8-16

## tual Income Tax Return 2016

AMENDED RETURN

Fill in circle. (See instructions.)

IMPORTANT: Do not send a photocopy of this form. For calendar year 2016, or fiscal year beginning (MM-DD-YY)

and ending (MM-DD-YY)

EST

All Pages of Your Return

Spouse's Social Security Number  You must enter your social security number(s).					
Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)  DAVID  If a Joint Return, Spouse's First Name	MC	est Name ONTANE e's Last Name		·	
Mailing Activess				Apertment Number	
City	State	Zip Code	Country (If not U.S.)	County (Brier deal tive letters)	
N.C. Education Endowment Fund: You may contribute to the N. your overpayment to the Fund. To make a contribution, enclose F To designate your overpayment to the Fund, enter the amount of y	orm NC-EDU an	d your payment	of\$		

 Fill in circle if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. Enter date of death of deceased taxpayer or deceased spouse. Deceased Taxpayer Information Fill in circle if return is filed and signed by Executor, Administrator or Court-Appointed Personal Representative. Spouse (MM-DO-YY) If No, complete Lines 1 through 12. Then go to Part D of Schedule S. Fill in residency information and complete Lines 24 through 26. Were you a resident of N.C. for the entire year of 2016? () Yes No **Residency Status** Was your spouse a resident for the entire year? Yes No Yes () No Did you claim the standard deduction on your 2016 federal return? Yes No Are you a veteran? Veteran Information (See Instructions.) Is your spouse a veteran? Yes No Fill in one circle only. (See instructions.) Single 2. Married Filing Jointly 3. Married Filing Separately (Enter your spouse's full name and Social Security Number.) 4. O Head of Household 5. Qualifying Widow(er) with Dependent Child (Year spouse died: Enter Whole U.S. Dollars Only Adjusted gross income from your federal return (If negative, see instructions.) 6. 7. Additions to federal adjusted gross income (From Line 6 of Form D-400 Schedule S, Part A) 8. Add Lines 6 and 7. 8 9. Deductions from federal adjusted gross Income (From Line 14 of Form D-400 Schedule S, Part B) 10. Subtract Line 9 from Line 8. 10. 11. • N.C. standard deduction OR O N.C. Itemized deductions Here. Fill in one circle only. (If itemizing, complete Part C of Form D-400 11. Schedule S, and enter the amount from Line 23.) W-25 12. Subtract Line 11 from Line 10. 13. Part-year residents and nonresidents (From Line 26 of Form D-400 Schedule S, Part D) 13. 0.0000 14. North Carolina Taxable income Full-year residents enter the amount from Line 12.

Part-year residents and nonresidents multiply amount on Line 12 by the decimal amount on Line 13. 15. North Carolina Income Tax To calculate your tax, multiply Line 14 by 5.75% (0.0575). If Line 14 is negative, enter -0- on Line 15.

(Second Second

16. Tax Credits (From Form D-400TC, Part 3, Line 20 - ) Form D-400TC if you enter an amount on this line.	You must attach .)		<b>▶</b> 16.	
17. Subtract Line 16 from Line 15.			17.	
18. Consumer Use Tax (See instructions.)	If you certify that no ( Use Tax is due, fill it	Consumer n circle.	<b>▶</b> 18.	•
19. Add Lines 17 and 18.			, 19.	,e
20. North Carolina a. Your tax withheld browne Tax Withheld 2993		pouse's tax withheld		
21. Other Tax Payments a. 2016 estimated tax	•	aid with extension		if you claim a partnership payment on Line 21c or S corporation payment
c. Partnership ▶	d. S ▶	Corporation	с	on Line 21d, you must attach a copy of the NC K-1
22. Amended Returne Only «Previous payments (See 4	Amended Reforms in in	sturations.)	22.	
23. Total Payments - Add Lines 20a through 22.		·	23.	2993.00
24. Americaect Returns Only - Retyrous returcis (See Am	iended Returijs in Insti	uctions.)	24.	
25. Subtract Line 24 from Line 23.	·		25.	2993.00
Tax Due - If Line 19 is more than Line 25, subtract     (If Line 25 is negative, see instructions.)     b. Penalties			► 26a.	
b. relighes	(Add Lines and 26c a enter the t on Line 20	and lotal	<b>26d</b> .	
e. Interest on the underpayment of estimated ince (See instructions and enter letter in box, if applicat			<b>▶</b> 26e.	
27. Add Lines 26a, 26d, and 26e. Pay This Amount - You can pay online. See instru	uctions. underpayme of estimate tax	ad a	27. \$	
28. Overpayment - If Line 19 is less than Line 25, subtract Line 19 from Line 25.  When filing an amended return, see instruc	-tions		28.	2993.00
29. Amount of Line 28 to be applied to 2017 Estimated in	1		▶ 29.	
30: Contribution to the N.C. Nongame and Endangered	Wildlife Fund		▶ 30.	-
31, Contribution of overpayment to the N.C. Education E	indowment Fund		<b>▶</b> 31.	
32. Add Lines 29, 30, and 31.			32.	
33. Subtract Line 32 from Line 28. This is the Amount 1 For direct deposit, file electronically.			▶ 33.	2993.00
I certify that, to the best of my knowledge, this return is acc	04-18-17	If prepared by a person of information of which the p	ner than taxpayer, tr reparer has ainy kno	nis certification is based on all wiedge;
Your Signature  Spouse's Signature (# ##ng joint return, both must sign.)	<del></del>	Paid Preparer's Signature	· · · · · · · · · · · · · · · · · · ·	Date
Spouce's Signature (If filing joint return, both must sign.)	Date	Preparer's FEIN, SSN, or P	TIN . •	
Home Telephone Number (Include area code.)		Preparer's Telephone	Number (include area	r code.)
If REFUND mail N.C. DEPT. OF REVENUE return to: P.O. BOX R FOR RALEIGH, NC 27634-0001	ORIGINAL RETURI	NS ONLY refund, i	RE NOT due a nail return, any t, and D-400V to:	N.C. DEPT. OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640

