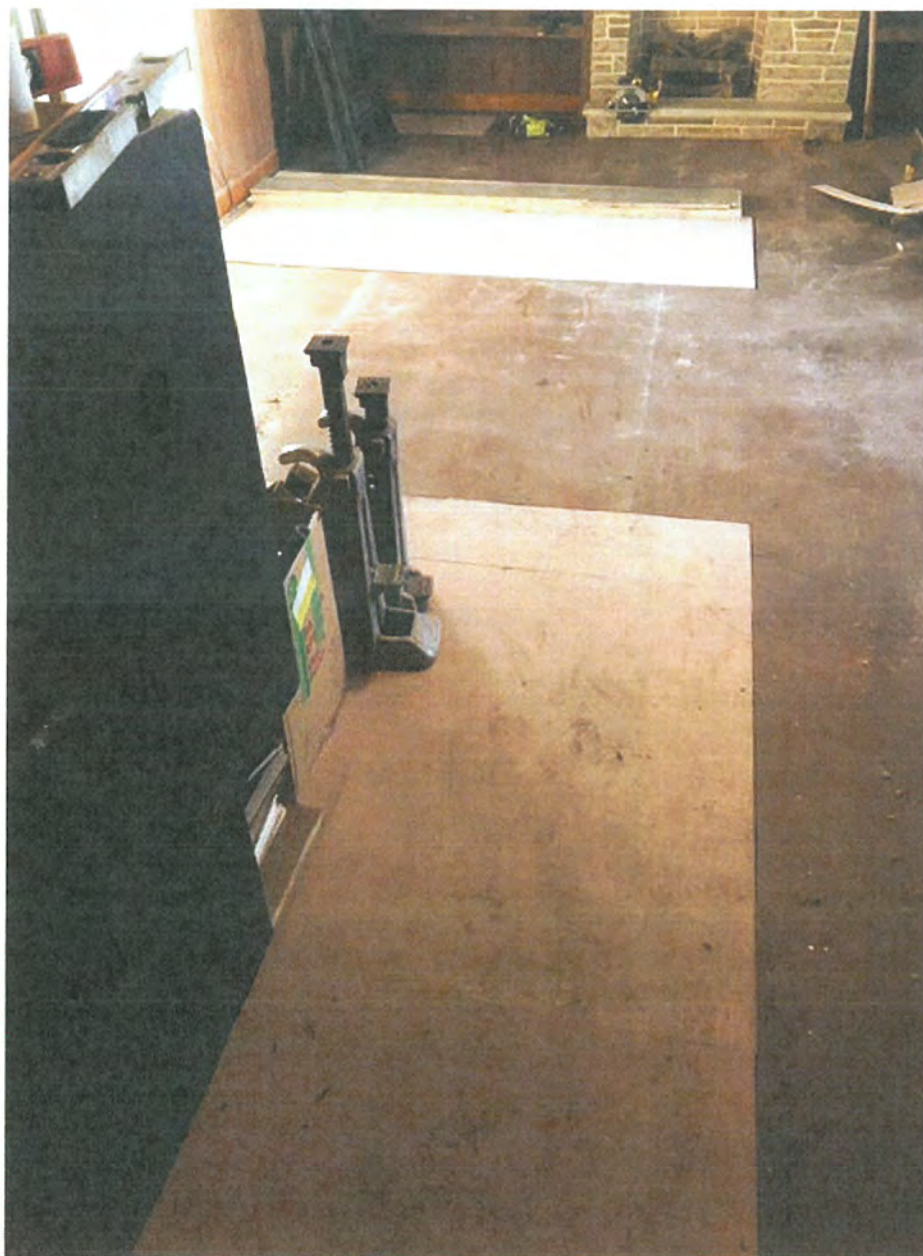
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2013



2013 - Jacking up house and leveling and replacing failed floor joists.

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APR 08 2019
COPY

Form 1040 U.S. Individual Income Tax Return 2013

Department of the Treasury - Internal Revenue Service

(99)

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

2013, ending

20

See separate instructions.

Your first name and initial
MAC G
a joint return, spouse's first name and initial

Last name
SAWYER
Last name

Your social security number
[Redacted]
Spouse's social security number

Home address (number and street)
9705 NATIONAL TURNPIKE

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

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

FAIRDALE

KY

40118

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

- 1 [X] Single
2 [] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above

4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 [] Qualifying widow(er) with dependent child

Check only one box. and full name here.

Exemptions

- 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [] Spouse

Boxes checked on 6a and 6b 1
No. of children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above 1

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Chk if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Income

Table with 2 columns: Line number and Description, and Line number and Amount. Includes lines 7-22 for various income types like wages, interest, dividends, etc.

Attach Form(s) 2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

Table with 2 columns: Line number and Description, and Line number and Amount. Includes lines 23-37 for deductions like educator expenses, health savings account, etc.

The Sawyers and Lerner Building, LLC

General Information

Organization Number [REDACTED]
Name The Sawyers and Lerner Building, LLC
Profit or Non-Profit P - Profit
Company Type KLC - Kentucky Limited Liability Company
Status A - Active
Standing G - Good
State KY
File Date 11/20/2013 3:43:00 PM
Organization Date 11/20/2013 3:43:00 PM
Last Annual Report 2/8/2018
Principal Office 9705 National Turnpike
Fairdale, KY 40118
Managed By Members
Registered Agent Mac G. Sawyers
9705 National Turnpike
Fairdale, KY 40118

Current Officers

Member [M. G. SAWYERS](#)
Member [S. ROSSLER](#)

Individuals / Entities listed at time of formation

Organizer [S. ROSSLER](#)

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Reinstatement Certificate of Existence	2/8/2018 2:40:48 PM	2 pages	PDF	
Reinstatement	2/8/2018 2:40:41 PM	2 pages	PDF	
Administrative Dissolution	10/9/2017	1 page	PDF	
Annual Report	3/3/2016	1 page	PDF	PDF
Reinstatement Certificate of Existence	12/10/2015 1:56:32 PM	2 pages	PDF	
Reinstatement	12/10/2015	2 pages	PDF	PDF
Administrative Dissolution	9/12/2015	1 page	PDF	
Annual Report	9/2/2014	1 page	PDF	PDF
Articles of Organization	11/20/2013 3:43:00 PM	1 page	PDF	

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Reinstatement	2/8/2018 2:40:45 PM	2/8/2018	
Admin Dis. A. report not in	10/9/2017	10/9/2017	
Annual report	3/3/2016 9:32:05 AM	3/3/2016	
Reinstatement	12/10/2015 1:56:28 PM	12/10/2015	
Admin Dis. A. report not in	9/12/2015	9/12/2015	
Annual report	9/2/2014 12:25:07 PM	9/2/2014	
Add	11/20/2013 3:43:00 PM	11/20/2013 3:43:00 PM	

Microfilmed Images

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2012



2012 - Foundation and brick failed.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2012



2012 - Finished product after foundation and brick repair. Worked late but its done!

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2012



2012 - Jacking up a house, in order to replace rotten wood.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2012




2012 - Replacing rotten wood and flooring.

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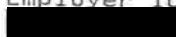
001944.207989.0007.001 1 MB 0.404 532




SAWYERS INVESTMENTS LLC
MAC G SAWYERS SOLE MBR
9705 NATIONAL TPKE
FAIRDALE KY 40118

001944

Date of this notice: 06-04-2012

Employer Identification Number: 

Form: SS-4

Number of this notice: 

For assistance you may call us a
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-5384667. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning . 2012, ending . 20 See separate instructions. Your first name and initial MAC G Last name SAWYER Your social security number [REDACTED] Spouse's social security number [REDACTED]

Home address (number and street) 9705 NATIONAL TURNPIKE Apt. no. Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). FAIRDALE KY 40118 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status 1 [X] Single 2 [] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [] Spouse } Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 1 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Chk If child under age 17 qualifying for child tax credit (see instructions) d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 7,535 20b Taxable amount 20b 21 Other income Statement #1 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38

39a Check You were born before January 2, 1949, Blind. Total boxes
 if: Spouse was born before January 2, 1949, Blind. checked 39a 1

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40

41 Subtract line 40 from line 38 41

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46

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 3800 b 8801 c 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

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, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59 a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Taxes from a Form 8959 b Form 8960 c Instructions; enter code(s) 60

61 Add lines 55 through 60. This is your total tax 61

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2013 estimated tax payments and amount applied from 2012 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 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a 2439 b Reserved c 8885 d 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72

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

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a

b Routing number Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2014 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77 366

Third Party Designee

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

Designee's name **GARY W DAWSON** Phone no. **502-543-1226** Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

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 **22041** Date **10-15-2014** Your occupation **HOUSE MOVER AND RENTALS** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.)

Paid Preparer Use Only

Preparer's signature **GARY W DAWSON** Date **04-08-2019** Check if self-employed PTIN

Print/Type preparer's name **GARY W DAWSON**

Firm's name **DAWSON ACCOUNTING AND TAX SERVICE** Firm's EIN

Firm's address **650-B CEDAR GROVE RD SHEPHERDSVILLE, KY 40165-5406** Phone no. **502-543-1226**

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2011



2011 - 1 of 4 500 ton jacks stored at 9705 National Turnpike that were used to level a sinking sewage treatment plant tank while in use.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2011



2011 - Measure for depth while raising a foundation with a custom built hydraulic jack, in order to repair a foundation.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities, during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2011



2011 - Foundation repair - jacking up brick to level.

