

MONROE CITY SCHOOL BOARD
CARROLL HIGH SCHOOL
STUDENT ACTIVITY FUND



INVESTIGATIVE AUDIT
ISSUED NOVEMBER 7, 2018

**LOUISIANA LEGISLATIVE AUDITOR
1600 NORTH THIRD STREET
POST OFFICE BOX 94397
BATON ROUGE, LOUISIANA 70804-9397**

LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

DIRECTOR OF INVESTIGATIVE AUDIT
ROGER W. HARRIS, J.D., CCEP, CFI

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LOUISIANA LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

November 7, 2018

**DR. BRENT VIDRINE, SUPERINTENDENT
AND MEMBERS OF THE MONROE CITY SCHOOL BOARD**
Monroe, Louisiana

We are providing this report for your information and use. This investigative audit was performed in accordance with Louisiana Revised Statutes 24:513, *et seq.* to determine the validity of complaints we received.

The procedures we performed primarily consisted of making inquiries and examining selected financial records and other documents and were not an examination or review in accordance with generally accepted auditing or attestation standards. Consequently, we provide no opinion, attestation, or other form of assurance with respect to the information upon which our work was based.

The accompanying report presents our finding and recommendations as well as management's response. This is a public report. Copies of this report have been delivered to the District Attorney for the Fourth Judicial District of Louisiana and others, as required by law.

Respectfully submitted,

Daryl G. Purpera, CPA, CFE
Legislative Auditor

DGP/aa

MCSB2018

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BACKGROUND AND METHODOLOGY

Louisiana school boards are authorized by Louisiana Revised Statute (R.S.) 17:81(C) to establish policies and regulations for their own government consistent with law and the regulations of the Louisiana Board of Elementary and Secondary Education. The Monroe City School Board (MCSB) is operated under the authority of the City of Monroe Charter of 1900, as amended by the Mayor-Council Home Rule Charter for the City of Monroe, adopted in August 1979. MCSB is comprised of seven members who are elected for terms of four years. The School Board operates 20 schools and two support facilities with a total enrollment of about 8,400 students.

The MCSB Chief Financial Officer discovered some discrepancies in the cash amounts collected and deposited to the Student Activity Fund at Carroll High School. The School Board passed a resolution requesting the Legislative Auditor's Office to investigate the student activity fund at Carroll High School.

We acknowledge the assistance provided to this investigation by Superintendent Dr. Brent Vidrine and his staff. The procedures performed during this investigative audit consisted of:

- (1) interviewing employees and officials of the School Board and Carroll High School;
- (2) interviewing other persons, as appropriate;
- (3) examining selected documents and records of the schools;
- (4) making inquiries and performing tests to the extent we considered necessary to achieve our purpose; and
- (5) reviewing applicable state laws.

FINDING AND RECOMMENDATIONS

Missing Student Activity Funds

Carroll High School (CHS) records show \$43,799 in cash was collected but not deposited into CHS' bank account from July 1, 2014 to June 30, 2017. Former CHS bookkeeper Marilyn Wimbish receipted the cash and posted the transactions to CHS' accounting records. However, CHS' bank account records do not reflect deposit of the \$43,799 of cash. Ms. Wimbish told us she was responsible for the cash but did not take the missing funds. Since Ms. Wimbish had custody of the missing cash and was unable to explain its whereabouts, she may have violated state law.¹

CHS has student clubs and sports teams – such as football, basketball, ROTC, band, and cheerleading – that raise money and/or charge fees to club or team members to pay related expenses. These funds are collected by a faculty sponsor and provided to the CHS bookkeeper for deposit to the school's bank account. Ms. Marilyn Wimbish was CHS' only bookkeeper from 2009 to June 2017. One of her bookkeeper responsibilities was to receive collections from faculty sponsors, record the revenue in the accounting records, and prepare a deposit ticket for deposit into the school's bank account.

Monroe City School Board (MCSB) policy requires school bookkeepers to give an accurate receipt created by the accounting system upon acceptance of any money. Each bookkeeper uses accounting software to record the receipt and use of all funds collected for each student club or sports team. The accounting software allows the bookkeeper to enter the amount of revenue received, whether cash or check, and to specify which student club or sports team received the revenue. The software also creates a receipt and a deposit record that lists the exact amount received in coins, bills, and checks.

According to six faculty sponsors, Ms. Wimbish typically did not provide receipts to club or team sponsors when they gave Ms. Wimbish cash and checks; however, Ms. Wimbish usually provided them with a receipt at a later date. School Board policy requires the bookkeeper to issue an original receipt to the individual turning in cash and checks; however, the policy does not require a receipt to be provided contemporaneously with the bookkeeper's acceptance of the money. Ms. Wimbish also told us that she or the school's principal usually took the deposits to the bank, but in August 2016 CHS hired a new principal who began making most of the deposits.

We reviewed the cash and checks reported collected in the accounting system and compared them to the bank deposit records for the period July 1, 2014 to June 30, 2017. CHS bank records show that 533 deposits were credited to CHS' bank account; however, CHS accounting records reflect only 503 deposits. The total amount deposited to CHS' bank account matches the total amount posted to the accounting records, but 176 bank deposits (33%) consisted of a different cash amount than the accounting records show as collected. CHS' bank records indicate that checks written to CHS were deposited instead of cash collected to allow the

accounting revenue collected to match the bank deposits. Our reconciliation showed the discrepancy between the cash collected and the cash deposited was \$43,799.

Most of the checks that replaced the cash were payable to CHS but were not posted to CHS’ accounting records. A comparison of cash and checks collected and deposited by fiscal year is depicted in the table below.

Carroll High School								
	Accounting Records – Deposit Details				Bank Records – Deposit Details			
Fiscal Year	Checks	Cash	Total		Checks	Cash	Totals	Cash Difference
2016-2017	\$125,940	\$212,170	\$338,110		\$147,566	\$190,544	\$338,110	\$21,626
2015-2016	115,205	211,216	326,421		128,735	197,686	326,421	13,530
2014-2015	124,647	141,784	266,431		133,290	133,141	266,431	8,643
Totals	\$365,792	\$565,170	\$930,962		\$409,591	\$521,371	\$930,962	\$43,799

Ms. Wimbish told us that she did not use the school’s cash to cash checks for employees or anyone else. She further stated that, on occasion, she did not receipt the money she received until after the deposit was made and may have made a mistake by entering a check as cash. Ms. Wimbish also denied taking any cash from CHS.

