

Form

1040EZ**Income Tax Return for Single and Joint Filers With No Dependents** (99)**2014**

OMB No. 1545-0074

Your first name and initial Anthony M	Last name Jackson	Your 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.

▲ Make sure the SSN(s) above are correct.

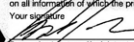
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to the fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name	Foreign province/state/country	Foreign postal code
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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 instructions).	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 \$10,150 if single; \$20,300 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-
	8a	Earned income credit (EIC) (see instructions)	8a	
	b	Nontaxable combat pay election. 8b -0-		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	-0-
	10	Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	-0-
	11	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	11	-0-
	12	Add lines 10 and 11. This is your total tax .	12	-0-
	Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a
b		Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d		Account number <input type="text"/>		
14		If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	-0-

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal Identification number (PIN) <input type="text"/>

Sign Here Joint return? See instructions. 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 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.			
	Your signature 	Date 3-23-15	Your occupation Flooring mechanic	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/>
	Firm's name	Firm's EIN	Phone no.		
	Firm's address				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11329W

Form **1040EZ** (2014)

7011 2000 0001 7433 3309

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Builders		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Copy C For Payer or State Copy or Copy 2
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Anthony Jackson		7 Nonemployee compensation \$ -0-	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.	
		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 <input type="checkbox"/>	12 <input type="checkbox"/>		
Account number (see instructions)		2nd TIN not <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 www.irs.gov/form1099misc 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

2-23-15
Date

7011 2000 0001 7433 3309

Form 1099-MISC

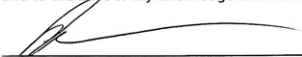
 CORRECTED (if checked)

(keep for your records)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and teleph-home no. CARPET		1 Rents \$	OMB No. 1545-0115 2014		Miscellaneous Income 38-208803 Department of the Treasury -- IRS Copy B For Recipient
		2 Royalties \$	Form 1099-MISC		
		3 Other income \$	4 Federal income 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, ZIP/postal code & country 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 the 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 408A deferrals \$	15d Section 408A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$	

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Anthony M Jackson



Date

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