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For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

Your first name and initial: AC G Last name: SAWYER

Joint return, spouse's first name and initial: Last name: Spouse's social security number: [REDACTED]

Home address (number and street): 9705 NATIONAL TURNPIKE Apt. no. [REDACTED]

City, town or post office, state, and ZIP code: FAIRDALE KY 40118

Foreign country name: Foreign province/county: Foreign postal code:

Filing Status: 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person) (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions: 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b: 1. No. of children on 6c who: lived with you. did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above: Add numbers on lines above: 1

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed: 1

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 7 [REDACTED]

8a Taxable interest. Attach Schedule B if required: 8a [REDACTED]

8b Tax-exempt interest. Do not include on line 8a: 8b [REDACTED]

9a Ordinary dividends. Attach Schedule B if required: 9a [REDACTED]

9b Qualified dividends: 9b 22,767

10 Taxable refunds, credits, or offsets of state and local income taxes: 10 [REDACTED]

11 Alimony received: 11 [REDACTED]

12 Business income or (loss). Attach Schedule C or C-EZ: 12 [REDACTED]

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here: 13

14 Other gains or (losses). Attach Form 4797: 14 [REDACTED]

15a IRA distributions: 15a [REDACTED] b Taxable amount: 15b [REDACTED]

16a Pensions and annuities: 16a [REDACTED] b Taxable amount: 16b [REDACTED]

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 17 [REDACTED]

18 Farm income or (loss). Attach Schedule F: 18 [REDACTED]

19 Unemployment compensation: 19 [REDACTED]

20a Social security benefits: 20a [REDACTED] b Taxable amount: 20b [REDACTED]

21 Other income Gambling winnings: 21 [REDACTED]

22 Combine the amounts in the far right col for lines 7 through 21. This is your total income: 22 [REDACTED]

Adjusted Gross Income: 23 Educator expenses: 23 [REDACTED]

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: 24 [REDACTED]

25 Health savings account deduction. Attach Form 8889: 25 [REDACTED]

26 Moving expenses. Attach Form 3903: 26 [REDACTED]

27 Deductible part of self-employment tax. Attach Schedule SE: 27 752

28 Self-employed SEP, SIMPLE, and qualified plans: 28 [REDACTED]

29 Self-employed health insurance deduction: 29 [REDACTED]

30 Penalty on early withdrawal of savings: 30 [REDACTED]

31a Alimony paid b Recipient's SSN: 31a [REDACTED]

32 IRA deduction: 32 [REDACTED]

33 Student loan interest deduction: 33 [REDACTED]

34 Tuition and fees. Attach Form 8917: 34 [REDACTED]

35 Domestic production activities deduction. Attach Form 8903: 35 [REDACTED]

36 Add lines 23 through 35: 36 [REDACTED]

37 Subtract line 36 from line 22. This is your adjusted gross income: 37 [REDACTED]

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, \$5,800
 Married filing jointly or Qualifying widow(er), \$11,600
 Head of household, \$8,500

38	Amount from line 37 (adjusted gross income)	38
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1947, if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked 1	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
41	Subtract line 40 from line 38	41
42	Exemptions. Multiply \$3,700 by the number on line 6d	42
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 9872 c <input type="checkbox"/> 962 election	44
45	Alternative minimum tax (see instructions). Attach Form 6251	45
46	Add lines 44 and 45	46
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 23.	49
50	Retirement savings contributions credit. Attach Form 8880.	50
51	Child tax credit (see instructions)	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

Other Taxes

56	Self-employment tax. Attach Schedule SE	56
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 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

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62
63	2011 estimated tax payments and amount applied from 2010 return	63
64a	Earned income credit (EIC)	64a
b	Nontaxable combat pay election 64b	
65	Additional child tax credit. Attach Form 8812	65
66	American opportunity credit from Form 8863, line 14.	66
67	First-time homebuyer credit from Form 5405, line 10.	67
68	Amount paid with request for extension to file	68
69	Excess social security and tier 1 RRTA tax withheld	69
70	Credit for federal tax on fuels. Attach Form 4136	70
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72

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
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a
b	Routing number	
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number	
75	Amount of line 73 you want applied to your 2012 estimated tax	75

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76
77	Estimated tax penalty (see instructions)	77

Third Party Designee

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

Designee's name **GARY W DAWSON** Phone no. **502-543-1226** Personal identification number (PIN) **[REDACTED]**

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.

Joint return? See instructions. Keep a copy for your records.	Your signature 22041	Date 10-15-2012	Your occupation HOUSE MOVER AND RENTALS	Daytime phone number
	Spouse's signature: If a joint return, both must sign	Date	Spouse's occupation	Identity Protection PIN (see inst)
	Preparer's signature GARY W DAWSON	Date 04-08-2019	Check <input checked="" type="checkbox"/> if self-employed	PTIN [REDACTED]

Paid Preparer Use Only

Firm's name **DAWSON ACCOUNTING AND TAX SERVICE** Firm's EIN **[REDACTED]**
 Firm's address **650-B CEDAR GROVE RD SHEPHERDSVILLE, KY 40165-5406** Phone no. **502-543-1226**

SAWYERS INVESTMENTS, LLC

General Information

Organization Number [REDACTED]
Name SAWYERS INVESTMENTS, LLC
Profit or Non-Profit P - Profit
Company Type KLC - Kentucky Limited Liability Company
Status I - Inactive
Standing B - Bad
State KY
File Date 11/2/2011 2:22:42 PM
Organization Date 11/2/2011 2:22:42 PM
Last Annual Report N/A
Principal Office 9705 National Turnpike
Fairdale, KY 40118
Managed By Managers
Registered Agent Mac G Sawyers
9705 National Turnpike
Fairdale, KY 40118

Current Officers

Individuals / Entities listed at time of formation

Organizer LAURA L BAILEY

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Administrative Dissolution	9/11/2012	1 page	PDF
Articles of Organization	11/2/2011 2:22:42 PM	1 page	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Admin Dis. A. report not in	9/11/2012	9/11/2012	
Add	11/2/2011 2:22:42 PM	11/2/2011 2:22:42 PM	

Microfilmed Images

Sawyer & Lerner, LLC

General Information

Organization Number	██████████
Name	Sawyer & Lerner, LLC
Profit or Non-Profit	P - Profit
Company Type	KLC - Kentucky Limited Liability Company
Status	I - Inactive
Standing	B - Bad
State	KY
File Date	2/18/2011 11:21:08 AM
Organization Date	2/18/2011 11:21:08 AM
Last Annual Report	N/A
Principal Office	9705 NATIONAL TURNPIKE FAIRDALE, KY 40118
Managed By	Managers
Registered Agent	MAC G. SAWYERS 9705 NATIONAL TURNPIKE FAIRDALE, KY 40118

Current Officers

Individuals / Entities listed at time of formation

Organizer	<u>SHAWN ROSS LERNER</u>
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Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Administrative Dissolution</u>	9/11/2012	1 page	PDF
<u>Registered Agent name/address change</u>	10/31/2011 5:27:31 PM	1 page	PDF
<u>Registered Agent name/address change</u>	2/25/2011 12:48:11 PM	1 page	PDF
<u>Principal Office Address Change</u>	2/25/2011 12:45:48 PM	1 page	PDF
<u>Articles of Organization</u>	2/18/2011 11:21:08 AM	1 page	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Admin Dis. A. report not in	9/11/2012	9/11/2012	
Registered agent address change	10/31/2011 5:27:31 PM	10/31/2011 5:27:31 PM	

Registered agent address change	2/25/2011 12:48:11 PM	2/25/2011 12:48:11 PM
Principal office change	2/25/2011 12:45:48 PM	2/25/2011 12:45:48 PM
Add	2/18/2011 11:21:08 AM	2/18/2011 11:21:08 AM

Microfilmed Images

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2010



2010 - Large structure, being moved, brick and all, too heavy for one set of cribs.

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Mac G. Sawyers Commercial/Light Industrial Use Picture from 2010



2010 - House moving job, house on cribs 12 feet high.

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HOME DEPOT CREDIT SERVICES
 Dept 32-2506022684
 PO BOX 6031
 THE LAKES, NV 88901-6031

Statement of Account Activity
 As of 10/13/2010



Account Number: [REDACTED]

685 Page 1 of 3

52666

MAC SAWYER GENERAL CO
 PO BX 974
 FAIRDALE KY 40118-0974

0019994
 0
 E1
 01
 13
 0029582
 HEPR

Please Pay
 This Amount: 536.43

Payment
 Due Date: 11/01/2010

Pay Online @myhomedepotaccount.com



Summary of Account Activity

Previously Billed Open Items	Current Payments, Adjustments and Unapplied Cash	Current Purchases, Returns and Fees
.00	20.00-	536.43

Transaction Detail

Current Purchases, Returns and Fees

TRANSACTION DATE	INVOICE NUMBER	PURCHASE ORDER/ JOB NAME	LOCATION / DESCRIPTION	ORIGINAL SALES AMOUNT
09/16/2010	1012775		THE HOME DEPOT LOUISVILLE KY	114.55
10/09/2010	8972581		THE HOME DEPOT LOUISVILLE KY	421.88
Total				536.43

verified
verified

Current Payments, Adjustments and Unapplied Cash

TRANSACTION DATE	DESCRIPTION	AMOUNT
10/01/2010	Payment	20.00 -
Total		20.00 -

Previously Billed Open Items

TRANSACTION DATE	INVOICE NUMBER	DUE DATE	LOCATION / DESCRIPTION	CURRENT AMOUNT DUE
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BA 10/10

Questions About Your Account

ACCOUNT MANAGER
 HOME DEPOT CREDIT SERVICES
 MAIL
 PO BOX 9121
 DES MOINES IA 50368-9121

FAX
 (877)969-6751

PHONE
 (800)395-7363

EMAIL
 PROX.LAYTON@HOMEDEPOTCREDITSERVICES.COM



Payment Page
 Account Number: 6035 3225 0602 2684
 Payment Due Date: 11/01/2010
 Please return payment page(s) with your check
 This Account Issued by Citibank (South Dakota), N.A.

Page 2 of 3
 52667

Invoices to Be Paid

IMPORTANT: To ensure accurate posting of your payment, please indicate which invoices you are paying by checking the appropriate box below.

"Get the Job Done Right" when you View, Manage, and Pay your account online @myhomedepotaccount.com

Current Activity

TRANSACTION DATE	INVOICE NUMBER	AMOUNT	CHECK IF PAYING
09/16/2010	1012775	114.55	<input type="checkbox"/>
10/09/2010	8972581	421.88	<input type="checkbox"/>

6035322506022684000000053643003

ACCOUNT NUMBER [REDACTED]	TOTAL BALANCE \$ 536.43	Check here if paying all invoices <input type="checkbox"/>	AMOUNT OF ENCLOSED PAYMENT \$
------------------------------	----------------------------	--	----------------------------------

FOR PROPER CREDIT, PLEASE WRITE 6035 3225 0602 2684 ON CHECK & ENCLOSE WITH PAYMENT PAGE(S).
 Please make checks payable to: HOME DEPOT CREDIT SERVICES or Pay Online @myhomedepotaccount.com

AC SAWYER GENERAL CO
 PO BX 974
 FAIRDALE KY 40118-0974

MAIL PAYMENTS TO: HOME DEPOT CREDIT SERVICES
 DEPT 32-2506022684
 PO BOX 6031
 THE LAKES, NV 88901-6031

Please mark this box if there is a new address or billing contact, and write the changes above.