We obtained Ms. Wimbish’s personal bank statements for the same period as the deposit records and found \$103,726^A of cash deposits. Ms. Wimbish told us the cash deposits were due to other jobs she worked, her husband’s retirement check, and her gambling winnings.

Attachment A to this report shows two of the 176 deposits where cash reported as collected in the accounting records was different than the cash deposited to the school’s bank account. The first deposit is #1300, dated May 11, 2017 in the accounting system and May 22, 2017 in the bank records. State law² requires daily deposits when practicable; however, this deposit was made 11 days after the receipt was issued. The accounting records show Ms. Wimbish received \$2,234.79, consisting of three checks totaling \$275 and \$1,959.79 in cash. The bank records show a deposit for the same amount, \$2,234.79, but its composition is nine checks totaling \$1,946 and \$288.79 in cash.

The second deposit is #1208, dated November 30, 2016 in the accounting system and bank statement. The accounting records show that Ms. Wimbish received \$1,500 in cash. The bank deposit also totals \$1,500, but includes three checks totaling \$1,500 that were deposited instead of the \$1,500 of cash that was receipted in the accounting system. The bank deposit also shows that “Start-up” was handwritten on the bank deposit slip in the area of the deposit slip used to list checks and that three checks were deposited. The accounting records also indicate

^A The cash deposited into Ms. Wimbish’s personal bank account is in excess of her payroll checks and checks she received from her husband.

the source of the deposit was “Start-up Football,” and that cash was received. The CHS band director told us that one of the checks for \$1,000 was received for a CHS band performance at a rodeo. The other two checks deposited were from Walmart. The CHS principal and bookkeeper told us the two checks from Walmart were general donations.

In June 2017, Ms. Wimbish retired from her position at the Monroe City School Board. Since the accounting and bank records show Ms. Wimbish collected cash but did not deposit the cash, she may have violated state law.¹

Recommendations

We recommend the School Board consult with its legal counsel to determine the appropriate actions to take, including recovery of the missing funds. In addition, the School Board should update its policy to require (1) daily deposits and (2) receipts be issued at the time funds are turned over to the bookkeeper.

ATTACHMENTS

Example #1

Carroll High School Bank statement for May 31, 2017. The statement shows a \$2,234.79 deposit made on May 22.



P.O. BOX 14100
MONROE, LA 71207

**STATEMENT
MEMBER
FDIC**

<p>*****AUTO**SCH 5-DIGIT 71201 537 1.6810 AV 0.373 2 1 349</p> <p>MONROE CITY SCHOOL BOARD DBA CARROLL HIGH SCHOOL GENERAL ACCOUNT 2939 RENWICK ST MONROE LA 71201-8197</p>	<p>Page Number 1 of 12 Account Number: [REDACTED] Date 05/31/17</p>
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STATEMENT SUMMARY AS OF 05/31/17

Account Name	Account Number	Balance
PUBLIC FUNDS NON-INTEREST	[REDACTED]	64,163.46

PUBLIC FUNDS NON-INTEREST	MONROE CITY SCHOOL BOARD	Acct
Beginning Balance	5/01/17	71,310.13
Deposits / Misc Credits	16	16,525.32
Withdrawals / Misc Debits	68	23,671.99
** Ending Balance	5/31/17	64,163.46 **
Service Charge		.00
Minimum Balance		60,476
Enclosures		82

Deposits and Other Credits

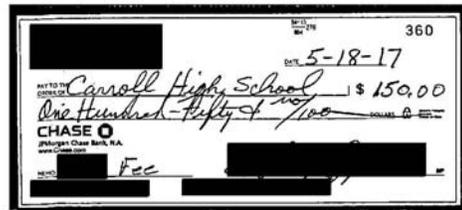
Date	Deposits	Activity Description
5/08	1,586.87	DEPOSIT
5/08	1,873.05	DEPOSIT
5/09	1,200.00	DEPOSIT
5/12	422.86	DEPOSIT
5/12	600.95	DEPOSIT
5/12	748.00	DEPOSIT
5/12	1,344.82	DEPOSIT
5/15	1,973.28	DEPOSIT
5/22	160.00	DEPOSIT
5/22	296.75	DEPOSIT
5/22	856.54	DEPOSIT
5/22	2,234.79	DEPOSIT
5/30	917.66	DEPOSIT
5/30	1,893.75	DEPOSIT
5/31	156.00	DEPOSIT
5/31	260.00	DEPOSIT



NOTE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

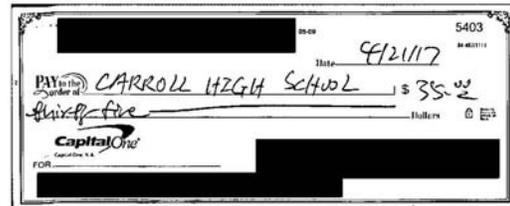
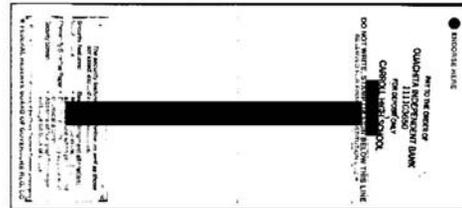


Nine checks totaling \$1,946.00 shown on the deposit made on 5/22/17. See A through I



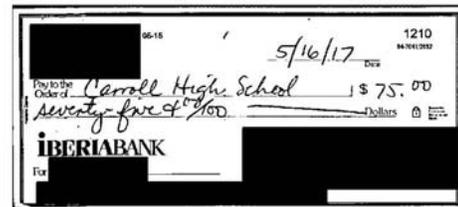
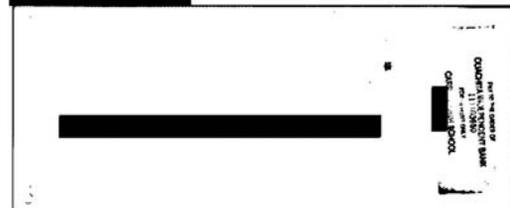
A

