



New York State Department of Taxation and Finance  
**Amended Resident Income Tax Return**  
 New York State • New York City • Yonkers

**IT-201-X**

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning ... **14**  
 and ending ...

See the instructions, Form IT-201-X-1, for help completing your amended return.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmdyyy)	Your social security number
CRAIG	J	SCHIEDER		
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmdyyy)	Spouse's social security number
Mailing address (number and street or PO box)			Apartment number	New York State county of residence
City, village, or post office			State	ZIP code
			NY	
Taxpayer's permanent home address (number and street or rural route)			Apartment number	School district name
City, village, or post office			State	ZIP code
			NY	
Decedent information			Taxpayer's date of death (mmdyyy)	Spouse's date of death (mmdyyy)

- A Filing status** (mark an X in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's social security number above)
  - ③  Married filing separate return (enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er) with dependent child

**B** Did you itemize your deductions on your 2014 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you file an amended federal return (see instructions) Yes  No

- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a property tax freeze credit? Yes  No
- (2) If Yes, enter the amount.....  00

**D3** Did you receive a family tax relief credit? Yes  No

- E** (1) Did you or your spouse maintain living quarters in NYC during 2014? Yes  No
- (2) Enter the number of days spent in NYC in 2014 (any part of a day spent in NYC is considered a day).....

- F NYC residents and NYC part-year residents only:**
- (1) Number of months you lived in NYC in 2014 .....
- (2) Number of months your spouse lived in NYC in 2014 .....

**G** Enter your 2-character special condition code if applicable (see instructions) .....

If applicable, also enter your second 2-character special condition code .....

**H Dependent exemption information**

First name	MI	Last name	Relationship	Social security number	Date of birth (mmdyyy)

If more than 7 dependents, mark an X in the box.



361001140094

For office use only

Your social security number

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	0	00
2	Taxable interest income .....	2	0	00
3	Ordinary dividends .....	3	0	00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	0	00
5	Alimony received .....	5	0	00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	0	00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	0	00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	0	00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	0	00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	0	00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	0	00
12	Rental real estate included in line 11 .....	12	0	00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	0	00
14	Unemployment compensation .....	14	0	00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	0	00
16	Other income Identify: .....	16	0	00
17	Add lines 1 through 11 and 13 through 16 .....	17	0	00
18	Total federal adjustments to income Identify: .....	18	0	00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	0	00

**New York additions**

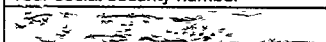
20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	0	00
21	Public employee 414(h) retirement contributions from your wage and tax statements .....	21	0	00
22	New York's 529 college savings program distributions .....	22	0	00
23	Other (Form IT-225, line 9) .....	23	0	00
24	Add lines 19 through 23 .....	24	0	00

**New York subtractions**

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	0	00
26	Pensions of NYS and local governments and the federal government .....	26	0	00
27	Taxable amount of social security benefits (from line 15) .....	27	0	00
28	Interest income on U.S. government bonds .....	28	0	00
29	Pension and annuity income exclusion .....	29	0	00
30	New York's 529 college savings program deduction/earnings .....	30	0	00
31	Other (Form IT-225, line 18) .....	31	0	00
32	Add lines 25 through 31 .....	32	0	00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	0	00



Name(s) as shown on page 1  
**CRAIG J SCHIEDER**

Your social security number  


**Standard deduction or itemized deduction**

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from schedule below)  
 Mark an X in the appropriate box:  **Standard** - or -  **Itemized**

34	7800	00
35		00
36	1 000	00
37		0 00

◀ or ▶

**New York State  
standard deduction table**

Filing status (from the front page)	Standard deduction (enter on line 34 above)
① Single and you marked item C Yes	\$ 3,100
① Single and you marked item C No	7,800
② Married filing joint return	15,650
③ Married filing separate return	7,800
④ Head of household (with qualifying person)	10,950
⑤ Qualifying widow(er) with dependent child	15,650

**New York State itemized deduction schedule**

1	Medical and dental expenses (federal Sch. A, line 4) .....	1		00
2	Taxes you paid (federal Sch. A, line 9) .....	2		00
3	Interest you paid (federal Sch. A, line 15) .....	3		00
4	Gifts to charity (federal Sch. A, line 19) .....	4		00
5	Casualty and theft losses (federal Sch. A, line 20) .....	5		00
6	Job expenses/misc. deductions (federal Sch. A, line 27) .....	6		00
7	Other misc. deductions (federal Sch. A, line 28) .....	7		00
8	Enter amount from federal Schedule A, line 29 .....	8		00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments .....	9		00
10	Subtract line 9 from line 8 .....	10		00
11	Addition adjustments .....	11		00
12	Add lines 10 and 11 .....	12		00
13	Itemized deduction adjustment .....	13		00
14	Subtract line 13 from line 12 .....	14		00
15	College tuition itemized deduction (see Form IT-272) .....	15		00
16	<b>New York State itemized deduction</b> (add lines 14 and 15; enter on line 34 above) .....	16		00