Remit Payment To:
 HOME DEPOT CREDIT SERVICES
 PO BOX 6031
 THE LAKES, NV 88901-6031

ACCOUNT: [REDACTED]
 MAC SAWYER GENERAL CO
 PO BOX 974
 FAIRDALE KY 40118-0974



52668

Payment Due Date: 11/01/2010
 Please make checks payable to: HOME DEPOT CREDIT SERVICES

Acct #: 6035322506022684
 MAC SAWYER GENERAL CO

Purchased by: SAWYER S MAC
Invoice: 1012775

Ship To:
Purchase Order/ Job Name:

Amount Due: 114.55

Customer Agreement #: Transaction Date: 09/16/2010

Store #, Location: 2307, LOUISVILLE

SKU #	PRODUCT	QTY	UNIT PRICE	TOTAL PRICE
0000205427	CRIMP TOOL	1.0000 EA	32.00	32.00
0000640915	PEX STOP VLV	1.0000 EA	4.87	4.87
0000640951	PEX STOP VLV	1.0000 EA	4.87	4.87
0000396241	SEVILLE 20"	1.0000 EA	49.00	49.00
0000640951	PEX STOP VLV	1.0000 EA	4.87	4.87
0000768411	DWV JHOOKS	1.0000 EA	3.81	3.81
0000640915	PEX STOP VLV	1.0000 EA	4.87	4.87

-continued

Acct #: [REDACTED]
 MAC SAWYER GENERAL CO

Purchased by: SAWYER S MAC
Invoice: 1012775

Ship To:
Purchase Order/ Job Name:

Amount Due: 114.55

Customer Agreement #: Transaction Date: 09/16/2010

Store #, Location: 2307, LOUISVILLE

SKU #	PRODUCT	QTY	UNIT PRICE	TOTAL PRICE
0000198015	TALON CLAMPS	1.0000 BG	1.96	1.96
0000198001	TALON CLAMPS	1.0000 BG	1.82	1.82
SUBTOTAL				108.07
TAX				6.48
SHIPPING				0.00
TOTAL				114.55

Acct #: 6035322506022684
 MAC SAWYER GENERAL CO

Purchased by: SAWYER S MAC
Invoice: 8972581

Ship To:
Purchase Order/ Job Name:

Amount Due: 421.88

Customer Agreement #: Transaction Date: 10/09/2010
 183967

Store #, Location: 2307, LOUISVILLE

SKU #	PRODUCT	QTY	UNIT PRICE	TOTAL PRICE
0000790805	36X80 PREHNG	1.0000 EA	329.00	329.00
0000108191	TUB/SHWR FCT	1.0000 EA	69.00	69.00
SUBTOTAL				398.00
TAX				23.88
SHIPPING				0.00
TOTAL				421.88

CITATION EQUIPMENT, INC.
 4319 CRITTENDEN DRIVE
 LOUISVILLE, KY 40209
 (502)-367-2239

CUSTOMER

I N

ZZDE28

Sold To: DERBY CITY CARPET CLEANING
 9705 NATIONAL TURNPIKE
 FAIRDALE KY 40118

Ship To: DERBY CITY CARPET
 9705 NATIONAL TUR
 FAIRDALE KY 40118

Date	Rep ID	Order No.	Ord Date	Ship Via	Terms
03/23/10	100	VERBAL	03/23/10		C.O.D.

Item/Description	Quantities	Units	Pr
BP85.238.154	Ordered	2.00	
HOSE ASSY, NON-MARK, 4000	Shipped	2.00 EA	65
MC	Ordered	1.00	
** PAID MASTER CARD, THANK YOU! **	Shipped	1.00 PAID	

RETURN POLICY ON BACK www.CitationEquipment.com

Non-Taxable	Taxable	Sales Tax	Freight	Misc	Subtotal :	* Invoice Total *
.00	130.00	7.80	.00	.00	130.00	137.80

Amount Paid : 137.80

Net Due :

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0102 2010
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FILER'S name
Mac Sawyer General Const. DBAD

Street address (including room or suite number)
2312 South Park Rd.

City, state, and ZIP code
L Fairdale, Ky. 40118

Name of person to contact Mac Sawyer	Telephone number (502) 361-8800
Email address taura455@yahoo.com	Fax number ()

For Official Use Only

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1 Employer identification number [REDACTED]	3 Total number of forms 6	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$ [REDACTED]
--	-------------------------------------	-------------------------------------	--

6 Enter an "X" in only one box below to indicate the type of form being filed.

W-2G 32	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-LTC 93
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Instructions

Reminder. The only acceptable method of filing information returns with Enterprise Computing Center—Martinsburg (ECC—MTB) is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Purpose of form. Use this form to transmit paper Forms 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2010 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Preadressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

- When to file.** File Form 1096 as follows.
- With Forms 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2011.
 - With Forms 5498, 5498-ESA, or 5498-SA, file by May 31, 2011.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

9595

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Mac G. Sawyer Mac Sawyer Gen. Const. DBAD 2312 South Park Rd. Fairdale, Ky. 40118 502-361-8800		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Internal Revenue Service Center File with Form 1099	
RECIPIENT'S name Billy McDaniels		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns	
Street address (including apt. no.) 1702 Valley Forge Way #3		9 [REDACTED] of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code Louisville, Ky. 40215		11 [REDACTED]	12 [REDACTED]		
Account number (see instructions) [REDACTED]		2nd TIN not <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 Cat. No. 14425J Department of the Treasury - Internal Revenue Service
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VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Mac G. Sawyer Mac Sawyer Gen. Const. DBAD 2312 South Park Rd. Fairdale, Ky. 40118 502-361-8800		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Internal Revenue Service Center File with Form 1099	
RECIPIENT'S name Mac G Sawyer		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns	
Street address (including apt. no.) 2312 South Park Rd.		9 [REDACTED] of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code Fairdale, Ky. 40118		11 [REDACTED]	12 [REDACTED]		
Account number (see instructions) [REDACTED]		2nd TIN not <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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VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Mac G. Sawyer mac Sawyer Gen. Const. DBAD 2312 South Park Rd. Fairdale, Ky. 40118 502-361-8800		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Incor
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S name Cindy Whitely		3 Other income \$	6 Medical and health care payments \$		Copy Internal Revenue Service Center File with Form 1099
Street address (including apt. no.) 4401 Southern Pkwy #2		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$		
City, state, and ZIP code Louisville, Ky. 40214		7 Nonemployee compensation \$	10 Crop insurance proceeds \$		For Privacy and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns
Account number (see instructions)		11 [REDACTED]	12 [REDACTED]		
15a Section 409A deferrals \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
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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PAYER'S name, street address, city, state, ZIP code, and telephone no. Mac G. Sawyer Mac Sawyer Gen. Const. DBAD 2312 South Park Rd. Fairdale, Ky. 40118 502 361-8800		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S name Timothy Whitely		3 Other income \$	6 Medical and health care payments \$		Copy Internal Revenue Service Center File with Form 1099
Street address (including apt. no.) 4401 Southern Pkwy #2		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$		
City, state, and ZIP code Louisville, Ky 40214		7 Nonemployee compensation \$	10 Crop insurance proceeds \$		For Privacy and Paperwork Reduction Act Notice, see the 2010 General Instructions for Certain Information Returns.
Account number (see instructions)		11 [REDACTED]	12 [REDACTED]		
15a Section 409A deferrals \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no.		18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

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CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Mac G. Sawyer Mac Sawyer Gen. Const. DBAD 2312 South Park Rd. Fairdale, Ky. 40118 502-361-8800		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Internal Revenue Service Center File with Form 1041	
RECIPIENT'S name Laura L. Bailey		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$	For Privacy and Paperwork Reduction Notice, see 2010 General Instructions for Certain Information Returns	
Street address (including apt. no.) 9705 National Turnpike		9 [REDACTED] of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code Fairdale, Ky. 40118		11 [REDACTED]	12 [REDACTED]		
Account number (see instructions)		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

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Department of the Treasury - Internal Revenue Service

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CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Mac G. Sawyer Mac Sawyer Gen. Const. DBAD 2312 South Park Rd. Fairdale, Ky. 40118 502-361-8800		1 Rents \$	OMB No. 1545-0115 2010 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Internal Revenue Service Center File with Form 1041	
RECIPIENT'S name Victoria M. Brightwell		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$	For Privacy and Paperwork Reduction Notice, see the 2010 General Instructions for Certain Information Returns	
Street address (including apt. no.) 539 School Way		9 [REDACTED] of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City, state, and ZIP code Louisville, Ky. 40214		11 [REDACTED]	12 [REDACTED]		
Account number (see instructions)		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

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service



4434 POPLAR LEVEL RD.
 LOUISVILLE, KY 40213
 Phone:502-459-5556
 Fax:502-459-0066
 Web: WWW.JOHNSTONESUPPLY.COM/184

Branch Locations

For All Account/Billing Inquiries Please Call 502-459-5556

SOLD TO:
C.O.D. TAXABLE

SHIP TO:
 C.O.D. TAXABLE
 NO RETURN ON
 ELECTRICAL
 PARTS EXCHANGE ONLY
 WARRANTY
 LOUISVILLE KY 40213

Invoice Date	Invoice #
01/19/10	[REDACTED]
Total Amount Due	PG#
14.78	1
Remit To: JOHNSTONE SUPPLY PO BOX 35275 LOUISVILLE, KY 40232	

*** CREDIT CARD ***

Order Date	Customer Number	Customer P.O.	Sales Person
01/19/10	CODT	mac sawyer	JOHN EATON
Order Number	Shipped VIA	Ordered By	TERMS
02-244354-001			*****COD ONLY*****

Item	Johnstone Product Number	Quantity			Item Description	Each Price	Unit Price	Amount
		ORD	SHIP	B/O				
1	137-544	1	1	0	B1370738 TIME DELAY	31.93	13.94	13.94T

CERTIFICATION #####

Tax Rate	Taxable Amt	Total Tax	Core Total	MISC Charges	Merchandise Total
6.000%	\$13.94	\$0.84	\$0.00		\$13.94
Tax Number	Units Shipped	Freight/Fuel Surcharge	MDSE DISCOUNT	TOTAL AMOUNT DUE	
	1		\$0.00	\$14.78	

Signed By: 16:50:43 19 Jan 2010

*****8866

85834B

Cash: \$14.78

Check #: M/C

Change: _____

Remit To:

JOHNSTONE SUPPLY
 PO BOX 35275
 LOUISVILLE, KY 40232

PLEASE NOTE: ALL RETURNED MERCHANDISE IS SUBJECT TO A RESTOCKING CHARGE. NO RETURN ON SPECIAL ORDERED OR INSTALLED PARTS. NO GOODS ACCEPTED FOR RETURN AFTER 30 DAYS. NO RETURN OR WARRANTY ON ELECTRICAL PARTS. RETURNS MUST HAVE INVOICE.

