

(Rev. December 2012)

► Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.

This return is for calendar year 2012 2011 2010 2009

Other year. Enter one: calendar year 2002 or fiscal year (month and year ended):

Your first name and initial: Anthony M Last name: Jackson Your social security number: _____

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

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 Married filing jointly Married filing separately
 Qualifying widow(er) Head of household (If the qualifying person is a child but not your dependent, see instructions.)

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 <input type="checkbox"/>	1		-0-
2 Itemized deductions or standard deduction	2		-0-
3 Subtract line 2 from line 1	3		-0-
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 30	4		-0-
5 Taxable income. Subtract line 4 from line 3	5		-0-

Tax Liability

6 Tax. Enter method used to figure tax:	6		-0-
7 Credits. If general business credit carryback is included, check here <input type="checkbox"/>	7		-0-
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8		-0-
9 Other taxes	9		-0-
10 Total tax. Add lines 8 and 9	10		-0-

Payments

11 Federal income tax withheld and excess social security and tier 1 RRATA tax withheld (if changing, see instructions)	11		-0-
12 Estimated tax payments, including amount applied from prior year's return	12		-0-
13 Earned income credit (EIC)	13		-0-
14 Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2009-2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14		-0-
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	15		-0-
16 Total payments. Add lines 11 through 15	16		-0-

Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)

17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	17		-0-
18 Subtract line 17 from line 16 (if less than zero, see instructions)	18		-0-
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference	19		-0-
20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return	20		-0-
21 Amount of line 20 you want refunded to you	21		-0-
22 Amount of line 20 you want applied to your (enter year): estimated tax	22		-0-

Complete and sign this form on Page 2.

7012-1640-0002-0807-1485

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. BUDDY'S CARPET & FLOORING, LLC		1 Rents \$	OMB No. 1545-0115 2002 Form 1099-MISC		Miscellaneous Income	
		2 Royalties \$	4 Federal income tax withheld \$			Copy B For Recipient
		3 Other income \$	6 Medical and health care payments \$			
PAYER'S Federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	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.	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY JACKSCH		7 Nonemployee compensation \$ -0-	10 Crop insurance proceeds \$			
Account number (optional)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	11			
15		13 Excess golden parachute payments \$	12			
		16 State tax withheld \$ 0.00 \$ 0.00	14 Gross proceeds paid to an attorney \$			
		17 State/Payer's state no.	18 State income \$ 0.00 \$ 0.00			

Form 1099-MISC

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

This corrected form 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 '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.


Anthony M Jackson

12-26-13
Date

7012-1640-0002-0807-1485