

Form **1040EZ**

Income Tax Return for Single and Joint Filers With No Dependents (99)

2016

OMB No. 1545-0074

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 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).

Foreign country name	Foreign province/state/county	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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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 \$10,350 if single; \$20,700 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

Payments, Credits, and Tax	7 Federal income tax withheld from Form(s) W-2 and 1099.	7	0
	8a Earned income credit (EIC) (see instructions)	8a	0
	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 **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

13a **0**

▶ **b** Routing number ▶ **c** Type: Checking Savings

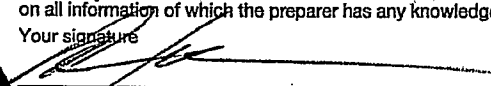
▶ **d** Account number

Amount You Owe **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)? 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, 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 **1-31-17** Your occupation **Carpet Installer** 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.)

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.			

Form 1099-MISC

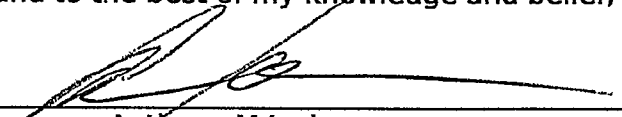
CORRECTED (if checked)

(keep for your records)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CARPET SHOP OH		1 Rents \$	OMB No. 1545-0116 2016		Miscellaneous Income 38-2098803 Form 1099-MISC Department of the Treasury -- IRS
PAYER'S federal identification number		2 Royalties \$	4 Federal income tax with held \$		
RECIPIENT'S name, address, ZIP/postal code & country ANTHONY JACKSON		3 Other income \$	6 Medical and health care payments \$		Copy B For Recipient 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		5 Fishing boat proceeds \$	7 Nonemployee compensation \$ -0-		
Account number (see instructions) JACK		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 \$	
FATCA filing <input type="checkbox"/>		11	12		
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax with held \$		17 State/Payer's state no.	18 State income \$

6 9MISCBI NTF2580170 Copyright 2010 Greatland/Neico - Forms Software Only

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

1-31-17
Date