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Invoices not paid within terms are subject to a service charge of 1.5% per month.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2009



2009 - Backhoe and flatbed truck with steel on it, preparing to travel for house moving job in Frankfort.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

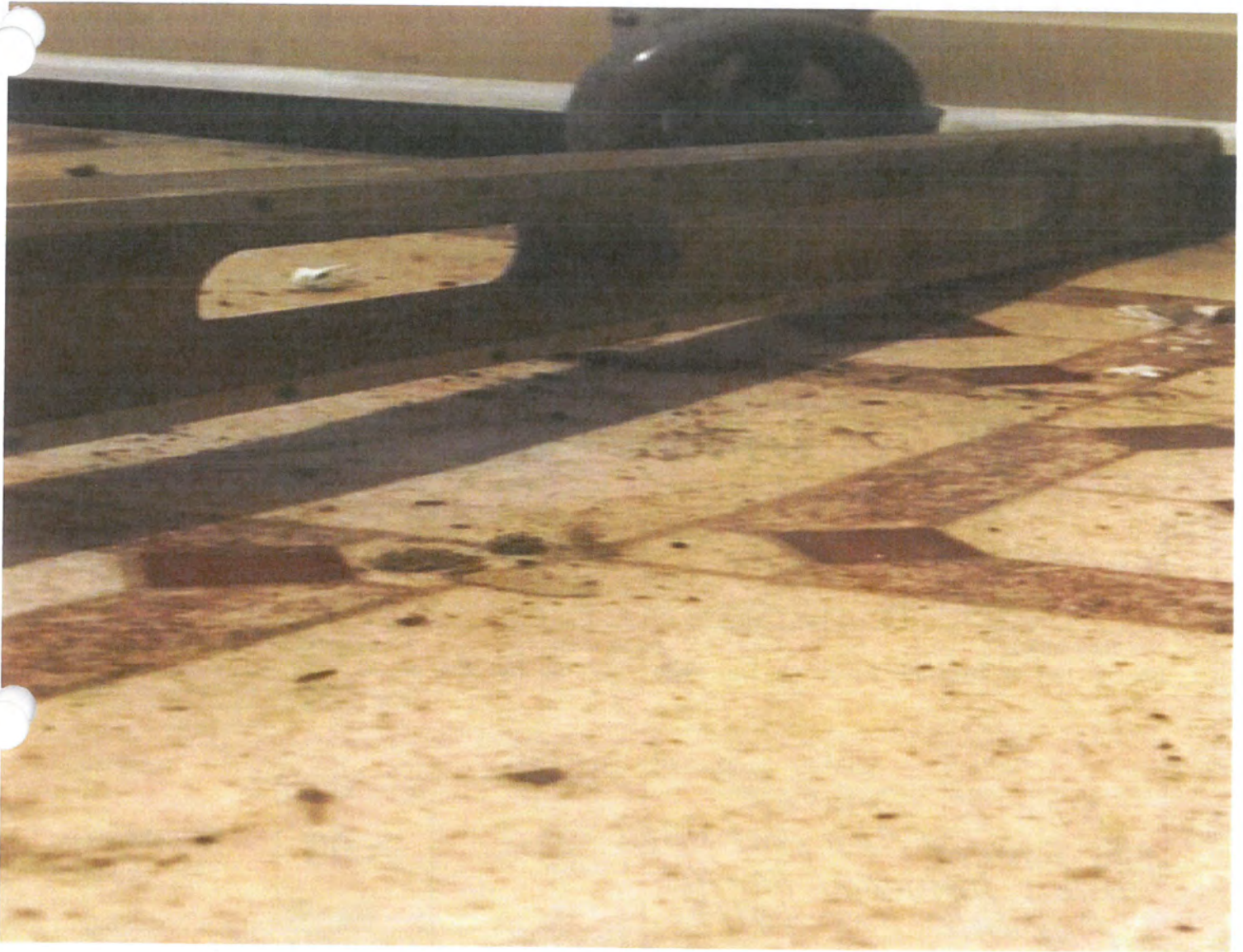
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2009



2009 - Unlevel floor prior to pier replacement.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2009



2009 - Leveling sagging floor during foundation repair.

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CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAG G SAWYER MAG SAWYER GEN COAST DBAD 9705 NATIONAL TURNPIKE FAIRDALE KY 40119 502 361-8800		1 Rents \$	OMB No. 1545-0115 2009 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number [REDACTED]		3 Other income \$	6 Medical and health care payments \$		
RECIPIENT'S name Victoria M. BRIGHTWELL		5 Fishing boat proceeds \$	7 Nonemployee compensation \$ [REDACTED]		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
Street address (including apt. no.) 539 School Way		8 Substitute payments in lieu of dividends or interest \$	9 Payer's contribution to a health, dental, or vision plan for an employee \$		
City, state, and ZIP code Louisville Ky 40214		10 Crop insurance proceeds \$	11 Dividends from trusts for the year in which the recipient receives them \$		
Account number (see instructions) [REDACTED]		12 Annuity payments from an employer or former employer \$	13 Excess golden parachute payments \$		
15a Section 409A deferrals \$		15b Section 409A income \$		14 Gross proceeds paid to an attorney \$	16 State tax withheld \$
17 State/Payer's state no.		18 State income \$			

Form 1099-MISC

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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, ZIP code, and telephone no. MAG G SAWYER MAG SAWYER GEN COAST DBAD 9705 NATIONAL TURNPIKE FAIRDALE KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2009 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number [REDACTED]		3 Other income \$	6 Medical and health care payments \$		
RECIPIENT'S name MAG G SAWYER		5 Fishing boat proceeds \$	7 Nonemployee compensation \$ [REDACTED]		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
Street address (including apt. no.) 2312 South PK Road		8 Substitute payments in lieu of dividends or interest \$	9 Payer's contribution to a health, dental, or vision plan for an employee \$		
City, state, and ZIP code Louisville Ky 40219		10 Crop insurance proceeds \$	11 Dividends from trusts for the year in which the recipient receives them \$		
Account number (see instructions) [REDACTED]		12 Annuity payments from an employer or former employer \$	13 Excess golden parachute payments \$		
15a Section 409A deferrals \$		15b Section 409A income \$		14 Gross proceeds paid to an attorney \$	16 State tax withheld \$
17 State/Payer's state no.		18 State income \$			

Form 1099-MISC

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Department of the Treasury - Internal Revenue Service

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Jay's Auto Recycling
 6277 Hwy 455
 Sparta, KY 41086
 859-643-0524

695200

Invoice

SOLD TO: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

SHIP TO: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

CUSTOMER ORDER NO.: _____
 SOLD BY: **JAY**
 TERMS: _____
 F.O.B.: _____
 DATE: **4-02-09**

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		JAYS AUTO SOLD			750
		MAC SAWYERS HOUSE			CASH
		BUILDING MOVENS			
		A SET OF HUY DUTY			
		DOLLYS FOR MOVENS			
		STRUCTURES			
		AS-IS			

AS-IS *[Signature]*

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2008



2008 - Derby City Cleaning carpet cleaning van, dispatched from 9705 National Turnpike.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2008



2008 - Traffic control equipment used during house moves stored at 9705 National Turnpike.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD 9705 NATIONAL TURNPIKE FAIRDALE, KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2008 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name KOLTER LAW OFFICE Street address (including apt. no.) PO BOX 2199 City, state, and ZIP code LOUISVILLE, KY 40201		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For State Tax Department	
Account number (see instructions)		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest		
15a Section 409A deferrals \$	15b Section 409A income \$	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 [REDACTED]	12 [REDACTED]
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		16 State tax withheld \$	17 State/Payer's state no. \$
18 State income \$		Department of the Treasury - Internal Revenue Service			

Form 1099-MISC

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PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD 9705 NATIONAL TURNPIKE FAIRDALE, KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2008 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S name MAC SAWYER GEN CONST Street address (including apt. no.) 2312 SOUTH PARK MROAD City, state, and ZIP code LOUISVILLE, KY 40219		5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy For State Tax Department	
Account number (see instructions)		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest		
15a Section 409A deferrals \$	15b Section 409A income \$	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 [REDACTED]	12 [REDACTED]
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$		16 State tax withheld \$	17 State/Payer's state no. \$
18 State income \$		Department of the Treasury - Internal Revenue Service			

Form 1099-MISC

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD 9705 NATIONAL TURNPIKE FAIRDALE, KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2008 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy 1 For State Tax Department
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number [REDACTED]		
RECIPIENT'S name CINDY L WHITELEY		7 Nonemployee compensation \$ [REDACTED]		
Street address (including apt. no.) 9705 NAT'L TUPK		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> Crop insurance proceeds \$		
City, state, and ZIP code FAIRDALE LOUISVILLE, KY 40119		11 [REDACTED]		
Account number (see instructions)		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

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD 9705 NATIONAL TURNPIKE FAIRDALE, KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2008 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy 1 For State Tax Department
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number [REDACTED]		
RECIPIENT'S name JAMES G WHITLEY		7 Nonemployee compensation \$ [REDACTED]		
Street address (including apt. no.) 1211 DAWKINS RD		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> Crop insurance proceeds \$		
City, state, and ZIP code LAGRARGE, KY 40031		11 [REDACTED]		
Account number (see instructions)		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 incor \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service



LOUISVILLE METRO REVENUE COMMISSION

FORM 1099-SF

STATEMENT OF NON-EMPLOYEE COMPENSATION

ACCOUNT NAME AND ADDRESS

SAWYERS, MAC G
2312 SOUTH PARK RD
LOUISVILLE KY 40219-4763

CHECK IF CHANGE IN ADDRESS IS BELOW

Name _____
Address _____
City, State, Zip _____
Social Security No _____
Federal ID No _____
Phone Number _____

CHECK IF 100% OF COMPENSATION PAID WAS PERFORMED IN LOUISVILLE METRO, KY (See Reporting Requirements on Page 2)

ACCOUNT NO 820449
CALENDAR YEAR 2008

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
NAME (TYPE OR PRINT)	STREET ADDRESS CITY, STATE, ZIP CODE	RECIPIENT'S SSN OR FID	TOTAL NON-EMPLOYEE COMPENSATION PAID	AMOUNT OF COL 4 EARNED IN LOUISVILLE METRO	OCCUPATIONAL TAX WITHHELD
VICTORIA BRIGHTWELL	539 School Way Louisville KY 40214	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
JAMES C WHITELEY	1211 DAVIDSON RD LAGRANGE KY 40031	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
LAURA L BAILEY	PO BOX 974 FAIRDALE KY 40119	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DANA KOLTER	PO BOX 2099 LOUISVILLE KY 40201	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CINDY WHITELEY	9705 WAT KIRKPICK FAIRDALE KY 40119	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

INSTRUCTIONS FOR PREPARING FORM 1099-SF FOR LOUISVILLE METRO, KENTUCKY

GENERAL: Payor should report only those recipients who receive \$600.00 or more for services performed in Louisville Metro, Kentucky. (Entry in Column 5 is greater than or equal to \$600.00.)

