

**Amended U.S. Individual Income Tax Return**

(Rev. January 2018)

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

This return is for calendar year  2017  2016  2015  2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial: **JORDAN T** Last name: **POWELL** Your social security number:

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. **H5** Your phone number:

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/county Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

- Single
- Married filing jointly
- Married filing separately
- Head of household (If the qualifying person is a child but not your dependent, see instructions.)
- Qualifying widow(er)

**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

- Yes
- No

Use Part III on the back to explain any changes

**Income and Deductions**

	A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1 20,326	(20,326)	0
2 Itemized deductions or standard deduction	2 6,300	0	6,300
3 Subtract line 2 from line 1	3 14,026	(14,026)	0
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4 4,050	0	4,050
5 Taxable income. Subtract line 4 from line 3	5 9,976	(9,976)	0

**Tax Liability**

6 Tax. Enter method(s) used to figure tax (see instructions): <b>Tax table</b>	6 1,003	(1,003)	0
7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7 0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 1,003	(1,003)	0
9 Health care: individual responsibility (see instructions)	9 0	0	0
10 Other taxes	10 3,050	(3,050)	0
11 Total tax. Add lines 8, 9, and 10	11 4,053	(4,053)	0

**Payments**

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12 0	0	0
13 Estimated tax payments, including amount applied from prior year's return	13 0	0	0
14 Earned income credit (EIC)	14 0	0	0
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15 0	0	0
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16 4,053		4,053
17 Total payments. Add lines 12 through 15, column C, and line 16	17 4,053		4,053

**Refund or Amount You Owe**

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18 0		0
19 Subtract line 18 from line 17 (if less than zero, see instructions.)	19 4,053		4,053
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20 0		0
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21 4,053		4,053
22 Amount of line 21 you want refunded to you	22 4,053		4,053
23 Amount of line 21 you want applied to your (enter year): estimated tax <b>23</b>			

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b>		
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b>	Other dependents . . . . .	<b>27</b>		
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b>		
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b>		
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

I am hereby filing IRS form 1040X amended tax return for tax year 2016. Enclosed are the following documents in support of this amended filing.

- 1) IRS Form 1040X for 2016 (2 pages)
- 2) IRS Form 1099-MISC rebutting a 1099 submitted to the IRS by SURGE LLC in which the amount listed under "Nonemployee compensation" on the 1099 the payer provided is incorrect. (1 page)

**Remember to keep a copy of this form for your records.**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Sign Here**

▶  
 Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_

▶  
 Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer Use Only**

▶  
 Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Firm's name (or yours if self-employed) \_\_\_\_\_

Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_

PTIN \_\_\_\_\_  Check if self-employed \_\_\_\_\_ Phone number \_\_\_\_\_ EIN \_\_\_\_\_

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SURGE LLC		1 Rents \$ 0.00	OMB No. 1545-0115	<b>2016</b> Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$ 0.00			
		3 Other income \$ 0.00	4 Federal income tax withheld \$ 0.00		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	5 Fishing boat proceeds \$ 0.00	6 Medical and health care payments \$ 0.00		
RECIPIENT'S name, address, ZIP/ postal code & Country Jordan Powell		7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$ 0.00	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 \$5000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ 0.00		
		11	12		
PAYER'S federal identification number	RECIPIENT'S identification number	13 Excess golden parachute payments \$ 0.00	14 Gross proceeds paid to an attorney \$ 0.00		
15a Section 409A deferrals \$ 0.00	15b Section 409A income \$ 0.00	16 State tax withheld \$ 0.00 \$ 0.00	17 State/Payer's state no. FL		18 State income \$ 0.00 \$ 0.00

This corrected 1099-MISC form is submitted to rebut a document know to have been submitted to IRS by the party identified above as PAYER, erroneously alleging payment of "Nonemployee compensation" to RECIPIENT. No payments were made by PAYER to RECIPIENT in the course of a "trade or business" or other activity which would constitute any other taxable income or event under relevant law.

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.

\_\_\_\_\_  
Jordan Powell

\_\_\_\_\_  
Date