

Form
1040EZ**Income Tax Return for Single and Joint Filers With No Dependents (99) 2008**

OMB No. 1545-0074

Label

(See page 9.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (page 9)

| | | |
|--|--|-----------------------------|
| L A B E L H O M E A D D R E S S | Your first name and initial Anthony M | Last name Jackson |
| | If a joint return, spouse's first name and initial | Last name |
| | Home address (number and street). If you have a P.O. box, see page 9. | |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. | |

Your social security number

Spouse's social security number

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if a joint return, want \$3 to go to this fund You Spouse

Income**Attach Form(s) W-2 here.**

Enclose, but do not attach, any payment.

| | | |
|--|----|---|
| 1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 0 |
| 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | 0 |
| 3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11). | 3 | 0 |
| 4 Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 0 |
| 5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,950 if single ; \$17,900 if married filing jointly . See back for explanation. | 5 | 0 |
| 6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 0 |
| 7 Federal income tax withheld from box 2 of your Form(s) W-2. | 7 | 0 |
| 8a Earned income credit (EIC) (see page 12). | 8a | 0 |
| b Nontaxable combat pay election. | 8b | 0 |
| 9 Recovery rebate credit (see worksheet on pages 17 and 18). | 9 | 0 |
| 10 Add lines 7, 8a, and 9. These are your total payments . | 10 | 0 |
| 11 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 28-36 of the booklet. Then, enter the tax from the table on this line. | 11 | 0 |

Payments and tax**Refund**

Have it directly deposited! See page 18 and fill in 12b, 12c, and 12d or Form 8888.

| | | |
|---|---|---|
| 12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 12a | 0 |
| b Routing number <input type="text"/> | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d Account number <input type="text"/> | | |

Amount you owe

13 If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe. For details on how to pay, see page 19. ▶ 13 0

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? Yes. Complete the following. No


Designee's name Phone no. Personal identification number (PIN)

Sign here

Joint return? See page 6.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately reflects all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|---|-----------------|-------------------------------------|-----------------------------|
| Your signature  | Date 5/29/13 | Your occupation Carpet installer | Daytime phone number () |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code FIN

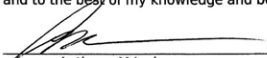
Phone no. ()

7011 2000 0001 7427 6569

| | | | | |
|--|-----------------------------------|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents \$ | OMB No. 1545-0115 2008 | Miscellaneous Income |
| | | 2 Royalties \$ | Form 1099-MISC Department of the Treasury - IRS | |
| | | 3 Other income \$ | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | |
| RECIPIENT'S name, address, and ZIP code ANTHONY JACKSON | | 7 Nonemployee compensation \$ -0- | 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. |
| | | 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 \$ | |
| | | 11 | 12 | |
| Account number (see instructions) | | 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 \$ |

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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

8-29-13

Date

#7011 2000 0001 7427 6569

| | | | | |
|--|-----------------------------------|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. CARPET | | 1 Rents \$ | OMB No. 1545-0115 2008 | Miscellaneous Income 38-2098403 Department of the Treasury — IRS Copy B For Recipient |
| | | 2 Royalties \$ | Form 1099-MISC | |
| | | 3 Other income \$ | 4 Fed. inc. tax withheld \$ | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | |
| RECIPIENT'S name, address, and ZIP code ANTHONY JACKSON | | 7 Nonemployee compensation \$ -0- | 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. |
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| | | 11 | 12 | |
| Account number (see instructions) | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | |
| 15a Section 408A deferrals \$ | 15b Section 408A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. \$ | 18 State income \$ |
| 8 9MISCBI NTF 2571866 Copyright 2008 Greatland/Netco - Forms Software Only | | | | |

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| Account number (see instructions) | | 9 Payer made direct sales of \$3,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> | 10 Crop insurance proceeds \$ | | |
| | | 11 | 12 | | |
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