COLUMN 1: Enter the name of the recipient who received non-employee compensation. (Enter legal name, do not use D/B/A's.)

COLUMN 2: Enter the mailing address of the recipient of the non-employee compensation. (Home address preferred.)

COLUMN 3: Enter the social security number or federal identification number of the recipient.

COLUMN 4: Enter the total amount of non-employee compensation paid to the recipient during the tax year.

COLUMN 5: Enter the amount of non-employee compensation which was paid to the recipient for services performed within Louisville Metro, Kentucky. (Do not complete for any recipient compensated under \$600.00.)

COLUMN 6: Enter the amount of occupational tax that was withheld and remitted to the Louisville Metro Revenue Commission on behalf of the recipient of the non-employee compensation. Local taxes should not be withheld from non-employee compensation. However, if you did withhold in error, please record amount in Column 6.

Under penalties of perjury, I declare that I have examined this return, including accompanying documents and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE: _____ DATE: _____
PRINT NAME: _____ TITLE: _____

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811



LOUISVILLE METRO REVENUE COMMISSION

FORM 1099-S

STATEMENT OF NON-EMPLOYEE COMPENSATION

ACCOUNT NAME AND ADDRESS

MAC SAWYER GEN CONTR I/PD
9705 NATIONAL TURNPIKE
FAIRDALE KY 40118

CHECK IF CHANGE IN ADDRESS IS BELOW

Name _____
Address _____
City, State, Zip _____
Social Security No _____
Federal ID No _____
Phone Number _____

CHECK IF 100% OF COMPENSATION PAID WAS PERFORMED IN LOUISVILLE METRO, KY (See Reporting Requirements on Page 2)

ACCOUNT NO _____
CALENDAR YEAR 2008

COL 1	COL 2	COL 3	COL 4	COL 5	COL 6
NAME (TYPE OR PRINT)	STREET ADDRESS CITY, STATE, ZIP CODE	RECIPIENT'S SSN OR ID	TOTAL NON-EMPLOYEE COMPENSATION PAID	AMOUNT OF COL 4 EARNED IN LOUISVILLE METRO	OCCUPATIONAL TAX WITHHELD
MAC G SAWYER	2312 South Park Rd Louisville Ky 40219	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

INSTRUCTIONS FOR PREPARING FORM 1099-SF FOR LOUISVILLE METRO, KENTUCKY

GENERAL: Payor should report only those recipients who receive \$600.00 or more for services performed in Louisville Metro, Kentucky. (Entry in Column 5 is greater than or equal to \$600.00.)

COLUMN 1: Enter the name of the recipient who received non-employee compensation. (Enter legal name, do not use D/B/A's.)

COLUMN 2: Enter the mailing address of the recipient of the non-employee compensation. (Home address preferred.)

COLUMN 3: Enter the social security number or federal identification number of the recipient.

COLUMN 4: Enter the total amount of non-employee compensation paid to the recipient during the tax year.

COLUMN 5: Enter the amount of non-employee compensation which was paid to the recipient for services performed within Louisville Metro, Kentucky. (Do not complete for any recipient compensated under \$600.00.)

COLUMN 6: Enter the amount of occupational tax that was withheld and remitted to the Louisville Metro Revenue Commission on behalf of the recipient of the non-employee compensation. Local taxes should not be withheld from non-employee compensation. However, if you did withhold in error, please record amount in Column 6.

Under penalties of perjury, I declare that I have examined this return, including accompanying documents and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

file

Do Not Staple

6969

OMB No. 1545-0109

Form **1096**
Department of the Treasury
Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

2008

FILER'S name

MAC SAWYER GENERAL CONST DBAD

Street address (including room or suite number)

9705 NATIONAL TURNPIKE

City, state, and ZIP code

FAIRDALE, KY 40119

SENT TO LOUISIANA REU
25 Feb 09 JB

Name of person to contact

MAC SAWYER

Telephone number

(502 361 - 8800

Email address

RRRIGH1100@INSIGHTBB.COM

Fax number

()

For Official Use Only



1 Employer identification number

2 Social security number

3 Total number of forms

4 Federal income tax withheld \$

5 Total amount reported with this Form 1096 \$ 45200.00

6 Enter an "X" in only one box below to indicate the type of form being filed.

7 If this is your final return, enter an "X" here

W-2G 32 <input type="checkbox"/>	1099-81 81 <input type="checkbox"/>	1099-C 78 <input type="checkbox"/>	1099-E 84 <input type="checkbox"/>	1099-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 82 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>
1099-MISC 95 <input checked="" type="checkbox"/>	1099-CXD 98 <input type="checkbox"/>	1099-PATH 97 <input type="checkbox"/>	1099-C 31 <input type="checkbox"/>	1099-R 88 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>				

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title OWNER Date

Instructions

What's new. After December 31, 2008, tape cartridges will no longer be accepted at the Enterprise Computing Center—Martinsburg (ECC—MTB). The only acceptable method of filing information returns with ECC—MTB will be electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically.

Where to file. The following changes have been made under Where To File.

- The general addresses have been changed to a three-line format.
- Form 1098-C is now filed at the Internal Revenue Service Center in Austin, Texas, or Kansas City, Missouri, based on the filer's location.

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

- When to file.** File Form 1096 as follows.
- With Forms 1099, 1098, or W-2G, file by March 2, 2009.
 - With Forms 5498, 5498-ESA, or 5498-SA, file by June 1, 2009.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 78301

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD 9705 NATIONAL TURNPIKE FAIRDALE, KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2008 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 1 For State Tax Department	
RECIPIENT'S name LAURA L BAILEY Street address (including apt. no.) P.O. BOX 974 10010 FARMERS LN City, state, and ZIP code FAIRDALE, KY 40118		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD 9705 NATIONAL TURNPIKE FAIRDALE, KY 40119 502-361-8800		1 Rents \$	OMB No. 1545-0115 2008 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 1 For State Tax Department	
RECIPIENT'S name VICTORIA M BRIGHTWELL Street address (including apt. no.) 539 SCHOOL WAY City, state, and ZIP code LOUISVILLE, KY 40214		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2007



2007 - Failed foundation and masonry block repair on commercial building.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2007



2007 - Failed foundation and masonry block repair on commercial building.

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Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service Name(s) shown on return

See separate instructions. Attach to your tax return.

Business or activity to which this form relates

Identifying number

MAC SAWYER GENERAL CONTRACTORS I

FORM 1120

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost of section 179 property. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year.

Table with 13 rows for Section 179 election continuation. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2008.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Special Depreciation Allowance. Line 14: Special allowance for qualified New York Liberty or Gulf Opportunity Zone property. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2007. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 5 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (see instructions)

Table with 3 rows for Summary. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

U.S. Corporation Income Tax Return

For calendar year 2007 or tax year beginning _____, 2007, ending _____, 2007
 ▶ See separate instructions.

2007

- A Check if:**
- 1a Consolidated return (attach Form 851)
 - Life/nonlife consolidated return
 - Personal holding co. (attach Sch. PH)
 - 3 Personal service corp. (see instructions)
 - 4 Schedule M-3 attached

Use IRS label. Otherwise, print or type.

Name: **MAC SAWYER GENERAL CONTRACTORS INC**

Number, street, and room or suite no. If a P.O. box, see instructions: **MAC SAWYER
9705 NATIONAL TPKE**

City or town, state, and ZIP code: **FAIRDALE KY 40118**

B [Redacted]

C Date incorporated: **01-26-1987**

D Total assets (see instructions): \$ [Redacted]

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales	[Redacted]	b	Less returns and allowances	[Redacted]	c	Bal	1c	[Redacted]
	2	Cost of goods sold (Schedule A, line 3)	[Redacted]						2	[Redacted]
	3	Gross profit. Subtract line 2 from line 1c	[Redacted]						3	[Redacted]
	4	Dividends (Schedule C, line 19)	[Redacted]						4	[Redacted]
	5	Interest	[Redacted]						5	[Redacted]
	6	Gross rents	[Redacted]						6	[Redacted]
	7	Gross royalties	[Redacted]						7	[Redacted]
	8	Capital gain net income (attach Schedule D (Form 1120))	[Redacted]						8	[Redacted]
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	[Redacted]						9	[Redacted]
	10	Other income (see instructions - attach schedule)	[Redacted]						10	[Redacted]
	11	Total Income. Add lines 3 through 10	[Redacted]						11	[Redacted]

Deductions (See instructions for a-d on deductions.)	12	Compensation of officers (Schedule E, line 4)	[Redacted]	12	[Redacted]
	13	Salaries and wages (less employment credits)	[Redacted]	13	[Redacted]
	14	Repairs and maintenance	[Redacted]	14	[Redacted]
	15	Bad debts	[Redacted]	15	[Redacted]
	16	Rents	[Redacted]	16	[Redacted]
	17	Taxes and licenses	[Redacted] ATT. CTL.	17	[Redacted]
	18	Interest	[Redacted]	18	[Redacted]
	19	Charitable contributions	[Redacted]	19	[Redacted]
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)	[Redacted]	20	[Redacted]
	21	Depletion	[Redacted]	21	[Redacted]
	22	Advertising	[Redacted]	22	[Redacted]
	23	Pension, profit-sharing, etc., plans	[Redacted]	23	[Redacted]
	24	Employee benefit programs	[Redacted]	24	[Redacted]
	25	Domestic production activities deduction (attach Form 8903)	[Redacted]	25	[Redacted]
	26	Other deductions (attach schedule)	[Redacted] Statement # 5	26	[Redacted]
	27	Total deductions. Add lines 12 through 26	[Redacted]	27	[Redacted]
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	[Redacted]	28	[Redacted]
29	Less: a Net operating loss deduction (see instructions)	29a [Redacted]			
	b Special deductions (Schedule C, line 20)	29b [Redacted]			
			29c	[Redacted]	