05/22/2017 360 \$150.00



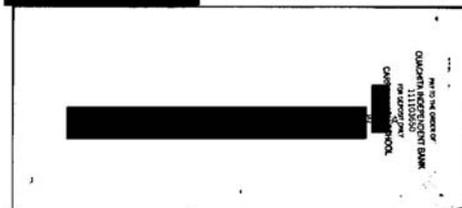
B

05/22/2017 5403 \$35.00



C

05/22/2017 1210 \$75.00





05/22/17

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

CARROLL HIGH SCHOOL
2025 STANLEY LN
MONROE, LA 71202
(504) 337-8841

44361/8311
TOTAL
FEE(S)
PLEASE SEE FRONT ALL CLEAR
AND PROPERLY ENDORSE
FOR DEPOSIT ONLY

2204.79

05/22/2017 \$2,234.79

05/22/2017 15:09

Check	1,946.61	43
F	288.79	01
Total	2,234.79	

05/22/2017

NATIONAL BANK PRODUCTS, INC. 074
QUACHITA INDEPENDENT BANK TELLER NUMBER
162 NORTH 55
BRANCH 5 55

CASH
IN DEBIT

288.79

074 001 611 011
0704 111 8 5055
178 43 15+15+57
5/22/2017

05/22/2017 \$288.79

Cash Deposit is \$288.79.

Carroll High School accounting system deposit slip for deposit \$2,234.79. Three checks totaling \$275 and cash deposit \$1,959.79. See remaining pages for deposit detail.

Deposit For: Carroll High - Student Activity Funds

Commercial Bank: iBeriabank Deposit #: 1300

Branch #: * Account #: [REDACTED] Reference #:

Checks			Bills			Rolled Coins		Loose Coins		
Amount On Checks	Quantity	Total In Each Bundle	Quantity		Amount	Quantity	Amount	Quantity		Amount
\$50.00	1	\$50.00	\$1.00	18	\$18.00	\$0.01		\$0.01	4	\$0.04
\$75.00	1	\$75.00	\$2.00			\$0.05		\$0.05	2	\$0.10
\$150.00	1	\$150.00	\$5.00	6	\$30.00	\$0.10		\$0.10	4	\$0.40
			\$10.00	33	\$330.00	\$0.25		\$0.25	5	\$1.25
Total:	3	\$275.00	\$20.00	64	\$1,280.00	\$0.50		\$0.50		
			\$50.00			\$1.00		\$1.00		
			\$100.00	3	\$300.00					
			Total:		\$1,958.00	Total:	\$0.00	Total:		\$1.79

SUMMARY

Bill Total: \$1,958.00

Total Rolled Coin: \$0.00

Total Loose Coin: \$1.79

Coin Total: \$1.79

Total Cash: \$1,959.79

Total Checks: \$275.00

TOTAL DEPOSIT: \$2,234.79

05/11/2017

Date

[REDACTED]
Office Manager/Bookkeeper
Authorized Signature

Example #2



P.O. BOX 14100
MONROE, LA 71207

OUACHITA INDEPENDENT BANK

STATEMENT

MEMBER

FDIC

*****AUTO**SCH 5-DIGIT 71201
695 2.0810 AV 0.626 3 1 346

MONROE CITY SCHOOL BOARD
DBA CARROLL HIGH SCHOOL
GENERAL ACCOUNT
2939 RENWICK ST
MONROE LA 71201-8197

Page Number 1 of 16
Account Number: [REDACTED]
Date 11/30/16

STATEMENT SUMMARY AS OF 11/30/16

Account Name	Account Number	Balance
PUBLIC FUNDS NON-INTEREST	[REDACTED]	73,471.05

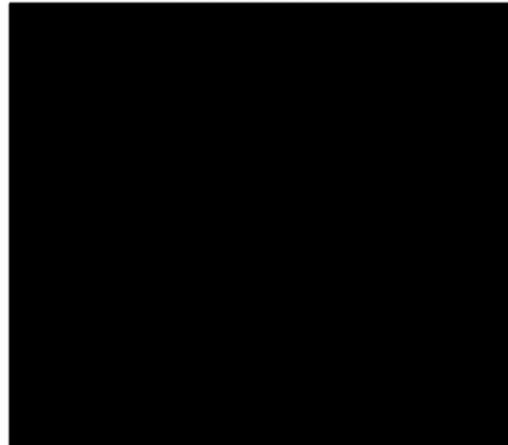
PUBLIC FUNDS NON-INTEREST	MONROE CITY SCHOOL BOARD	Acct
Beginning Balance	11/01/16	85,426.64
Deposits / Misc Credits	20	28,506.78
Withdrawals / Misc Debits	112	40,462.37
** Ending Balance	11/30/16	73,471.05 **
Service Charge		.00
Minimum Balance		68,163
Enclosures		132

Deposits and Other Credits

Date	Deposits	Activity Description
11/02	7,827.13	DEPOSIT
11/10	734.13	DEPOSIT
11/10	1,306.00	DEPOSIT
11/14	500.00	DEPOSIT
11/14	526.00	DEPOSIT
11/14	830.00	DEPOSIT
11/14	7,466.00	DEPOSIT
11/18	238.36	DEPOSIT
11/18	744.59	DEPOSIT
11/21	525.81	DEPOSIT
11/21	1,077.00	DEPOSIT
11/28	197.45	DEPOSIT
11/28	440.00	DEPOSIT
11/30	15.00	DEPOSIT
11/30	340.43	DEPOSIT
11/30	559.00	DEPOSIT
11/30	567.00	DEPOSIT
11/30	608.77	DEPOSIT
11/30	1,500.00	DEPOSIT
11/30	2,504.11	DEPOSIT



NOTE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION



DEPOSIT SLIP
 NATIONAL CITY BANK
 11-30-16
 CASH
 \$ 1,500.00
 CARROLL HIGH SCHOOL
 11/30/2016

11/30/2016 \$1,500.00

11/30/2016-12-12 ON
 CHECK 1,500.00
 TOTAL 1,500.00

Walmart
 1150960
 \$ 250.00
 CARROLL HIGH SCHOOL
 11/30/2016 1150960 \$250.00

11/30/2016 1150960 \$250.00

Walmart
 1150960
 \$ 250.00
 CARROLL HIGH SCHOOL
 11/30/2016 1150960 \$250.00



Walmart
WELLS FARGO BANK, N.A.
CHECK NUMBER 1150962
DATE OF DEPOSIT 11/30/16
PAY TO THE ORDER OF CARROLL HEDGE SCHOOL
\$ 250.00
WALMART STORES, INC.

