

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 2016, See separate instructions.

Your first name and initial **Anthony** Last name **Carrion** 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. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

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/country _____ Foreign postal code _____ **Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child
3 Married filing separately. Enter spouse's SSN above and full name here. **▶**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. **Boxes checked on 6a and 6b 1**
b Spouse **No. of children on 6c who:**
c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instructions) **• lived with you 0**
If more than four dependents, see instructions and check here **• did not live with you due to divorce or separation (see instructions) 0**
Dependents on 6c not entered above 0
d Total number of exemptions claimed **Add numbers on lines above ▶ 1**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 0
8a Taxable interest. Attach Schedule B if required 8a
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 0 0**

Adjusted Gross Income 23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN **▶** 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36 0 0
37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 0 0**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38		0	00	
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a					
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b					
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		6300	00	
	41	Subtract line 40 from line 38	41		-6300	00	
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42			4050	00
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43			0	00
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44			0	00
	45	Alternative minimum tax (see instructions). Attach Form 6251	45			0	00
	46	Excess advance premium tax credit repayment. Attach Form 8962	46			0	00
	47	Add lines 44, 45, and 46	47			0	00
	48	Foreign tax credit. Attach Form 1116 if required	48			00	
	49	Credit for child and dependent care expenses. Attach Form 2441	49			00	
50	Education credits from Form 8863, line 19	50			00		
51	Retirement savings contributions credit. Attach Form 8880	51			00		
52	Child tax credit. Attach Schedule 8812, if required	52			00		
53	Residential energy credits. Attach Form 5695	53			00		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54			00		
55	Add lines 48 through 54. These are your total credits	55			0	00	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56			0	00	
57	Self-employment tax. Attach Schedule SE	57			0	00	
Other Taxes	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58				
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59				
	60a	Household employment taxes from Schedule H	60a				
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b				
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61				
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62					
63	Add lines 56 through 62. This is your total tax	63			0	00	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64				
	65	2016 estimated tax payments and amount applied from 2015 return	65		6000	00	
	66a	Earned income credit (EIC)	66a				
	b	Nontaxable combat pay election 66b	66b				
	67	Additional child tax credit. Attach Schedule 8812	67				
	68	American opportunity credit from Form 8863, line 8	68				
	69	Net premium tax credit. Attach Form 8962	69				
	70	Amount paid with request for extension to file	70				
	71	Excess social security and tier 1 RRTA tax withheld	71				
	72	Credit for federal tax on fuels. Attach Form 4136	72				
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Ravelo c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73					
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74			6000	00	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		6000	00	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a		6000	00	
	b	Routing number ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d	Account number						
77	Amount of line 75 you want applied to your 2017 estimated tax ▶ 77	77					
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78				
	79	Estimated tax penalty (see instructions)	79				

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

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

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

Your	Date	Your occupation	Daytime phone number
	5/23/17	Private Consultant	
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.)

Paid Preparer Use Only

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	OMB No. 1545-0115		Miscellaneous Income
		\$	2017		
PAYER'S federal identification number		2 Royalties			Form 1099-MISC
		\$			
PAYER'S identification number		3 Other income	4 Federal income tax withheld	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 identification number		\$	\$		
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments		
Street address (including apt. no.)		\$	\$		
City or town, state or province, country, and ZIP or foreign postal code		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
Account number (see instructions)		\$ 0.00	\$		
FATCA filing requirement <input type="checkbox"/>		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		
15a Section 409A deferrals		\$	\$		
15b Section 409A income		11	12		
16 State tax withheld					
17 State/Payer's state no.		\$	14 Gross proceeds paid to an attorney		
18 State income		\$	\$		

Form 1099-MISC (keep for your records)

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 that erroneously alleges payment to the party identified as RECIPIENT of taxable Nonemployee compensation. Be advised that the RECIPIENT is not engaged in a "trade or business" as defined under Section 7701(a)(26) and therefore under the law no tax payment is required. \$6000 in estimated tax payments were erroneously paid, for which a full refund is required. Receipts for the estimated tax payments are attached.

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 Carrion

5/23/17
Date