(continued on page 4)

Your social security number

**Tax computation, credits, and other taxes**

38 Taxable income (from line 37 on page 3)		38	0	00
39 NYS tax on line 38 amount		39	0	00
40 NYS household credit	40		0	00
41 Resident credit	41		0	00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		0	00
43 Add lines 40, 41, and 42		43	0	00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)		44	0	00
45 Net other NYS taxes (Form IT-201-ATT, line 30)		45	0	00
46 Total New York State taxes (add lines 44 and 45)		46	0	00

**New York City and Yonkers taxes, credits, and tax surcharges**

47 NYC resident tax on line 38 amount	47		0	00
48 NYC household credit	48		0	00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		0	00
50 Part-year NYC resident tax (Form IT-360.1)	50		0	00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51		0	00
52 Add lines 49, 50, and 51	52		0	00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		0	00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		0	00
55 Yonkers resident income tax surcharge	55		0	00
56 Yonkers nonresident earnings tax (Form Y-203)	56		0	00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		0	00
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)		58	0	00
59 Sales or use tax as reported on your original return (see instructions. Do not leave line 59 blank.)		59	0	00

**Voluntary contributions as reported on your original return** (or as adjusted by the Tax Department; see instructions)

60a Return a Gift to Wildlife	60a		0	00
60b Missing/Exploited Children Fund	60b		0	00
60c Breast Cancer Research Fund	60c		0	00
60d Alzheimer's Fund	60d		0	00
60e Olympic Fund	60e		0	00
60f Prostate and Testicular Cancer Research and Education Fund	60f		0	00
60g 9/11 Memorial	60g		0	00
60h Volunteer Firefighting & EMS Recruitment Fund	60h		0	00
60i Teen Health Education	60i		0	00
60j Veterans Remembrance	60j		0	00
60 Total voluntary contributions as reported on your original return (or as adjusted by the Tax Department; see instructions)		60	0	00
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)		61	0	00

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Name(s) as shown on page 1  
CRAIG J SCHIEDER

Your social security number

62 Enter amount from line 61 ..... 62 0 00

Payments and refundable credits

63 Empire State child credit	63	0 00
64 NYS/NYC child and dependent care credit	64	0 00
65 NYS earned income credit (EIC)	65	0 00
66 NYS noncustodial parent EIC	66	0 00
67 Real property tax credit	67	0 00
68 College tuition credit	68	0 00
69 NYC school tax credit (also complete F on page 1)	69	0 00
70 NYC earned income credit	70	0 00
70a NYC enhanced real property tax credit	70a	0 00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	0 00
72 Total New York State tax withheld	72	5393 00
73 Total New York City tax withheld	73	0 00
74 Total Yonkers tax withheld	74	0 00
75 Total estimated tax payments / Amount paid with Form IT-370	75	0 00
76 Amount paid with original return, plus additional tax paid after your original return was filed (see instructions)	76	0 00
77 Total payments (add lines 63 through 76)	77	5393 00

See Important information in the instructions.

78 Overpayment, if any, as shown on original return or previously adjusted by NY State (see instr.) ... 78 0 00

78a Amount from original Form IT-201, line 79 (see instructions) 78a 0 00

79 Subtract line 78 from line 77 ..... 79 5393 00

Your refund

80 If line 79 is more than line 62, subtract line 62 from line 79 and indicate how you want your refund

Mark one refund choice:  direct deposit (fill in lines 82 through 82c) - or -  debit card - or -  paper check ..... 80 5393 00

Amount you owe

81 If line 79 is less than line 62, subtract line 79 from line 62 (see instructions) ..... 81 0 00

To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 82 through 82d. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

Account information

82 Account information for direct deposit or electronic funds withdrawal (see instructions)

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

82a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

82b Routing number  82c Account number

82d Electronic funds withdrawal (see instructions) ..... Date  Amount  00

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Your social security number

**83 Reason(s) for amending your return (mark an X in all applicable boxes; see instructions)**

- 83a Federal audit change (complete lines 84 through 91 below) .....
- 83b Worthless stock/securities .....
- 83c Claim of right .....
- 83d Wages .....
- 83e Military .....
- 83f Court ruling .....
- 83g Workers' compensation .....
- 83h Treaties/visa .....
- 83i Tax shelter transaction .....
- 83j Credit claim.....
- 83k Protective claim (see instructions) .....
- 83l Net operating loss (see instructions). Mark an X in the box ....  and enter the year of the loss ....
- 83m Other. Mark an X in the box ...  and explain: CORRECTED ERRONEOUS W-2 AND (3) ERRONEOUS 1099-MISC FORMS
- 83n To report adjustments to partnership or S corporation income, gain, loss or deduction, provide the following information:

