

MINNESOTA REVENUE  
**2015 Form M1X, Amended Minnesota Income Tax**

201513

Print or Type  
 Filing Status  
 Reason for Amending

Your First Name and Initial <b>JORDAN</b>	Last Name <b>J</b>	Social Security Number [REDACTED]	Date of Birth (mm/dd/yyyy) [REDACTED]
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Social Security Number	Spouse's Date of Birth
Current Home Address (street, apartment, route) [REDACTED]			For department use only. Do not write in this space. Effective interest date:
City [REDACTED]	State MN	Zip Code [REDACTED]	

Filing status claimed. **Note:** You cannot change from joint to separate returns after the due date.

On original return:  Single     Married filing joint     Married filing separate     Head of household     Qualifying widow(er)

On this return:  Single     Married filing joint     Married filing separate     Head of household     Qualifying widow(er)

Place an X in the appropriate box to indicate the reason(s) why you are filing this amended return:

Federal audit or adjustment. Enclose a complete copy of the IRS adjustment notice and see line 32 instructions.

Net operating loss carried back from tax year ending \_\_\_\_\_

Claim due to a pending court case (explain on back page).

Other (explain on back page).

If you show a refund on line 29 or tax due on line 31, you must report an increase or decrease in column B for at least one of the income, tax or credit lines (lines 1-24).

You will need the instructions for this form and the 2015 Individual Income Tax instruction booklet.

	A. Original amount or as previously adjusted	B. Amount of change increase or (decrease)	C. Correct amount
<b>1</b> Federal taxable income (see instructions) .....	17,781	(17,781)	-0-
<b>2</b> Additions to income (total of lines 2 and 3 of Form M1) .....	-0-	-0-	-0-
<b>3</b> Add lines 1 and 2 .....	17,781	(17,781)	-0-
<b>4</b> Total subtractions (from line 7 of Form M1) .....	-0-	-0-	-0-
<b>5</b> Minnesota taxable income. Subtract line 4 from line 3 .....	17,781	(17,781)	-0-
<b>6</b> Tax from the table in the M1 instruction booklet .....	950	(950)	-0-
<b>7</b> Alternative minimum tax (Schedule M1MT) .....	-0-	-0-	-0-
<b>8</b> Add lines 6 and 7 .....	950	(950)	-0-
<b>9 Part-year residents and nonresidents:</b> (Schedule M1NR)			
<b>a</b> Corrected amount from line 23 of Schedule M1NR .....	9a		
<b>b</b> Corrected amount from line 24 of Schedule M1NR .....	9b		
<b>10 Full-year residents:</b> Amount from line 8. <b>Part-year residents and nonresidents:</b> Amount from line 27 of Schedule M1NR .....	950	(950)	-0-
<b>11</b> Tax on lump-sum distribution (Schedule M1LS) .....	-0-	-0-	-0-
<b>12</b> Tax before credits. Add lines 10 and 11 .....	950	(950)	-0-
<b>13</b> Marriage credit for joint return when both spouses have earned income or retirement income (Schedule M1MA) .....	-0-	-0-	-0-
<b>14</b> Credit for taxes paid to another state (Schedule M1CR) .....	-0-	-0-	-0-
<b>15</b> Other nonrefundable credits (Schedule M1C) .....	-0-	-0-	-0-
<b>16</b> Total credits against tax. Add lines 13 through 15 .....	-0-	-0-	-0-
<b>17</b> Subtract line 16 from line 12 (if result is zero or less, enter 0) .....	950	(950)	-0-

Determining Tax

Credits and Tax Paid

	A. Original Amount or as Previously Adjusted	B. Amount of Change Increase or (Decrease)	C. Correct Amount
<b>18</b> Amount from line 17	950	(950)	-0-
<b>19</b> Minnesota income tax withheld (Schedule M1W)	-0-	-0-	-0-
<b>20</b> Minnesota estimated tax payments made for 2015	-0-	-0-	-0-
<b>21</b> Child and Dependent Care Credit (Schedule M1CD)	-0-	-0-	-0-
<b>22</b> Minnesota Working Family Credit (Schedule M1WFC)	-0-	-0-	-0-
<b>23</b> K-12 Education Credit (Schedule M1ED)	-0-	-0-	-0-
<b>24</b> Business and investment credits (Schedule M1B)	-0-	-0-	-0-
<b>25</b> Amount from line 32 of your original Form M1 (see instructions)			950
<b>26</b> Total credits and tax paid. Add lines 19C through 24C and line 25			950
<b>27</b> Amount from line 30 of your original Form M1 (see instructions)			-0-
<b>28</b> Subtract line 27 from line 26 (if result is less than zero, enter the negative amount; do not enter 0)			950
<b>29 REFUND.</b> If line 28 is more than line 18C, subtract line 18C from line 28			950