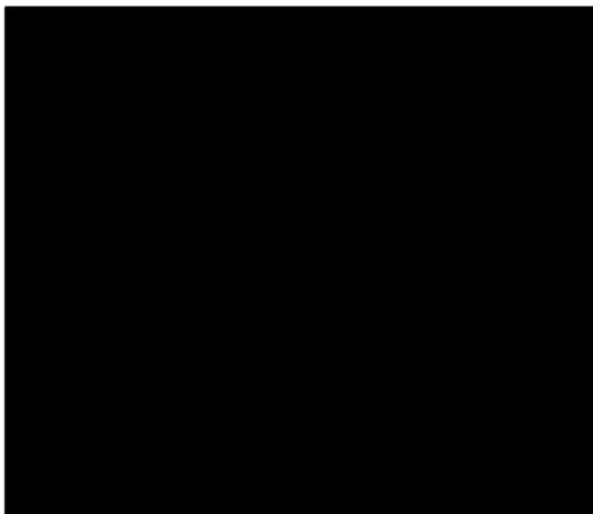
11/30/2016 1150962 \$250.00

OB
OLACHITA INDEPENDENT BANK
11/30/2016

RCA COMMUNITY BANK
REAL COWBOY ASSOCIATION
LONGVIEW, TX 75080
DATE November 19, 2016
PAY TO THE ORDER OF Carroll High School Band
\$ 1,000.00
DOLLARS

11/30/2016 2500 \$1,000.00

OB
OLACHITA INDEPENDENT BANK
11/30/2016



Deposit For: Carroll High - Student Activity Funds

Commercial Bank: iBeriabank

Deposit #: 1208

Branch #: * Account #: [REDACTED]

Reference #: [REDACTED]

Checks			Bills			Rolled Coins			Loose Coins		
Amount On Checks	Quantity	Total In Each Bundle	Quantity	Amount	Quantity	Amount	Quantity	Amount	Quantity	Amount	
			\$1.00	800	\$800.00	\$0.01			\$0.01		
			\$2.00			\$0.05			\$0.05		
			\$5.00			\$0.10			\$0.10		
			\$10.00			\$0.25			\$0.25		
			\$20.00	25	\$500.00	\$0.50			\$0.50		
			\$50.00			\$1.00			\$1.00		
			\$100.00	2	\$200.00	Total: \$0.00			Total: \$0.00		
Total:			Total: \$1,500.00								

SUMMARY

Bill Total:	<u>\$1,500.00</u>
Total Rolled Coin:	\$0.00
Total Loose Coin:	\$0.00
Coin Total:	<u>\$0.00</u>
Total Cash:	<u>\$1,500.00</u>
Total Checks:	<u>\$0.00</u>
<hr/>	
TOTAL DEPOSIT:	\$1,500.00

11/30/2016

Date

[REDACTED]
Office Manager/Bookkeeper
Authorized Signature

LEGAL PROVISIONS

¹ **Louisiana Revised Statute (La. R.S.) 14:67(A)** provides, in part, “Theft is the misappropriation or taking of anything of value which belongs to another, either without the consent of the other to the misappropriation or taking, or by means of fraudulent conduct, practices, or representations. An intent to deprive the other permanently of whatever may be the subject of the misappropriation or taking is essential.”

La. R.S. 14:134(A) provides, in part, “Malfeasance in office is committed when any public officer or public employee shall: (1) Intentionally refuse or fail to perform any duty lawfully required of him, as such officer or employee; or (2) Intentionally perform any such duty in an unlawful manner; or (3) Knowingly permit any other public officer or public employee, under his authority, to intentionally refuse or fail to perform any duty lawfully required of him, or to perform any such duty in an unlawful manner.”

La. R.S. 42:1461(A) provides that, “Officials, whether elected or appointed and whether compensated or not, and employees of any ‘public entity,’ which, for purposes of this Section shall mean and include any department, division, office, board, agency, commission, or other organizational unit of any of the three branches of state government or of any parish, municipality, school board or district, court of limited jurisdiction, or other political subdivision or district, or the office of any sheriff, district attorney, coroner, or clerk of court, by the act of accepting such office or employment assume a personal obligation not to misappropriate, misapply, convert, misuse, or otherwise wrongfully take any funds, property, or other thing of value belonging to or under the custody or control of the public entity in which they hold office or are employed.”

² **La. R.S. 39:1212** provides, in part, “...all funds of local depositing authorities shall be deposited daily whenever practicable...”

APPENDIX A

Management's Response



Office of the Superintendent
BRENT A. VIDRINE, ED.D.

2006 Tower Drive * Monroe, LA 71201
Phone: (318) 325-0601 Fax: (318) 812-3604

October 16, 2018

Hon. Daryl G. Purpera, CPA, CFE
Louisiana Legislative Auditor
1600 North 3rd Street
Baton Rouge, Louisiana 70802

Re: Response of the Monroe City School Board
(Legislative Auditor's Preliminary Report of October 11, 2018)

Dear Mr. Purpera:

Thank you for the investigative assistance provided to the Monroe City School Board in response to our formal request of October 2017. As you may recall, the School Board's request was prompted by a finding of suspected irregularities involving school activity funds at Carroll High School. The irregularities were first discovered by our Chief Financial Officer. An extensive investigation conducted by your office that followed and the resulting investigative findings confirm that we had cause for concern. We understand that your office's investigative findings are also being shared with the District Attorney for the Fourth Judicial District of Louisiana.

Your investigative team met with us in Monroe at the conclusion of its investigation. We received the preliminary investigative findings and a set of recommendations. We were afforded an opportunity to comment and/or respond to the findings. Your investigative findings, in our view, are substantiated and fully supported by the facts. We accept the recommendations and anticipate no difficulty with full and immediate implementation. An employee who was the focal point of the investigation is no longer employed in the Monroe City School District.

We will follow your guidance and work with our legal counsel and local law enforcement agencies to ensure that the assets of our School District remain safeguarded from misappropriation. We will seek to recover assets that were lost.