Partnership  S corporation

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		



**If you marked an X in box 83a above, you must complete lines 84 through 91 below. All others may skip lines 84 through 91 and go directly to the Third-party designee question. You must sign your amended return below.**

- 84 Enter the date (mmdyyy) of the final federal determination  (Explain) \_\_\_\_\_
- 85 Do you concede the federal audit changes? (If No, explain below.)..... Yes  No

**86 List federal changes**

86a _____	86a	00
86b _____	86b	00
86c _____	86c	00
86d _____	86d	00
86e _____	86e	00

- 87 Net federal changes (increase or decrease) .....  **87** 00
- 88 Federal taxable income (mark an X in one box) .... Per return  Previously adjusted  **88** 00
- 89 Corrected federal taxable income ..... **89** 00

- 90 Federal credits disallowed ..... Earned income credit  Amount disallowed   
 Child care credit  Amount disallowed

- 91 Federal penalties assessed
- 91a Fraud .....  91b Negligence .....  91c Other (explain below) .....

Third-party designee?	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E-mail:		

<p><b>▼ Paid preparer must complete (see instr.) ▼</b></p> <p>Date _____</p> <p>Preparer's signature _____ Preparer's NYTPRIN _____</p> <p>Firm's name (or yours, if self-employed) _____ Preparer's PTIN or SSN _____</p> <p>Address _____ Employer identification number _____</p> <p>E-mail: _____ NYTPRIN excl. code _____</p>	<p><b>▼ Taxpayer(s) must sign here ▼</b></p> <p>Your signature _____</p> <p>Your occupation <b>PRIVATE SECTOR WORKER</b></p> <p>Spouse's signature and occupation (if joint return) _____</p> <p>Date <b>02-01-2019</b> Daytime phone number _____</p> <p>E-mail: _____</p>
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**See instructions for where to mail your return.**

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**Substitute for Form W-2, Wage and Tax Statement, or  
Form 1099-R, Distributions From Pensions, Annuities, Retirement  
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040X.

▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

<b>1</b> Name(s) shown on return CRAIG J. SCHIEDER	<b>2</b> Your social security number
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**3** Address

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2014,  
I have been unable to obtain (or have received an incorrect)  Form W-2 **OR**  Form 1099-R.  
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

<b>5</b> Employer's or payer's name, address, and ZIP code	<b>6</b> Employer's or payer's TIN (if known)
--	---

**7 Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation <u>0</u>	<b>f</b> State income tax withheld <u>5,392.63</u> (Name of state) <u>NEW YORK</u>
<b>b</b> Social security wages <u>0</u>	<b>g</b> Local income tax withheld _____ (Name of locality) _____
<b>c</b> Medicare wages and tips <u>0</u>	<b>h</b> Social security tax withheld <u>7,254.00</u>
<b>d</b> Social security tips <u>0</u>	<b>i</b> Medicare tax withheld <u>1,847.39</u>
<b>e</b> Federal income tax withheld <u>10,765.05</u>	

**8 Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution _____	<b>f</b> Federal income tax withheld _____
<b>b</b> Taxable amount _____	<b>g</b> State income tax withheld _____ (Name of state) _____
<b>c</b> Taxable amount not determined <input type="checkbox"/>	<b>h</b> Local income tax withheld _____ (Name of locality) _____
<b>d</b> Total distribution <input type="checkbox"/>	<b>i</b> Employee contributions _____
<b>e</b> Capital gain (included in line 8b) _____	<b>j</b> Distribution codes _____

**9** How did you determine the amounts on lines 7 and 8 above?  
 LINE 7(a),(b)&(c) are corrected as I DID NOT receive any "wages" as defined in IRC §3401(a) & §3121(a) & others. This claim by "payer" is hereby rebutted. I & "payer" are private entities not engaged in a federal activity. LINE 7(e),(f),(h),(i) were obtained by erroneous W2

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
 When I notified "Payer" of error, they said they will not change how they report payments in fear of retaliation from IRS.

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852).