## Form 4852

(Rev. September 2014)

Department of the Treasury

internal Revenue Service

## 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.

OMB No. 1545-0074

1 Name(s) shown on return		2 Your soc	ial security num	iber
DAVID MONTANE		<u> </u>		
3 Address			•	• `.
		·		
4 Enter year in space provided and check one box. For the			_ •	
I have been unable to obtain (or have received an incorrect)	Form W-2 OR For	m 1099-R.	•	
I have notified the IRS of this fact. The amounts shown on it		timates for a	ll wages or paym	ents
made to me and tax withheld by my employer or payer nam 5 Employer's or payer's name, address, and ZIP code	ed on time o.		6 Employer's or pa	
			RIGHURGUOTTU	inoi filmini
	<del> </del>			
7 Form W-2. Enter wages, tips, other compensation, and tax				2,9
a Wages, tips, and other compensation	0. f State income tax w		• • •	2,9
b Social security wages	0. (Name of state) .	NC	<u> </u>	
c Medicare wages and tips	0. g Local income tax w	- 1 T	• • •	
	<u>n/a</u> (Name of locality)	n/a	<del> </del>	2.0
e Federal income tax withheld8,	329 h Social security tax		· · · · <u> </u>	3,9
	i Medicare tax withh	eld		у.
8 Form 1099-R. Enter distributions from pensions, annuities	, retirement/profit-sharing p	lans, IRAs, in	surance contract	s, etc.
a Gross distribution	f Federal income tax	withheld .	• • • <u></u>	
b Taxable amount	g State income tax w	ithheid	· · · <u></u>	
c Taxable amount not determined .	h Local income tax w	ithheld		
d Total distribution	I Employee contribut	tions	· · · <u> </u>	
e Capital gain (included in line 8b)	j Distribution codes			
9 How did you determine the amounts on lines 7 and 8 above	?			
a: WAGES AS DEFINED IN 26 USC SEC 3401(a); 7.b,c: WAGES AS	DEFINED IN 26 USC Sec. 3121	l(a): 7.e.f.g.h.i:	FROM PAYER'S	FORM W-2
	<u> </u>			
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Fo	orm W-2c, Corrected Wage	and Tax State	ement.	•
NONE				

## **General Instructions**

Section references are to the Internal Revenue Code.

Future developments. The IRS has created a page on IRS.gov for information about Form 4852, at www.irs.gov/form4852, Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (Including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (Including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filling Form 4852.

Note. Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit www.ssa.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filled with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and

	CIED (II CHECKED)		\$
PAYER'S name, street address, city or town, state or province, country, ZIP and telephone no.	1 Rents	OMB No. 1545-0115	
	s	0040	Miscellaneous
MC COMPANY	2 Royalties	2016	Income
	s .	Form 1099-MISC	
	3 Other income	4 Federal Income tax withheld	Oams 5
	s	s	Copy E
PAYER'S federal identification number RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	1 Por Macipieiu
	\$	\$	
RECIPIENTS name, stream address structuring apt. no.) oily or town, state or province, country, and ZP or foreign postal code $DAVID\ MONTANE$	7 Nonemployee compensation	Substitute payments in this of dividends or interest	This is important tax
	s -O-	\$	being turnished to the Internal Revenue Service. If you are
	9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a
	products to a buyer (recipient) for resale	] s	return, a negligence penalty or othe sanction may be
TX WHEN	11	12	imposed on you in this income in taxable and the IRS
Account number (see instructions) FATCA Wing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	determines that it
	\$	\$	reported
15e Section 409A deferrate 15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
	\$		\$
\$ <b>\$</b>	\$		IS

This corrected Form 1099-MISC is submitted by party identified above as "RECIPIENT" to correct the original Form 1099-MISC submitted by party identified above as "PAYER", which document erroneously alleged nontaxable payments to be taxable income.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct and complete.

DAVID MÓNTANE

2017-04-18

DATE