

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2016)

► Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.**This return is for calendar year** ☒ 2015 ☐ 2014 ☐ 2013 ☐ 2012**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

C. [REDACTED]

[REDACTED]

[REDACTED]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

A. [REDACTED]

[REDACTED]

[REDACTED]

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

[REDACTED]

[REDACTED]

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

[REDACTED]

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you cannot change your filing status from joint to separate returns after the due date.☐ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☒ Married filing jointly☐ Married filing separately☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." (See instructions.)

☐ Yes☐ No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here	1	(54.17)	(54.17)
2	Itemized deductions or standard deduction	2	12600	12600
3	Subtract line 2 from line 1	3	(12654.17)	(12654.17)
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4	24000	24000
5	Taxable income. Subtract line 4 from line 3	5	0	0

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions):	6		
7	Credits. If general business credit carryback is included, check here.	7		
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8		
9	Health care: individual responsibility (see instructions)	9		
10	Other taxes	10		
11	Total tax. Add lines 8, 9, and 10	11		

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12	1813.01	4074.22	5887.23
13	Estimated tax payments, including amount applied from prior year's return	13			
14	Earned income credit (EIC)	14			
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8801 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17	Total payments. Add lines 12 through 16	17			5887.23

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18		1813.01
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19		4074.22
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		4074.22
22	Amount of line 21 you want refunded to you	22		4074.22
23	Amount of line 21 you want applied to your (enter year): estimated tax	23		

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you cannot claim an exemption for yourself	24 2		2
25	Your dependent children who lived with you	25 4		4
26	Your dependent children who did not live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27	28 6		6
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 24000		24000
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below will not increase your tax or reduce your refund.

- ☐ Check here if you did not previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

The amended amount of 5887.23 encompasses the total amounts withheld as the tax on line 7 of each 4852 form. See forms 4852 attached to original return also included with this amended return.

C [REDACTED] and A [REDACTED] received \$0.00 in "wages" according to IRC sections 3401 (a) and 3121(a), by which Social Security and Medicare tax obligations are measured, therefore our Social Security and Medicare tax obligations are \$0.00.

Please issue a check for the remainder amount of \$4074.22

Sign Here

Remember to keep a copy of this form for your records.

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

► Your signature _____ Date _____ Spouse's signature. If a joint return, **both** must sign. _____ Date _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at www.irs.gov/form4852.

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1 Name(s) shown on return	2 Your social security number
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3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2015,
I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's identification number (if known)
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<p>a Wages, tips, and other compensation _____</p> <p>b Social security wages _____</p> <p>c Medicare wages and tips _____</p> <p>d Social security tips _____</p> <p>e Federal income tax withheld <u>746.51</u></p>	<p>f State income tax withheld _____ (Name of state) , _____</p> <p>g Local income tax withheld _____ (Name of locality) _____</p> <p>h Social security tax withheld <u>3084.49</u></p> <p>i Medicare tax withheld <u>721.38</u></p>
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8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<p>a Gross distribution _____</p> <p>b Taxable amount _____</p> <p>c Taxable amount not determined <input type="checkbox"/></p> <p>d Total distribution <input type="checkbox"/></p> <p>e Capital gain (included in line 8b) _____</p>	<p>f Federal income tax withheld _____</p> <p>g State income tax withheld _____</p> <p>h Local income tax withheld _____</p> <p>i Employee contributions _____</p> <p>j Distribution codes _____</p>
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9 How did you determine the amounts on lines 7 and 8 above?

Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such wages.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

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2 Your social security number

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5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's identification number (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation

b Social security wages

c Medicare wages and tips

d Social security tips

e Federal income tax withheld

f State income tax withheld

(Name of state) .

g Local income tax withheld

(Name of locality)

h Social security tax withheld

- i Medicare tax withheld

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution

0

f Federal income tax withheld

1066.50

b Taxable amount

111.61

g State income tax withheld

c Taxable amount not determined

1

h Local income tax withheld

d Total distribution

7

- i Employee contributions

e Capital gain (included in line 8b)

111.61

i Distribution codes .

9 How did you determine the amounts on lines 7 and 8 above?

Applicable tax law and my records.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

none

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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2 Your social security number

3 Address

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I have been unable to obtain (or have received an incorrect) ☒ Form W-2 **OR** ☐ Form 1099-R.

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5 Employer's or payer's name, address, and ZIP code

6 Employer's or payer's identification number (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	_____	f State income tax withheld	_____
b Social security wages	_____	(Name of state)	_____
c Medicare wages and tips	_____	g Local income tax withheld	_____
d Social security tips	_____	(Name of locality)	_____
e Federal income tax withheld	_____	h Social security tax withheld	217.47
		i Medicare tax withheld	50.86

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	_____	f Federal income tax withheld	_____
b Taxable amount	_____	g State income tax withheld	_____
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	_____
d Total distribution	<input type="checkbox"/>	i Employee contributions	_____
e Capital gain (included in line 8b)	_____	j Distribution codes	_____

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Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I receive no such wages.

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