Tax and Payments	30	Taxable income. Subtract line 29c from line 28 (see instructions)	[Redacted]	30	[Redacted]
	31	Total tax (Schedule J, line 10)	[Redacted]	31	[Redacted]
	32a	2006 overpayment credited to 2007	32a [Redacted]		
	b	2007 estimated tax payments	32b [Redacted]		
	c	2007 refund applied for on Form 4466	32c [Redacted]	d	Bal ▶ 32d [Redacted]
	e	Tax deposited with Form 7004	[Redacted]	32e [Redacted]	
	f	Credits: (1) Form 2439 (2) Form 4136	[Redacted]	32f [Redacted]	32g [Redacted]
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	[Redacted]	33	[Redacted]
	34	Amount owed. If line 32g is smaller than the total of lines 31 and 33, enter amount owed	[Redacted]	34	[Redacted]
	35	Overpayment. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid	[Redacted]	35	[Redacted]
36	Enter amount from line 35 you want: Credited to 2008 estimated tax ▶ Refunded ▶	[Redacted]	36	[Redacted]	

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

Signature of officer: *Victoria M. Brightwell* Date: _____ Title: **OWNER**

Preparer's signature: *Victoria M. Brightwell* Date: **03-05-2008** Check if self-employed Preparer's SSN or PTIN: [Redacted]

Firm's name (or yours if self-employed): **VICTORIA M BRIGHTWELL** EIN: [Redacted]

address, and ZIP code: **539 SCHOOL WAY LOUISVILLE KY 40214** Phone no.: **(502) 361-0696**

Schedule J Tax Computation (see instructions)

Table with 10 rows for Tax Computation. Rows include: 1 Check if the corporation is a member of a controlled group, 2 Income tax, 3 Alternative minimum tax, 4 Add lines 2 and 3, 5a Foreign tax credit, 5b Credits from Forms 5735 and 8834, 5c General business credit, 5d Credit for prior year minimum tax, 5e Bond credits from, 6 Total credits, 7 Subtract line 6 from line 4, 8 Personal holding company tax, 9 Other taxes, 10 Total tax.

Schedule K Other Information (see instructions)

Table with 13 rows for Other Information. Rows include: 1 Check accounting method (Cash checked), 2 Business activity code (561740) and description (CARPET CLEANING), 3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (Yes checked), 4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes checked), 5 At the end of the tax year, did any individual, partnership corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (Yes checked), 7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? (Yes checked), 8 Check this box if the corporation issued publicly offered debt instruments with original issue discount, 9 Enter the amount of tax-exempt interest received or accrued during the tax year, 10 Enter the number of shareholders at the end of the tax year (if 100 or fewer), 11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here, 12 Enter the available NOL carryover from prior tax years, 13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? (Yes checked).

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 7
To	LOU METRO	From
Co.		MAC SAWYER
Dept.		Co.
Fax #	574-4818	Phone #
		Fax # 361-8800



LOUISVILLE METRO REVENUE COMMISSION

PO Box 35410 • Louisville, KY 40232-5410
 Telephone: 502-574-4860

Monday - Friday
 8:00am - 5:00pm
 Fax: 502-574-4818

101 S 8th Street
 Louisville, KY 40202
 TDD: 502-574-4811

Nov 14, 2007

MAC SAWYER GENERAL CONTRACTORS INC
 9705 NATIONAL TPKE
 FAIRDALE KY 40118-9766

Account No:	[REDACTED]
Tax Type:	OL
Tax Period:	20061231

**THIRD NOTICE
 Failure to Submit Form 1099-SF**

A review of your Occupational License Tax Return (Form OL-3) for the tax year ending Dec 31, 2006 and the copy of the federal return submitted to this office indicates that you have taken a deduction for non-employee compensation such as contract labor, casual labor, commissions, etc.

However, our records indicate that you did not submit Form 1099-SF that was due by February 28th. Please be advised that you must complete, sign, and submit Form 1099-SF to this agency if you made payments of \$600.00 or more to persons other than employees (i.e. non-employee compensation) for services performed within the Louisville Metro, Kentucky, jurisdiction.

The information you must submit to this office includes:

1. Payor's name, address, federal identification number, and Louisville Metro Revenue Commission account number
2. Recipient's name, address, and identifying number, i.e. social security number or federal identification number
3. Amount of non-employee compensation paid for the tax year ending Dec 31, 2006
4. Amount of non-employee compensation paid for work performed in the Louisville Metro, Kentucky area during the tax year ending Dec 31, 2006

You can upload a file containing this data at www.metrorevenue.org. Your account number and federal identification are required to begin this process. If you do not wish to upload the data electronically, you can complete Form 1099-SF and return it with this letter in the enclosed envelope, or fax to 502-574-4818 within 30 days from the date of this notice. You can obtain a copy of all forms through our website, www.metrorevenue.org, by selecting Forms and Publications.

Failure to respond to this inquiry may result in an audit of your account. In this case, you will be required to appear in person for an audit at the office of the Louisville Metro Revenue Commission.

If you have any questions, please contact Taxpayer Services at 502-574-4860.

Taxpayer Audit Division

For Credit Card or E-Check Payments: 1-800-272-9829 or www.metrorevenue.org (Use Jurisdiction Code 2702)
 NECNECOL3, 4181300, 11/14/2007

9595 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.

MAC SAWYER GENERAL CONST DEAD
 9705 NATIONAL TURNPIKE
 FAIRDALE, KY 40119
 502-361-8800

OMB No. 1545-0115

2007

Miscellaneous
Income

PAYER'S federal identification number

1 Rents

2 Royalties

3 Other income

4 Federal income tax withheld

5 Fishing boat proceeds

6 Medical and health care payments

RECIPIENT'S name

7 Nonemployee compensation

8 Substitute payments in lieu of dividends or interest

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

10 Crop insurance proceeds

11

12

13 Excess golden parachute payments

14 Gross proceeds paid to an attorney

Street address (including apt. no.)

3012 STONEBRIDGE ROAD

15a Section 409A deferrals

15b Section 409A income

16 State tax withheld

17 State/Payer's state no.

18 State income

City, state, and ZIP code

LOUISVILLE, KY 40291

Account number (see instructions)

2nd TIN not

19

20

21

22

23

Form 1099-MISC

41-0852411

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING

PRINTED IN U.S.A. ON RECYCLED OCR LASER BOND PAPER USING HEAT RESISTANT INKS

File with Form 1096
For Privacy Act and Paperwork Reduction Act Notice, see the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.



Shelter Distribution, Inc.
 1860 East 28th Street
 Minneapolis, MN 55407
 612-721-1904
 www.shelterdistribution.com

each Roofing Supply Company

POPULAR BRANCH
 SHELTER DISTRIBUTION, INC.
 4500 Collections Center Drive
 IL
 CHICAGO 60693-4500

WAREHOUSE
 POPULAR BRANCH
 SHELTER DISTRIBUTION
 4400 POPLAR LEVEL RD.
 LOUISVILLE KY 40213
 Phone #502 458 3221

PAYMENT TYPE CASH
DOCUMENT NO. 9801447
DOCUMENT DATE 9/07/07
CUSTOMER NO. 252/95
WAREHOUSE 917
 1146/06

PAGE NO. 2

SALES ORDER PICK TICKET

Order by:

SPECIAL INSTRUCTIONS

MAC SAWYER GENERAL C
 20 INDUSTRY RD
 LOUISVILLE KY 40208
 Phone # (502) 458-3221

SHIP TO
 MAC SAWYER GENERAL C
 SHELTER DISTRIBUTION
 4400 POPLAR LEVEL RD.
 LOUISVILLE KY 40213

PD MASTERCARD

CUSTOMER P.O. NUMBER	JOB NAME	JOB NO.	SLS	SALES	ORDER DATE	SHIPPED	B/O	UNIT PRICE	EXTENDED AMOUNT
			HSE	RXY	9/07/07	PICKUP			09/07/07

PRODUCT NO. / DESCRIPTION	U/M	ORDERED	SHIPPED	EXT WT (lbs)	UNIT PRICE	EXTENDED AMOUNT
VRS 0A 480050 FLASHING 9" X 50'	RL	1	1	0	137.0300	137.03
VRS V-150 SPLICE PRIMER 1 GAL	CAN	3	3	0	20.5600	61.68
VRS 0A 3" X 100' SEAM TAPE BLK	PL	6	6	0	60.9000	365.40
VRS 0A 3" X 100' SEAM TAPE BLK	PL	2	2	0	5.4600	10.92

PREPAID	NO. CTNS	WEIGHT	SHIPPED VIA	SHIP DATE	PICKED BY	FILLED BY	PACKED BY	CHECKED BY	AMOUNT	TAX	FREIGHT	TOTAL DUE
		700										

RECEIVED BY: *[Signature]*
 CONTINUED...
 DATE RECEIVED: _____
 FOR CHEMICAL EMERGENCY
 SPILL, LEAK, EXHAUSTION, OR ACCIDENT
 ALL CHEMTREC - DAY OR NIGHT 800-424-9300 X

ALL SALES ARE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE REVERSE SIDE OF THIS FORM AND THE DRIVER ACCEPTS THESE TERMS AND CONDITIONS



Air Conditioning & Heating

Goodman Distribution, Inc.
P.O. BOX 201652
Houston, TX 77216-1652



6028498

REMIT TO

SOLD TO

MAC SAWYER GENERAL CONTRACTOR
9705 NATIONAL TURNPIKE
FAIRDALE KY 40118

WAREHOUSE

LOUISVILLE BRANCH #128
GOODMAN DISTRIBUTION IN
3904 PRODUCE ROAD SUITE
LOUISVILLE KY 40218
Phone #502 962 8567

SHIP TO

MAC SAWYER GENERAL CONTRACTOR
GOODMAN DISTRIBUTION INC. #128
3904 PRODUCE ROAD SUITE E
LOUISVILLE KY 40218

SALES ORDER
INVOICE

6028498

PAYMENT TYPE
DOCUMENT NO.
DOCUMENT DATE
CUSTOMER NO.
WAREHOUSE

CASH
6028498
8/20/07
244690
128

SPECIAL INSTRUCTIONS

CUSTOMER P.O. NUMBER

JOB NAME

JOB NO.