We remain open to receiving any additional guidance that you provide. Thank you for your assistance.

Sincerely,

Brent Vidrine, Ed.D.
Superintendent

cc: Hon. Robert S. Tew, District Attorney

APPENDIX B

Ms. Marilyn Wimbish's Response

October 18, 2018

Darly G. Purpera, CPA CFE

Louisiana Legislative Auditor

Post Office Box 94397

Baton Rouge, Louisiana 70804-9397

LEGISLATIVE AUDITOR
2018 OCT 25 AM 12:27

Dear Mr. Roger Harris,

I, Marilyn Wimbish, are sending some supporting documentation to help clarify cash money that were deposited in my personal checking account. I worked as a Bartender for over 20 years at the Monroe City Civic Center, Ms. Sharon Traxler and Mr. Charles Thomas, supervisors. I received cash tips from events such as LSU Banquet, Chamber of Commerce Banquet, Live Concerts, Weddings, Wrestling, and other events. Sometimes you can get up to at least \$100-\$150 for different events. These take place through out the year. I also worked at the Airport Lounge this was a part of the Monroe Civic Center, where cash tips are received (\$40-\$75) daily.

I worked for Big bucks Video Bingo, for Mr. Larry Miller and Mrs. Bobbie Miller-Denium Springs, LA., (225)939-5652. At this place cash money received daily-sometimes \$50-\$100 based on the customers.

I have copies of W-2 forms that was paid directly to me cash money 2014 total-\$22,053.12, 2015 total \$38,786.30 and 2016 total \$7,515.73. We received from my sister-in-law death (car accident)in North Carolina(State Farm)\$6,364.84. This check was cashed and some of it was deposited into my personal account. I was in a car accident in 2014 where I received a settlement check for \$19,000.00(this checked was cashed and I deposited some of this money into my personal account). My husband receives monthly benefits from the United States Army-\$1,700 and he worked at the Ouachita Parish Transportation, part-time at O'Reilly Auto Parts and works on cars at home just like other mechanic. Cash money deposited where the people pay for their car repairs.

I am trying to send all the proof for cash money that was deposited into my personal account.

Thank you,



Marilyn Wimbish

CORRECTED (if checked)

SLIP#

50165

OMB No. 1545-0238

2015 Form W-2G Certain Gambling Winnings

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code MAGNOLIA HILL LLC D/B/A RIVERWALK CASINO HOTEL 1046 WARRINGTON ROAD VICKSBURG MS 39180		1 Gross winnings \$ 1,203.50	2 Date won 01-24-2016
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	3 Type of wager SLOT MACHINE
WINNER'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		4 Federal income tax withheld \$ 0.00	5 Transaction 02165002007
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	6 Race OWENS
WINNER'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		7 Winnings from identical wagers \$ 0.00	8 Cashier OWENS
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	9 Winner's taxpayer identification no. [REDACTED]
WINNER'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		10 Window [REDACTED]	11 First I.D. [REDACTED] LA
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	12 Second I.D. [REDACTED]
WINNER'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		13 State/Payer's state identification no. [REDACTED]	14 State Winnings \$
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	15 State income tax withheld \$ 0.00
WINNER'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		16 Local Winnings \$	17 Local income tax withheld \$
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	18 Name of locality

This information is being furnished to the Internal Revenue Service

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ▶

Date ▶

Form W-2G

www.irs.gov/w2g

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

SLIP#

50371

OMB No. 1545-0238

2016 Form W-2G Certain Gambling Winnings

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code MAGNOLIA HILL LLC D/B/A RIVERWALK CASINO HOTEL 1046 WARRINGTON ROAD VICKSBURG MS 39180		1 Gross winnings \$ 1,295.77	2 Date won 02-07-2016
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	3 Type of wager SLOT MACHINE
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		4 Federal income tax withheld \$ 0.00	5 Transaction 02261001300
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	6 Race OWENS
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		7 Winnings from identical wagers \$ 0.00	8 Cashier OWENS
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	9 Winner's taxpayer identification no. [REDACTED]
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		10 Window [REDACTED]	11 First I.D. [REDACTED] LA
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	12 Second I.D. [REDACTED]
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		13 State/Payer's state identification no. [REDACTED]	14 State winnings \$
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	15 State income tax withheld \$ 0.00
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71202		16 Local winnings \$	17 Local income tax withheld \$
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6018023113	18 Name of locality

This information is being furnished to the Internal Revenue Service

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ▶

Date ▶

Form W-2G

B.2

CORRECTED (if checked)

SLIP- 32651

2016 Form W-2G

Certain Gambling Winnings

This information is being furnished to the Internal Revenue Service

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code MAGNOLIA HILL, LLC D/B/A/ REVERWALK CASINO HOTEL 1046 WARRENTON ROAD VICKSBURG MS 39180		1 Gross winnings \$ 2,136.36	2 Date won 07-16-2016
PAYER'S federal identification number [REDACTED]		PAYER'S telephone number 6012823113	3 Type of wager SLOT MACHINE
WINNER'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code [REDACTED] MONROE, LA 71292		4 Federal income tax withheld \$ 00	5 Transaction 0219480006
[REDACTED]		6 Race	7 Winnings from identical wagers \$ 00
[REDACTED]		8 Cashier DAVIS	9 Winner's taxpayer identification no. [REDACTED]
[REDACTED]		10 Window	11 First I.D. [REDACTED] LA
[REDACTED]		12 Second I.D.	13 State/Payer's state identification no. [REDACTED]
[REDACTED]		14 State winnings \$	15 State income tax withheld \$ 44.09
[REDACTED]		16 Local winnings \$	17 Local income tax withheld \$
[REDACTED]		18 Name of locality	

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature *[Handwritten Signature]*

