

Label

(See page 9.)
Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign (see page 9)

L A B E L H O M E	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 page 9.				Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 9.					
	<input type="checkbox"/> You <input type="checkbox"/> Spouse Checking a box below will not change your tax or refund.					

Income

Attach Form(s) W-2 here.

Enclose, but do not attach, any payment.

You may benefit from filing Form 1040A or 1040. See Before You Begin on page 4.

Check here if you, or your spouse if a joint return, want \$3 to go to this fund . . .		<input type="checkbox"/> You	<input type="checkbox"/> Spouse
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 in excess of \$2,400 per recipient 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 \$9,350 if single ; \$18,700 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 Form(s) W-2 and 1099.	7	0
8	Making work pay credit (see worksheet on back).	8	0
9a	Earned income credit (EIC) (see page 13).	9a	0
b	Nontaxable combat pay election. 9b 0		
10	Add lines 7, 8, and 9a. These are your total payments and credits .	10	0
11	Tax. Use the amount on line 6 above to find your tax in the tax table on pages 27 through 35 of the instructions. Then, enter the tax from the table on this line.	11	0
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" value=""/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value=""/>		
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

Payments, Credits, and Tax

Refund

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

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? Yes. Complete the following. NoDesignee's name Phone no. Personal identification number (PIN)

Sign here


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 lists 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.

Joint return? See page 6.

Preparer's signature 	Date 8-29-17	Your occupation Carpet Installer	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Keep a copy for your records.

Paid preparer's use only

Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Form 1099-MISC

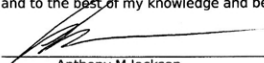
 CORRECTED (if checked)

(keep for your records)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2009	Miscellaneous Income 39-2099803 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.
		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 \$	
Account number (see instructions)		11	12	
		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 \$

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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 "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 6576

Form 1099-MISC

 CORRECTED (if checked)

(keep for your records)

PAYER'S name, street address, city, state, ZIP code, and telephone no. CARPET		1 Rents \$	OMB No. 1545-0115 2009	Miscellaneous Income 38-2099R03 Department of the Treasury - IRS Copy B For Recipient
		2 Royalties \$	Form 1099-MISC	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other income \$	4 Fed. inc. tax withheld \$	
		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.
Account number (see instructions)		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	
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Date

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Form 1099-MISC

 CORRECTED (if checked)

(keep for your records)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0015	Miscellaneous Income
		2 Royalties \$	2009	
		3 Other income \$	Form 1099-MISC	38-2098603 Department of the Treasury -- IRS
PAYER'S federal identification number	RECIPIENT'S identification number	4 Fed. inc. tax withheld \$	Copy B For Recipient	
		5 Fishing boat proceeds \$	6 Medical and health care payments \$	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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