SLS

SALES

ORDER DATE

HSE

FMV

8/20/07

LINE/
LOCATION

001 GSC130301
073932 13 SEER AC, 2.5 TON

S/N: 0707759265 GSC130301B GSC130301A

PRODUCT NO./DESCRIPTION

U/M

ORDERED

SHIPPED

PICKUP

SHIPPING METHOD

DISCOUNT

UNIT PRICE

B/O

EXTENDED AMOUNT

EA 1 1 0 579.00000

579.00

FL.Pavment

NO. CTNS	WEIGHT	SHIPPED VIA	SHIP DATE	PICKED BY	SCANNED BY	LOADED BY	REVIEWED BY	AMOUNT
								579.00
								TAX 6.000 % 35.22
								FREIGHT .00
								8.00

RECEIVED IN NEW CONDITION BY x

DATE RECEIVED

All Returns Subject to 20% Restocking Fee Rev. 08/20/07 15:16 END OF ORDER

STICMID

Pat Payne Distributors, Inc.

"THE TIRE SOLVER COMPANY"



P.O. Box 99 502-955-6225
 Brooks, KY 40109 Fax: 502-955-6776

PAGE

SOLD TO: *Pat Payne Distributors, Inc.*
 250 South Park Road
 Louisville KY 40217

SHIP TO: *Pat Payne Distributors, Inc.*
 250 South Park Road
 Louisville KY 40217

DATE: 05/07/09 12:00 PM
 CUSTOMER #: 70200 502-955-6776
 TERMS: 1/11

 7 INVOICE INVOICE INVOICE INVOICE

SHIP VIA: Will Call
 SALESPERSON: ROGER EISENBERG
 P.O. #

	SKU NUMBER	DESCRIPTION	U/M	QUANTITY			UNIT PRICE	EXTENDED AMOUNT
				ORDERED	SHIPPED	BACK ORDERED		
1	STS 5GAL	5 GALLON OTR TIRE SEALANT	EACH	1.0	1.00		85.050	85.05
2	17-586 XS	1 3/4" BRASS TUBELESS AIR L.O. VALVE 10	EACH	1.0	1.00		1.850	1.85
3	14-101 XS	32 OZ. BEAD SEALER, FLAMMABLE	EACH	1.0	1.00		9.170	9.17
4								
5								
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38								
39								
40								
41								

NOT RESPONSIBLE FOR EQUIPMENT LEFT OVERNIGHT. EQUIPMENT LEFT MAY HAVE A STORAGE FEE ADDED TO THE BILL.

TOTAL TAXABLE AMOUNT	SALES TAX	FREIGHT CHARGES	OTHER CHARGES	TOTAL INVOICE AMOUNT	AMOUNT PAID	TOTAL AMOUNT DUE
		7.00	0.00	96.87	9.07	87.80

CUSTOMER COPY

Louisville Tractor, Inc.

1675 Watterson Trail
 PO Box 99307
 Louisville KY 40269-0307
 Phone: (502) 267-8237
 800-866-5473
 www.loutractor.com

INVOICE

151 MACK SAWYER

DATE	INVOICE NUMBER	CUSTOMER ACCT NO	TERMS	PO# / PHONE# / STOCK#
01/23/07	410076	00001	NET 10TH <small>A FINANCE CHARGE OF 2% OF THE AMOUNT PAST DUE WILL BE ADDED EACH MONTH TO YOUR ACCOUNT. AN ANNUAL RATE OF 24%.</small>	
QUANTITY	PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	STORE HOURS MONDAY-FRIDAY 7:30-5:30 SATURDAY 8:00-NOON			
1	PSN96331EA	CONTROL ASSEMBLY	15.32	15.32
				15.32
				1.92
				16.24
				<i>M/C</i>
<p>ELECTRICAL PARTS NOT RETURNABLE 15% HANDLING CHARGE ON ALL PARTS RETURNED</p>				
<p><small>Louisville Tractor hereby expressly disclaims all warranties either express or implied, including any implied warranties of merchantability or fitness for a particular purpose in connection with the part or parts sold hereby. It Neither Assumes Nor authorizes any other person to assume for it any liability in connection with the sale of such parts. Buyer shall not be entitled to recover from Louisville Tractor any consequential damages, damages to property, damages for loss of use or time, loss of income or any other incidental damages. The Buyer Acknowledges and agrees that any warranties applying to the part or parts purchased hereunder shall be those which may be offered by the Manufacturer Thereof.</small></p>			<p>RECEIVED BY _____</p>	

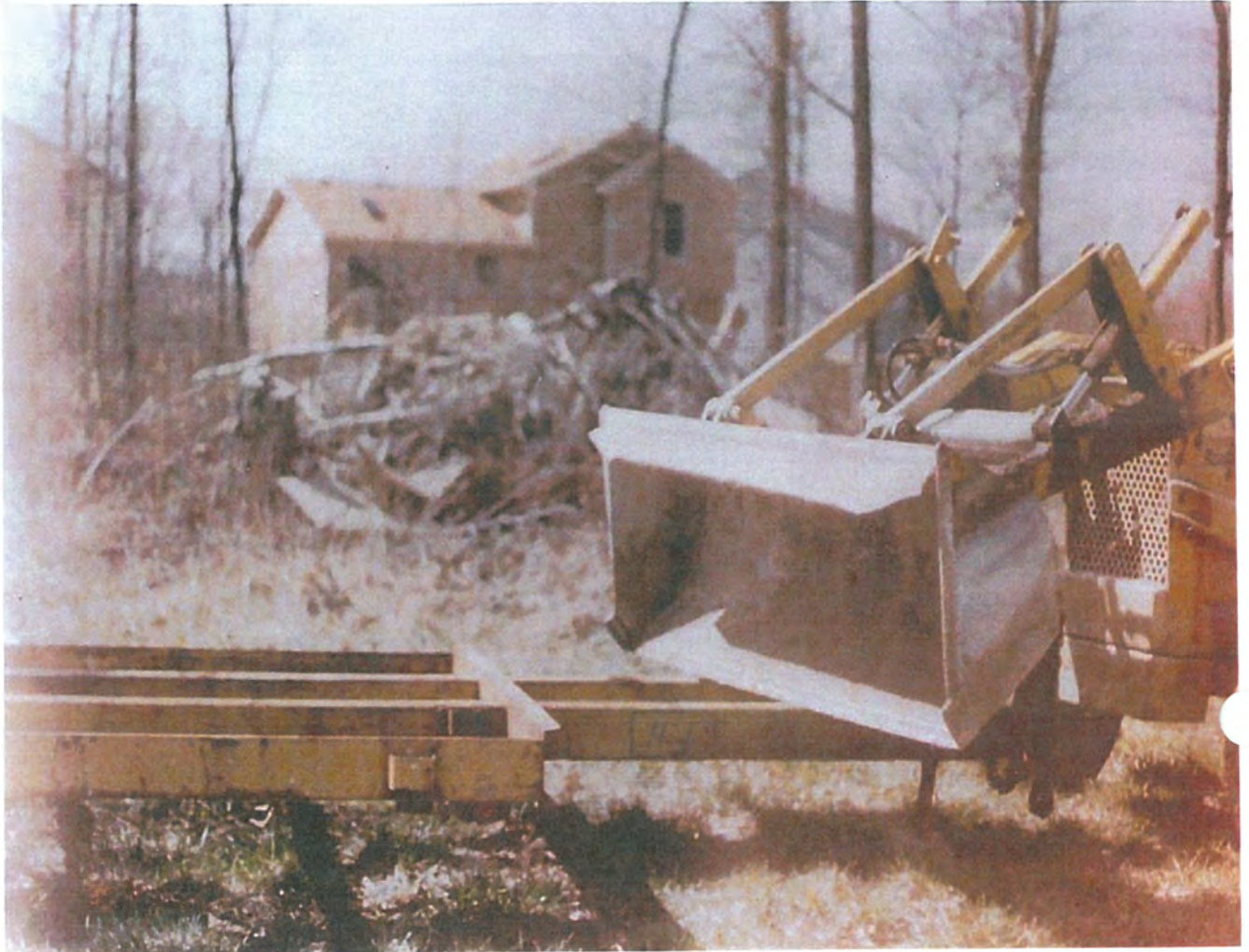
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2006



2006 - Digging a basement, preparing for a house to arrive.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2006



2006 - Mac Sawyer's House and Building Movers job site, house was moved out, and garage demolished.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2006



2006 - Cleaning, Clearing, and Leveling lot after a house found a new home.

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VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no MAC SAWYER GENERAL CONST DBAD DERBY CITY CARPET CLEANING 9705 NATIONAL TURNPIKE LOUISVILLE, KY 40118 502-361-6188		1 Rents \$	OMB No 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy 1 For State Tax Department
RECIPIENT'S name LAURA L BAILEY Street address (including apt no.) P O BOX 974 10010 FARMERS LN City, state, and ZIP code FAIRDALE, KY 40118-0974		6 Medical and health care payments \$	7 Nonemployee compensation \$ [REDACTED]	
Account number (see instructions)		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 \$
15a Section 409A deferrals \$		11	12	
15b Section 409A income \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no MAC SAWYER GENERAL CONST DBAD DERBY CITY CARPET CLEANING 9705 NATIONAL TURNPIKE LOUISVILLE, KY 40118 502-361-6188		1 Rents \$	OMB No 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy 1 For State Tax Department
RECIPIENT'S name VICTORIA M BRIGHTWELL Street address (including apt no.) 539 SCHOOL WAY City, state, and ZIP code LOUISVILLE, KY 40214		6 Medical and health care payments \$	7 Nonemployee compensation \$ [REDACTED]	
Account number (see instructions)		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 \$
Section 409A deferrals \$		11	12	
15b Section 409A income \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD DERBY CITY CARPET CLEANING 9705 NATIONAL TURNPIKE LOUISVILLE, KY 40118 502-361-6188		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy 1 For State Tax Department
RECIPIENT'S name MAC G SAWYER		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.) 2312 SOUTH PARK ROAD		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, state, and ZIP code LOUISVILLE, KY 40219		11	12		
Account number (see instructions)		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

Department of the Treasury - Internal Revenue Service

X VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MAC SAWYER GENERAL CONST DBAD DERBY CITY CARPET CLEANING 9705 NATIONAL TURNPIKE LOUISVILLE, KY 40118 502-361-6188		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy 1 For State Tax Department
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.)		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, state, and ZIP code		11	12		
Account number (see instructions)		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