Date *[Handwritten Date]*

<input type="checkbox"/> CORRECTED (if checked)		W-2G ID 281122	OMB no. 1545-0238
PAYER'S NAME Ameristar Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER/TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 1,600.00	2. Federal income tax withheld \$ 100.00	2016 Form W-2G Certain Gambling Winnings For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G File with Form 1096
	3. Type of wager Slot	4. Date Won 12/29/2016 7:16:50PM	
	5. Transaction 800692	6. Race or Ticket Slot# 4,746	
	7. Winnings from identical wagers \$ 0.00	8. Cashier PB/RBARNES	
WINNER'S NAME MARILYN S WIMBISH STREET ADDRESS (INCLUDING APT. NO) [REDACTED] CITY, STATE, and ZIP CODE MONROE Louisiana 71202-5127	9. Winner's taxpayer identification [REDACTED]	10. Booth 4.00-SD3	COPY A For Internal Revenue Service Center
	11. First I.D. [REDACTED]	12. Second ID [REDACTED]	
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 48.00	
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments. Signature: _____ Date: _____		Form W-2G Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED (if checked)		W-2G ID 275683	OMB no. 1545-0238
PAYER'S NAME Ameristar Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER/TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 1,200.00	2. Federal income tax withheld \$ 0.00	2016 Form W-2G Certain Gambling Winnings For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G File with Form 1096
	3. Type of wager Slot	4. Date Won 08/26/2016 8:03:45PM	
	5. Transaction 795167	6. Race or Ticket Slot# 4,668	
	7. Winnings from identical wagers \$ 0.00	8. Cashier PB/LC	
WINNER'S NAME MARILYN S WIMBISH STREET ADDRESS (INCLUDING APT. NO) [REDACTED] CITY, STATE, and ZIP CODE MONROE Louisiana 71202-5127	9. Winner's taxpayer identification [REDACTED]	10. Booth 4.00-SD3	COPY A For Internal Revenue Service Center
	11. First I.D. [REDACTED]	12. Second ID [REDACTED]	
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 36.00	
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments. Signature: _____ Date: _____		Form W-2G Department of the Treasury - Internal Revenue Service	

CORRECTED (if checked)

W-2G ID 247689

OMB no. 1545-0238

**2015
Form W-2G**

**Certain
Gambling
Winings**

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.

**COPY C
For Winner's
Records**

PAYER'S NAME
Ameristar Casino Vicksburg
STREET ADDRESS (INCLUDING APT. NO)
4116 Washington Street
CITY, STATE, and ZIP CODE
Vicksburg MS 39180
FEDERAL IDENTIFICATION NUMBER TELEPHONE
[REDACTED] 601-638-1000

1. Gross winnings	\$ 16,775.47
3. Type of wager	Slot
5. Transaction	27215
7. Winnings from identical wagers	\$ 0.00
9. Winner's taxpayer identification	[REDACTED]
11. First I.D	[REDACTED]
13. State/Payer's state identification	[REDACTED]

2. Federal income tax withheld	\$ 838.77
4. Date Won	01/19/2015 7:16:09PM
6. Race	Slot# 4,747
8. Cashier	LS/PB
10. Booth	9.00-CG2
12. Second ID	[REDACTED]
14. State income tax withheld	\$ 503.26

WINNER'S NAME
MARILYN S WIMBISH
STREET ADDRESS (INCLUDING APT. NO)
[REDACTED]
CITY, STATE, and ZIP CODE
MONROE Louisiana 71202

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments.

Signature: _____ Date: _____

Form W-2G

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

W-2G ID 247689

OMB no. 1545-0238

CORRECTED (if checked)

W-2G ID 248539

OMB no. 1545-0238

**2015
Form W-2G**

**Certain
Gambling
Winings**

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**COPY C
For Winner's
Records**

PAYER'S NAME
Ameristar Casino Vicksburg
STREET ADDRESS (INCLUDING APT. NO)
4116 Washington Street
CITY, STATE, and ZIP CODE
Vicksburg MS 39180
FEDERAL IDENTIFICATION NUMBER TELEPHONE
[REDACTED] 601-638-1000

1. Gross winnings	\$ 5,012.99
3. Type of wager	Slot
5. Transaction	37616
7. Winnings from identical wagers	\$ 0.00
9. Winner's taxpayer identification	[REDACTED]
11. First I.D	[REDACTED]
13. State/Payer's state identification	[REDACTED]

2. Federal income tax withheld	\$ 0.00
4. Date Won	02/07/2015 11:44:06PM
6. Race	Slot# 4,790
8. Cashier	SN/PB
10. Booth	3.00-FB2
12. Second ID	[REDACTED]
14. State income tax withheld	\$ 150.39

WINNER'S NAME
MARILYN S WIMBISH
STREET ADDRESS (INCLUDING APT. NO)
[REDACTED]
CITY, STATE, and ZIP CODE
MONROE Louisiana 71202

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments.

Signature: _____ Date: _____

Form W-2G

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

W-2G ID 248539

OMB no. 1545-0238

PAYER'S NAME Ameristar Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 15,298.84	2. Federal income tax withheld \$ 1,529.88
	3. Type of wager Slot	4. Date Won 05/10/2015 8:03:19PM
	5. Transaction 772693	6. Race Slot# 4,746
	7. Winnings from identical wagers \$ 0.00	8. Cashier TD/PB
	9. Winner's taxpayer identification [REDACTED]	10. Booth 4.00-SD1
	11. First I.D. [REDACTED]	12. Second ID [REDACTED]
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 458.97

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments.

Signature: _____ Date: _____

2015 Form W-2G

Certain Gambling Winnings
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COPY C For Winner's Records

Form W-2G

Department of the Treasury - Internal Revenue Service

PAYER'S NAME Ameristar Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 1,600.00	2. Federal income tax withheld \$ 0.00
	3. Type of wager Slot	4. Date Won 09/26/2015 3:13:32PM
	5. Transaction 779129	6. Race Slot# 5,196
	7. Winnings from identical wagers \$ 0.00	8. Cashier LC/PB
	9. Winner's taxpayer identification [REDACTED]	10. Booth 4.00-SD3
	11. First I.D. [REDACTED]	12. Second ID [REDACTED]
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 48.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments.

Signature: _____ Date: _____

2015 Form W-2G

Certain Gambling Winnings
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.