Refund or Tax Due

**30** To have your refund direct deposited, enter the following. Otherwise, you will receive a check.

Account type      Routing number      Account number (use an account not associated with any foreign bank)

Checking     Savings       

**31** Tax you owe. If line 18C is more than line 28, subtract line 28 from line 18C (if line 28 is a negative amount, see instructions)      **31** -0-

**32** If you failed to timely report federal changes or the IRS assessed a penalty, see instructions      **32** \_\_\_\_\_

**33** Add line 31 and line 32      **33** -0-

**34** Interest (see instructions)      **34** -0-

**35 AMOUNT DUE.** Add line 33 and line 34      **35** -0-

Sign Here

I declare that this return is correct and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing joint)	Date	Daytime phone
Paid preparer's signature	PTIN or VITA/TCE #	Date	Daytime phone

I authorize the MN Department of Revenue to discuss this return with the paid preparer and/or third party.

**EXPLANATION OF CHANGE**—Briefly explain each change below. If you checked the box for "Claim due to a pending court case" or "Other" on the front of this form as your reason for amending, you must also give a brief explanation of the changes that you are making to your original Minnesota income tax return. If you need more space, enclose another sheet.

Lines 1, 3, 5, 6, 8, 10, 12, 17, and 18 made from corrections reported on Form 4852 and corrected Form 1099-MISC. These corrections were submitted on federal Form 1040X, which resulted in an updated "Federal taxable income" amount listed on line 1.

Amended U.S. Individual Income Tax Return

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

If a joint return, spouse's first name and initial Last name Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number

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

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.)

Use Part III on the back to explain any changes

Income and Deductions

- Adjusted gross income. If net operating loss (NOL) carryback is included, check here
Itemized deductions or standard deduction
Subtract line 2 from line 1
Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29
Taxable income. Subtract line 4 from line 3

Table with 3 columns: A. Original amount or as previously adjusted (see instructions), B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 1-15.

Tax Liability

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

Payments

- Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions.)
Estimated tax payments, including amount applied from prior year's return
Earned income credit (EIC)
Refundable credits from: Schedule 8812 Form(s) 2439 4136 8801 8863 8885 8962 or other (specify):
Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed
Total payments. Add lines 12 through 16

Refund or Amount You Owe

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

**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. <b>Caution:</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself . . . . .	24		
25 Your dependent children who lived with you . . . . .	25		
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		
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		
30 List <b>ALL</b> 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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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.

Lines 1, 3, 5, 6, 8, and 10 made from corrections reported on Form 4852 and corrected Form 1099-MISC. Please be advised that I received no "income" or "wages" within the meaning of the relevant law or as defined in the IRS code, for work performed by any government agency, federal, state, or local, nor in any way connected with performance of such work.

**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.

[Redacted Signature] \_\_\_\_\_ 05/15/16 \_\_\_\_\_  
 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

Dated: 05/15/2016

Form **4852**

**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.**

OMB No. 1545-0074

(Rev. September 2014)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.  
▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

**1** Name(s) shown on return  
JORDAN J [REDACTED]

**2** Your social security number  
[REDACTED]

**3** Address  
[REDACTED]

**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.  
*never notify*  
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  
[REDACTED]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

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

<b>a</b> Wages, tips, and other compensation	<u>0.00</u>	<b>f</b> State income tax withheld	_____
<b>b</b> Social security wages	<u>0.00</u>	(Name of state)	<u>MN</u>
<b>c</b> Medicare wages and tips	<u>0.00</u>	<b>g</b> Local income tax withheld	_____
<b>d</b> Social security tips	_____	(Name of locality)	_____
<b>e</b> Federal income tax withheld	_____	<b>h</b> Social security tax withheld	<u>48.34</u>
		<b>i</b> Medicare tax withheld	<u>11.30</u>

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

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

**9** How did you determine the amounts on lines 7 and 8 above?  
Records provided by the payer listed on line 5. *Please see attached sworn declaration. (Exhibit A)*

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
*None. Withholdings are correct.*

**General Instructions**

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a

## Exhibit A

Sworn Declaration for Form 4852, dated 05/15/2016:




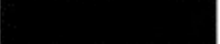


Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

  
Jordan J 

05/15/2016

Date

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 		1 Rents \$	OMB No. 1545-0115 <b>2015</b> Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other Income \$	4 Federal income tax withheld \$	Copy B For Recipient
PAYER'S federal identification number 	RECIPIENT'S identification number 	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name JORDAN 		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$	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.
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 or town, state or province, country, and ZIP or foreign postal code 		11	12	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

This corrected 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as 'PAYER' which erroneously alleges a payment to the party identified above as the 'RECIPIENT' of "gains, profit or income" made in the course of a "trade or business". 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. Please also note the RECIPIENT's address has been updated.



Jordan J

05/15/2016

Date