Department of the Treasury - Internal Revenue Service



LOUISVILLE METRO REVENUE COMMISSION

FORM
1099-SF

STATEMENT OF NON-EMPLOYEE COMPENSATION

CHECK IF CHANGE IN ADDRESS IS BELOW

Name MAC G SAWYER
 Address 2312 South Park Rd
 City Louisville State Ky Zip 40219
 Federal ID _____ SSN 404622041 Phone 361-8860 Ext _____

CHECK IF 100% OF COMPENSATION PAID WAS FOR SERVICES PERFORMED IN LOUISVILLE METRO, KY (See Reporting Requirements on Page 2)

ACCOUNT NO

CALENDAR YEAR

[REDACTED]
2006

COL 1 NAME (TYPE OR PRINT)	COL 2 STREET ADDRESS CITY, STATE, ZIP CODE	COL 3 RECIPIENT'S REV OR ID	COL 4 TOTAL NON-EMPLOYEE COMPENSATION PAID	COL 5 AMOUNT OF COL 4 EARNED IN LOUISVILLE METRO	COL 6 OCCUPATIONAL TAX WITHHELD
Laura L. Bailey	PO Box 974 Fairdale Ky 40118	[REDACTED]	[REDACTED]	[REDACTED]	-0-
Victoria Brightwell	539 School Way Louisville Ky 40216	[REDACTED]	[REDACTED]	[REDACTED]	-0-
Billy W. Jones	4223 Southern Blvd #3 Louisville Ky 40214	[REDACTED]	[REDACTED]	[REDACTED]	-0-
Dwayne McDaniels	999 Whitney Ave Louisville Ky 40215	[REDACTED]	[REDACTED]	[REDACTED]	-0-

INSTRUCTIONS FOR PREPARING FORM 1099-SF FOR LOUISVILLE METRO, KENTUCKY

GENERAL: Payor should report only those recipients who receive \$600.00 or more for services performed in Louisville Metro, Kentucky. (Entry in Column 5 is greater than or equal to \$600.00.)

COLUMN 1: Enter the name of the recipient who received non-employee compensation. (Enter legal name, do not use D/B/A's.)

COLUMN 2: Enter the mailing address of the recipient of the non-employee compensation. (Home address preferred.)

COLUMN 3: Enter the social security number or federal identification number of the recipient.

COLUMN 4: Enter the total amount of non-employee compensation paid to the recipient during the tax year.

COLUMN 5: Enter the amount of non-employee compensation which was paid to the recipient for services performed within Louisville Metro, Kentucky. (Do not complete for any recipient compensated under \$600.00.)

COLUMN 6: Enter the amount of occupational tax that was withheld and remitted to the Louisville Metro Revenue Commission on behalf of the recipient of the non-employee compensation. Local taxes should not be withheld from non-employee compensation. However, if you did withhold in error, please record amount in Column 6.

Under penalties of perjury, I declare that I have examined this return, including accompanying documents and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE:

Mac G Sawyer

DATE: 11-19-07

PRINT NAME:

MAC SAWYER

TITLE:

Pres

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 674-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

MAC SAWYER GENERAL CONST DBAD
 DERBY CITY CARPET CLEANING
 9705 NATIONAL TURNPIKE
 LOUISVILLE, KY 40118
 502-361-6188

OMB No. 1545-0115

2006

**Miscellaneous
 Income**

Form **1099-MISC**

**Copy B
 For Recipient**

PAYER'S federal identification number
 [REDACTED]

RECIPIENT'S identification number
 [REDACTED]

RECIPIENT'S name

DWAYNE MC DANIELS

Street address (including apt. no.)
 999 WHITNEY AVE

City, state, and ZIP code
 LOUISVILLE, KY 40215

Account number (see instructions)

15a Section 409A deferrals \$
 15b Section 409A income \$

1 Rents \$
 2 Royalties \$
 3 Other income \$
 4 Fishing boat proceeds \$

5 Nonemployer compensation \$
 6 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale \$
 7 Excess golden parachute payments \$
 8 State tax withheld \$

9 Substitute payments in lieu of dividends or interest \$
 10 Crop insurance proceeds \$
 11 Gross proceeds paid to an attorney \$
 12 State/Payer's state no \$
 13 State income \$

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.

file

FILER'S name
MAC SAWYER GENERAL CONST DBAD
DERBY CITY CARPET CLEANING
 Street address (including room or suite number)
9705 NATIONAL TURNPIKE
 City, state, and ZIP code
LOUISVILLE, KY 40118

Name of person to contact Telephone number
 (**502 361 - 88**)

Email address Fax number
 () -

For Official Use Only

□ □ □ □ □ □ □ □ □ □

1 [REDACTED] 3 Total number of forms **5** 4 Federal income tax withheld \$ 5 Total amount reported with this Form 1096 \$ **28100.00**

Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here . . .

W-2G 32	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-LTC 93
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC 95	1099-DID 96	1099-PATR 97	1099-O 31	1099-R 98	1099-S 75	1099-SA 94	5498 28	5498-ESA 72	5498-SA 27				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Instructions

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmittal of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498 and W-2G Electronically or Magnetically.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an HSA, an Archer MSA (including a Medicare Advantage MSA); certain corporations; certain donees of motor vehicles, boats, and airplanes; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 with Forms 1099, 1098, or W-2G by February 28, 2007. File Form 1096 with Forms 5498, 5498-ESA, and 5498-SA by May 31, 2007.

Where To File

Except for Form 1098-C, send all information returns filed on paper with Form 1096 to the following:

- | | |
|---|--|
| <p>If your principal business, office or agency, or legal residence in the case of an individual, is located in</p> <p>Alabama, Arizona, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Texas, Virginia</p> <p>Arkansas, Connecticut, Delaware, Kentucky, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia</p> <p>Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Wisconsin</p> | <p>Use the following Internal Revenue Service Center address</p> <p>Austin, TX 73301</p> <p>Cincinnati, OH 45999</p> <p>Kansas City, MO 64999</p> |
|---|--|

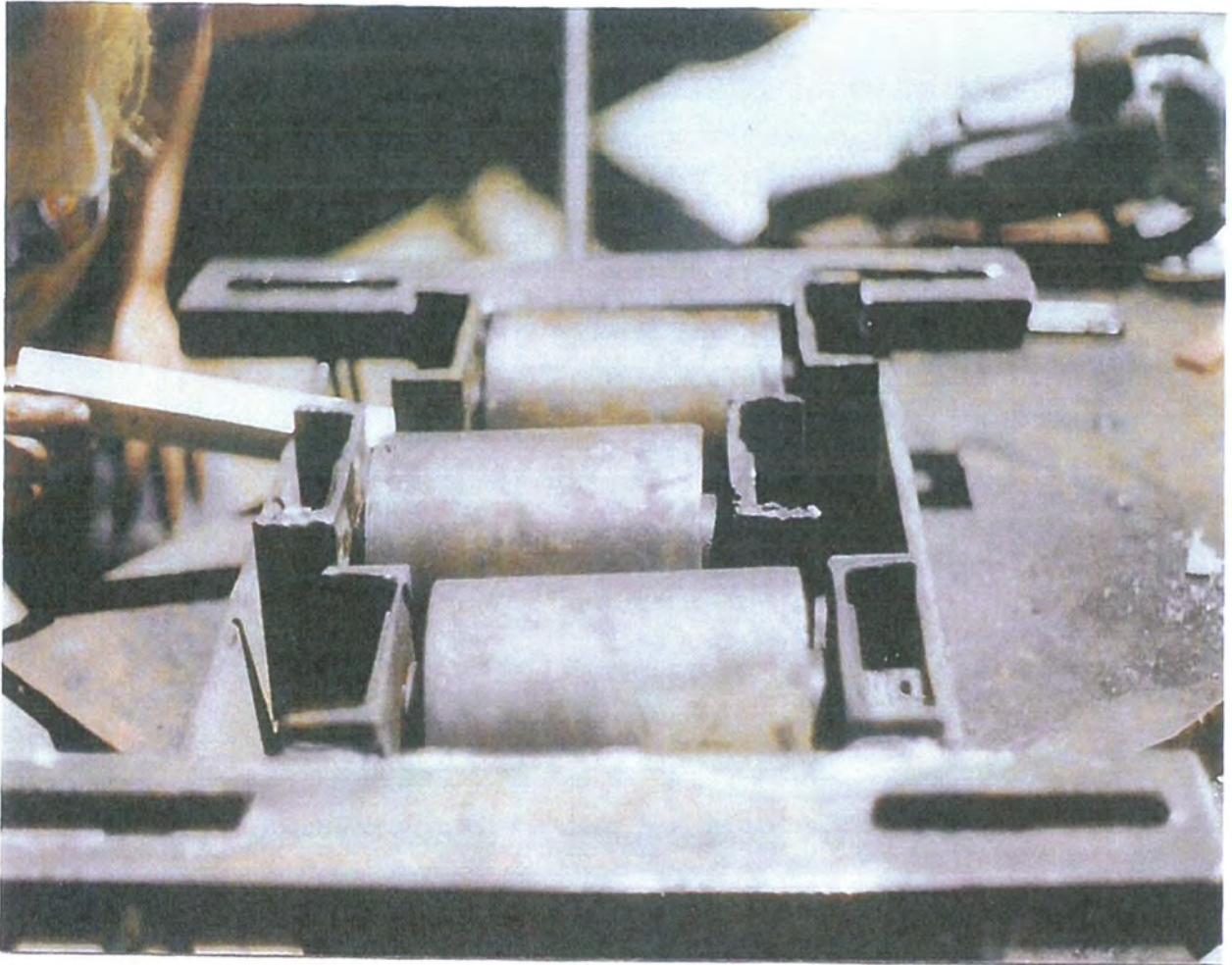
Mac G. Sawyers Commercial/Light Industrial Use Picture from 2005



2005 - Building custom roller for barge moving job, crafted at blacksmith shop at 9705 National Turnpike.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.

Mac G. Sawyers Commercial/Light Industrial Use Picture from 2005



2005 - Custom rollers for a specific barge moving job, crafted in the blacksmith shop at 9705 National Turnpike.

Pictures contained in these pages are from the commercial and light industrial business activities engaged in upon and from 9705 National Turnpike by Mac Sawyers House and Building Movers, Pyramid Movers, Derby City Carpet Cleaning, The Sawyers and Lerner Building, LLC, Mac Sawyers General Contractors, LLC and various other entities during the 44 years that Mac has owned the property, and by various other commercial owners and users since the 1930s.