

Amended U.S. Individual Income Tax Return

(Rev. January 2018)

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial: **JORDAN T** Last name: **POWELL** 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. **H5** 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 can't change your filing status from a joint return to separate returns after the due date.

- Single
- Married filing jointly
- Married filing separately
- Head of household (If the qualifying person is a child but not your dependent, see instructions.)
- 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 a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/> | 1 76,505 | (76,505) | 0 |
| 2 Itemized deductions or standard deduction | 2 6,300 | 0 | 6,300 |
| 3 Subtract line 2 from line 1 | 3 70,205 | (70,205) | 0 |
| 4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29 | 4 4,000 | 0 | 4,000 |
| 5 Taxable income. Subtract line 4 from line 3 | 5 66,205 | (66,205) | 0 |

Tax Liability

| | | | |
|--|-----------|----------|---|
| 6 Tax. Enter method(s) used to figure tax (see instructions): Tax table | 6 12,317 | (12,317) | 0 |
| 7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/> | 7 0 | 0 | 0 |
| 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- | 8 12,317 | (12,317) | 0 |
| 9 Health care: individual responsibility (see instructions) | 9 0 | 0 | 0 |
| 10 Other taxes | 10 11,585 | (11,585) | 0 |
| 11 Total tax. Add lines 8, 9, and 10 | 11 23,902 | (23,902) | 0 |

Payments

| | | | |
|---|-----------|---|--------|
| 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) | 12 0 | 0 | 0 |
| 13 Estimated tax payments, including amount applied from prior year's return | 13 12,600 | 0 | 12,600 |
| 14 Earned income credit (EIC) | 14 0 | 0 | 0 |
| 15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): _____ | 15 0 | 0 | 0 |
| 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 | | 11,302 |
| 17 Total payments. Add lines 12 through 15, column C, and line 16 | 17 | | 23,902 |

Refund or Amount You Owe

| | | | |
|---|----|--|--------|
| 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 18 | | 0 |
| 19 Subtract line 18 from line 17 (If less than zero, see instructions.) | 19 | | 23,902 |
| 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference | 20 | | 0 |
| 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return | 21 | | 23,902 |
| 22 Amount of line 21 you want refunded to you | 22 | | 23,902 |
| 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 any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

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 can't claim an exemption for yourself | 24 | | |
| 25 | Your dependent children who lived with you | 25 | | |
| 26 | Your dependent children who didn't 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 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) |
|----------------|-----------|--|-------------------------------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't 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.

I am hereby filing IRS form 1040X amended tax return for tax year 2015. Enclosed are the following documents in support of this amended filing.

- 1) IRS Form 1040X for 2015 (2 pages)
- 2) IRS Form 1099-MISC rebutting a 1099 submitted to the IRS by SURGE LLC in which the amount listed under "Nonemployee compensation" on the 1099 the payer provided is incorrect. (1 page)

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.

Sign Here

▶

| | | |
|---|---------------|------------------------------|
| _____ Your signature | _____ Date | _____ Your occupation |
| _____ Spouse's signature. If a joint return, both must sign. | _____ Date | _____ Spouse's occupation |

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 | <input type="checkbox"/> Check if self-employed | _____ Phone number |
| | | _____ EIN |

CORRECTED (if checked)

| | | | | | | | | |
|--|--|--|--|--|--|---|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SURGE LLC | | 1 Rents \$ 0.00 | | OMB No. 1545-0115 2015 | | Miscellaneous Income | | |
| | | 2 Royalties \$ 0.00 | | Form 1099-MISC | | | | |
| | | 3 Other income \$ 0.00 | | 4 Federal income tax withheld \$ 0.00 | | | | |
| PAYER'S federal identification number | | RECIPIENT'S identification number | | 5 Fishing boat proceeds \$ 0.00 | | 6 Medical and health care payments \$ 0.00 | | Copy B For Recipient 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. |
| RECIPIENT'S name Jordan Powell | | | | 7 Nonemployee compensation \$ 0.00 | | 8 Substitute payments in lieu of dividends or interest \$ 0.00 | | |
| 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 \$ 0.00 | | |
| 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 \$ 0.00 | | 14 Gross proceeds paid to an attorney \$ 0.00 | | |
| 15a Section 409A deferrals \$ 0.00 | | 15b Section 409A income \$ 0.00 | | 16 State tax withheld \$ 0.00 | | 17 State/Payer's state no. FL | | 18 State income \$ 0.00 |

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

This corrected 1099-MISC form is submitted to rebut a document know to have been submitted to IRS by the party identified above as PAYER, erroneously alleging payment of "Nonemployee compensation" to RECIPIENT. No payments were made by PAYER to RECIPIENT in the course of a "trade or business" or other activity which would constitute any other taxable income or event under relevant law.

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.

Jordan Powell

Date