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You also must provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note:** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit [www.SSA.gov/myaccount](http://www.SSA.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

# STATEMENT TO CORRECT ERRONEOUSLY REPORTED 2014 FORM 1099-MISC INFORMATION RETURN

This document is presented to dispute and correct an erroneous Form 1099-MISC known to have been submitted to the IRS by the party identified below as "PAYER" which **erroneously** alleges a payment to the party identified below as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business." I am a private sector worker **NOT** engaged in a "trade or business" in accordance with 26 USC 7701(a)(26). This is compensation from a private company not engaged in any type of federally privileged activity whatsoever.

**FORM:** 1099-MISC  
**TAX YEAR:** December 31, 2014  
**RECIPIENT:** Craig J. Schieder  
**SSN:** [redacted]  
**ACCT #:** [redacted]

**PAYER:** [redacted]  
**EIN:** [redacted]  
 Amount reported to IRS: \$2,100  
 Amount included on original return: \$2,100  
**CORRECTED AMOUNT FOR IRS RECORDS: \$0.00**

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
 Craig J. Schieder

\_\_\_\_\_  
 Date

<input checked="" type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0115		<b>Miscellaneous Income</b>
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  [redacted]		1 Rents \$	<b>2014</b>	
PAYER'S federal identification number		2 Royalties \$	Form 1099-MISC	<b>Copy B For Recipient</b>
RECIPIENT'S identification number		3 Other income \$ 0	4 Federal income tax withheld \$	
RECIPIENT'S name <b>Schieder, Craig</b>		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.
Street address (including apt. no.) [redacted]		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
City or town, state or province, country, and ZIP or foreign postal code [redacted]		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) [redacted]		11 \$	12 \$	
15a Section 409A deferrals \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form **1099-MISC** (keep for your records) [www.irs.gov/form1099misc](http://www.irs.gov/form1099misc) Department of the Treasury - Internal Revenue Service



# STATEMENT TO CORRECT ERRONEOUSLY REPORTED 2014 FORM 1099-MISC INFORMATION RETURN

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**FORM:** 1099-MISC  
**TAX YEAR:** December 31, 2014  
**RECIPIENT:** Craig J. Schieder  
**SSN:** [REDACTED]  
**ACCT:** [REDACTED]

**PAYER:**  
**EIN:**  
 Amount reported to IRS: \$2,100  
 Amount included on original return: \$2,100  
**CORRECTED AMOUNT FOR IRS RECORDS: \$0.00**

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
 Craig J. Schieder

\_\_\_\_\_  
 Date

<input checked="" type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0115		<b>2014</b>	<b>Miscellaneous Income</b>
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	\$		
		2 Royalties	\$	<b>Copy B For Recipient</b>	
		3 Other income	\$		
PAYER'S federal identification number	RECIPIENT'S identification number	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.	
00	0	5 Fishing boat proceeds	\$		
RECIPIENT'S name <b>Schieder, Craig</b> Street address (including apt. no.) 777 W. ... City or town, state or province, country, and ZIP or foreign postal code ...		6 Medical and health care payments	\$		
		7 Nonemployee compensation	\$ 0		
Account number (see instructions) 01 ...		8 Substitute payments in lieu of dividends or interest	\$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$		
15a Section 409A deferrals		10 Crop insurance proceeds	\$		
		11	\$		
15b Section 409A income		12	\$		
		13 Excess golden parachute payments	\$		
16 State tax withheld		14 Gross proceeds paid to an attorney	\$		
		\$	\$		
17 State/Payer's state no.		18 State income	\$		
		\$	\$		

# STATEMENT TO CORRECT ERRONEOUSLY REPORTED 2014 FORM 1099-MISC INFORMATION RETURN

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**FORM:** 1099-MISC

**TAX YEAR:** December 31, 2014

**RECIPIENT:** Craig J. Schieder

**SSN:**

**PAYER:**

Amount reported to I.I.S: \$1275

Amount included on original return: \$1275

**CORRECTED AMOUNT FOR IRS RECORDS: \$0.00**

Under penalty of perjury, I declare that I have examined this document and its statements and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Craig J. Schieder

\_\_\_\_\_  
Date

<input checked="" type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0115  <span style="font-size: 2em; font-weight: bold;">2014</span>  Form 1099-MISC		Miscellaneous Income
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$	4 Federal income tax withheld \$	<b>Copy B For Recipient</b>
PAYER'S federal identification number    RECIPIENT'S identification number		2 Royalties \$	6 Medical and health care payments \$	
RECIPIENT'S name <b>Schieder, Craig</b> Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		3 Other income \$ 0	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		5 Fishing boat proceeds \$	10 Crop insurance proceeds \$	
15a Section 409A deferrals \$	15b Section 409A income \$	7 Nonemployee compensation \$	11 \$	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.
16 State tax withheld \$		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	12 \$	
17 State/Payer's state no.		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
18 State income \$		17 State/Payer's state no.		18 State income \$