COPY C For Winner's Records

Form W-2G

Department of the Treasury - Internal Revenue Service

a Employee's SSN [REDACTED]	b Employer identification number (EIN) [REDACTED]		OMB No. 1545-0008	
c Employer's name, address, and ZIP code BIG BUCKS VIDEO BINGO BIG BUCKS VIDEO BINGO-PAYROLL ACC 30891 SUMMER BREEZE DR DENHAM SPRINGS LA 70726-1596				
d Control number	1 Wgs, tips, other compn 4000.59	2 Fed inc tax withheld 15.00	3 Social security wages 4000.59	Form W-2 Wage and Tax Statement 2015
e Employee's name, address, and ZIP code MARILYN S WIMBISH [REDACTED] MONROE LA 71202	4 SS tax withheld 248.04	5 Medicare wages & tips 4000.59	6 Medicare tax withheld 58.01	
	7 Social security tips	8 Allocated tips	9	
	10 Depdnt care benefits	11 Nonqualified plans	12a	
13 Statutory employee <input type="checkbox"/>	14 Other	12b	Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
Retirement plan <input type="checkbox"/>		12c		
Third-party sick pay <input type="checkbox"/>		12d		
15 State Employer's state ID number	16 State wages, tips, etc 4000.59	17 State income tax 73.51	18 Local wages, tips, etc	19 Local income tax
LA [REDACTED]				20 Locality name

CORRECTED (if checked)

W-2G ID 233887

OMB no. 1545-023

PAYER'S NAME Ameristar Casino Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 1,600.00	2. Federal income tax withheld \$ 0.00
	3. Type of wager Slot	4. Date Won 03/03/2014 4:48:49PM
	5. Transaction 185097	6. Race Slot# 4,749
	7. Winnings from identical wagers \$ 0.00	8. Cashier NP/PB
	9. Winner's taxpayer identification [REDACTED]	10. Booth 2.00-FB2
	11. First I.D [REDACTED]	12. Second ID [REDACTED]
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 48.00
WINNER'S NAME MARILYN S WIMBISH STREET ADDRESS (INCLUDING APT. NO) [REDACTED] CITY, STATE, and ZIP CODE MONROE Louisiana 71202		
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments. Signature: _____ Date: _____		

2014 Form W-2G

Certain Gambling Winnings

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

COPY C For Winner's Records

Form W-2G

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

W-2G ID 235954

OMB no. 1545-023

PAYER'S NAME Ameristar Casino Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 8,168.97	2. Federal income tax withheld \$ 816.90
	3. Type of wager Slot	4. Date Won 04/18/2014 5:41:44PM
	5. Transaction 186928	6. Race Slot# 4,841
	7. Winnings from identical wagers \$ 0.00	8. Cashier JW/PB
	9. Winner's taxpayer identification [REDACTED]	10. Booth 2.00-FB1
	11. First I.D [REDACTED]	12. Second ID [REDACTED]
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 245.07
WINNER'S NAME MARILYN S WIMBISH STREET ADDRESS (INCLUDING APT. NO) [REDACTED] CITY, STATE, and ZIP CODE MONROE Louisiana 71202		
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments. Signature: _____ Date: _____		

2014 Form W-2G

Certain Gambling Winnings

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

COPY C For Winner's Records

Form W-2G

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

W-2G ID 237142

OMB no. 1545-0238

**2014
Form W-2G**

PAYER'S NAME Ameristar Casino Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER/TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 10,684.15	2. Federal income tax withheld \$ 534.21
	3. Type of wager Slot	4. Date Won 05/15/2014 7:32:25PM
	5. Transaction 187950	6. Race or Ticket Slot# 4,786
	7. Winnings from identical wagers \$ 0.00	8. Cashier RTAYLOR/PB
	9. Winner's taxpayer identification [REDACTED]	10. Booth 2.00-FB2
	11. First I.D [REDACTED]	12. Second ID [REDACTED]
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 320.52

**Certain
Gambling
Winings**

For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G File with Form 1096

WINNER'S NAME
MARILYN S WIMBISH
STREET ADDRESS (INCLUDING APT. NO)
 [REDACTED]

CITY, STATE, and ZIP CODE
 MONROE Louisiana 71202

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments.

Signature: _____ Date: _____

**COPY A
For Internal Revenue
Service Center**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

W-2G ID 245518

OMB no. 1545-0238

**2014
Form W-2G**

PAYER'S NAME Ameristar Casino Vicksburg STREET ADDRESS (INCLUDING APT. NO) 4116 Washington Street CITY, STATE, and ZIP CODE Vicksburg MS 39180 FEDERAL IDENTIFICATION NUMBER/TELEPHONE [REDACTED] 601-638-1000	1. Gross winnings \$ 1,600.00	2. Federal income tax withheld \$ 0.00
	3. Type of wager Slot	4. Date Won 11/28/2014 9:13:24PM
	5. Transaction 25088	6. Race or Ticket Slot# 4,785
	7. Winnings from identical wagers \$ 0.00	8. Cashier JG/PB
	9. Winner's taxpayer identification [REDACTED]	10. Booth 9.00-CG2
	11. First I.D [REDACTED]	12. Second ID [REDACTED]
	13. State/Payer's state identification [REDACTED]	14. State income tax withheld \$ 48.00

**Certain
Gambling
Winings**

For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G File with Form 1096

WINNER'S NAME
MARILYN S WIMBISH
STREET ADDRESS (INCLUDING APT. NO)
 [REDACTED]

CITY, STATE, and ZIP CODE
 MONROE Louisiana 71202

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payment from identical wagers, and that no other person is entitled to any part of these payments.

Signature: _____ Date: _____

**COPY A
For Internal Revenue
Service Center**

Department of the Treasury - Internal Revenue Service

Form W-2G

2016 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2016	
Wage and Tax Statement		OMB No. 1545-0008	
<small>Copy C for employee's records.</small>			
d Control number	Dept.	Corp.	Employer use only
0000123253 VVA	S0848	LFN5	
c Employer's name, address, and ZIP code			
OREILLY AUTOMOTIVE STORES INC 233 SOUTH PATTERSON AVE SPRINGFIELD, MO 65802			
e/f Employee's name, address, and ZIP code			
RALPH A WIMBISH MONROE, LA 71202			
b Employer's FED ID number	a Employee's SSA number		
1 Wages, tips, other comp.	2 Federal income tax withheld		
18695.27	1005.44		
3 Social security wages	4 Social security tax withheld		
19155.48	1187.64		
5 Medicare wages and tips	6 Medicare tax withheld		
19155.48	277.75		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 460.21		
14 Other	12b		
	12c		
	12d		
	13 Stat emp Ret plan 3rd party sick pay		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
LA		18695.27	
17 State income tax	18 Local wages, tips, etc.		
355.76			
19 Local income tax	20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	19,155.48	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	1,187.64
FED. INCOME TAX WITHHELD BOX 02 OF W-2	1,005.44	MEDICARE TAX WITHHELD BOX 06 OF W-2	277.75
STATE INCOME TAX BOX 17 OF W-2	355.76	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

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

RALPH A WIMBISH
MONROE, LA 71202

Social Security Number: [REDACTED]

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PAGE 01 OF 01

Form W-2 Wages and Tax Statement 2016

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code		7 Social security tips		3 Social security wages		4 Social security tax withheld	
OUACHITA PARISH SCHOOL BOARD 100 BRY STREET MONROE, LA 71201		.00		.00		.00	
e Employee's name, address, and ZIP code		8 Allocated tips		5 Medicare wages and tips		6 Medicare tax withheld	
RALPH A. WIMBISH MONROE, LA 71202		.00		19229.68		278.84	
b Employer identification number		10 Dependent care benefits		11 Nonqualified plans		12a See instruction for box 12	
[REDACTED]		.00		.00		.00	
a Employee's social security no.		12b		12c		12d	
[REDACTED]		.00		.00		.00	
15 State		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
LA	[REDACTED]	17787.47		.00		.00	
19 Local income tax		20 Locality name					
.00							

Form W-2 Wages and Tax Statement 2016

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

c Employer's name, address, and ZIP code		7 Social security tips		3 Social security wages		4 Social security tax withheld	
OUACHITA PARISH SCHOOL BOARD 100 BRY STREET MONROE, LA 71201		.00		.00		.00	
e Employee's name, address, and ZIP code		8 Allocated tips		5 Medicare wages and tips		6 Medicare tax withheld	
RALPH A. WIMBISH MONROE, LA 71202		.00		19229.68		278.84	
b Employer identification number		10 Dependent care benefits		11 Nonqualified plans		12a See instruction for box 12	
[REDACTED]		.00		.00		.00	
a Employee's social security no.		12b		12c		12d	
[REDACTED]		.00		.00		.00	
15 State		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
LA	[REDACTED]	17787.47		.00		.00	
19 Local income tax		20 Locality name					
.00							

Sedgwick Claims Management Services, Inc
P O Box 14446
Lexington, KY 40512-4446

Electronic Service Requested

SINGLE PIECE

1360 0.5738 SP 0.465



HAYES HARKEY SMITH & CASCIO, LL
2511 KILPATRICK BLVD
ATTN: TOMMY HAYES IV
MONROE, LA 71201-5138

DATE	CHECK AMT	CHECK NO.
05/06/2016	19,000.00	0067423826
PAYEE	TAX ID	
MORRIS BART LLC	*****7778	
SCMS UNIT	PAGE	
803 Sedgwick Claims Management Services, Inc	1 of 1	

Claimant Name	Loss Date	Claim Number
WIMBISH, MARILYN	05/07/2015	[REDACTED]
Amt Paid:	19,000.00	Description: Settlement of all claims
Amt Billed:	19,000.00	Invoice:
Dates:	05/07/2015-05/07/2015	Comment: Full and Final Settlement

For additional information about this payment or other bills, visit us at <https://viaoneselfservice.sedgwickcms.net/User/Login>

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS

A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

Sedgwick Claims Management Services, Inc.
as agent for Cintas Corporation
Travelers Indemnity Company of Connecticut

ORIGIN
6036043

DATE:
05/06/2016

CHECK NO:
0067423826

02-22
311

PAY EXACTLY *****Nineteen Thousand Dollars

Amount: *****\$19,000.00*

PAY TO: MORRIS BART LLC
MARILYN WIMBISH

Cintas Corporation Principal
Sedgwick Claims Management Services Inc Agent
BY

[Signature]
Bob Blankenship

Wells Fargo
Minneapolis, MN

VOID AFTER 60 DAYS

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW



Department Of Veterans Affairs
5000 Wissahickon Avenue
P.O. Box 8079
Philadelphia, PA 19101

October 17, 2018

RALPH WIMBISH

MONROE LA 71202

In Reply Refer To:



To Whom It May Concern:

The official records of the Department of Veterans Affairs verify that Ralph Wimbish receives \$1,719.25 per month.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Intake Center PO Box 4444 Janesville, WI 53547-4444 Toll Free Fax: 1-844-531-7818 DID : 248-524-4260

With sincere regard for the Veteran s service,

RO Director
VA Regional Office

To email us visit <https://iris.va.gov>

PAYMENT NO 1 07 924391 J
PAYMENT AMOUNT \$6,364.84
ISSUE DATE 12-11-2015
AUTHORIZED BY PAVLIC, DEAN
PHONE (844) 696-0477

CLAIM NO [REDACTED]
LOSS DATE 07-11-2015
POLICY NO [REDACTED]
INSURED WIMBISH, KAREN V

RALPH A. WIMBISH
[REDACTED]
MONROE LA 71202-5127

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
COLLISION	WIMBISH, KAREN V	6,364.84

RETAIN STUB FOR RECORDS



STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

TITLE DOCUMENT PROCESSING
TDP CHVL OFFICE P07PCL375

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH 43240

1 07 924391 J

CLAIM NO [REDACTED]
LOSS DATE 07-11-2015

INSURED WIMBISH, KAREN V

DATE 12-11-2015
MM DD YYYY

***EXACTLY SIX THOUSAND THREE HUNDRED SIXTY-FOUR AND 84/100 DOLLARS

\$*****6,364.84

Pay to the
Order of: RALPH A. WIMBISH

Edward B. Ruet...
AUTHORIZED SIGNATURE
R. J. Smith
AUTHORIZED SIGNATURE

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

WARNING: THIS DOCUMENT HAS SECURITY FEATURES IN THE PAPER



**Henderson
& Wall, PLLC**

Henderson & Wall, PLLC
Real Estate Trust Account
133 US Highway 70 West
Gamer, NC 27529 (919) 662-8000

Fidelity Bank

No. 38555

66-358-531

Date 7/31/2017

\$ **61,946.89

Dollars

Pay To The Estate Of Karen V. Winbush
Order Of
Sixty-One Thousand Nine Hundred Forty-Six and 89/100*****

Memo:

[Redacted area]