

Form **1040X**

Department of the Treasury—Internal Revenue Service

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

OMB No. 1545-0074

(Rev. January 2017)

Information about Form 1040X and its separate instructions is at [www.irs.gov/form1040x](http://www.irs.gov/form1040x).

This return is for calendar year  2016  2015  2014  2013

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

Your first name and initial: Shaun L Last name: Davis Your social security number: [REDACTED]

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

Current home address (number and street): Apt. no.: 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 joint to separate returns after the due date.

- Single
 Married filing jointly
 Married filing separately
 Head of household
 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

Table with 4 columns: Line number, Description, A. Original amount or as previously adjusted, B. Net change, C. Correct amount. Rows 1-5.

Tax Liability

Table with 4 columns: Line number, Description, A. Original amount or as previously adjusted, B. Net change, C. Correct amount. Rows 6-11.

Payments

Table with 4 columns: Line number, Description, A. Original amount or as previously adjusted, B. Net change, C. Correct amount. Rows 12-17.

Refund or Amount You Owe

Table with 4 columns: Line number, Description, A. Original amount or as previously adjusted, B. Net change, C. Correct amount. Rows 18-23.

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part only if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

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 |
|--|---|---------------|-----------------------------|
| 24 Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .   | 24  |               |                             |
| 25 Your dependent children who lived with you . . . . .  | 25  |               |                             |
| 26 Your dependent children who didn't live with you due to divorce or separation . . . . .   | 26  |               |                             |
| 27 Other dependents . . . . .  | 27  |               |                             |
| 28 Total number of exemptions. Add lines 24 through 27 . . . . .   | 28  |               |                             |
| 29 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. . . . . | 29  |               |                             |
| 30 List ALL 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.

PLEASE SEE ACCOMPANYING FORM 4852

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

 12/18/17  
 Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

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

Form **4852**

(Rev. September 2017)

**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, 1040A, 1040-EZ, or 1040X.

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

OMB No. 1545-0074

1 Name(s) shown on return Shawn L Davis 2 Your social security number [REDACTED]

3 Address [REDACTED] Utah [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2015.  
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.

5 Employer's or payer's name, address, and ZIP code Various 6 Employer's or payer's identification number (if known)

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

|                                       |             |                                |             |
|---------------------------------------|-------------|--------------------------------|-------------|
| a Wages, tips, and other compensation | <u>0</u>    | f State income tax withheld    | <u>558</u>  |
| b Social security wages               | <u>0</u>    | (Name of state) <u>Utah</u>    |             |
| c Medicare wages and tips             | <u>0</u>    | g Local income tax withheld    | <u>0</u>    |
| d Social security tips                | <u>0</u>    | (Name of locality)             |             |
| e Federal income tax withheld         | <u>5431</u> | h Social security tax withheld | <u>7360</u> |
|                                       |             | i Medicare tax withheld        | <u>550</u>  |

  

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

|                                      |                          |                               |          |
|--------------------------------------|--------------------------|-------------------------------|----------|
| a Gross distribution                 | <u>0</u>                 | f Federal income tax withheld | <u>0</u> |
| b Taxable amount                     | <u>0</u>                 | g State income tax withheld   | <u>0</u> |
| c Taxable amount not determined      | <input type="checkbox"/> | h Local income tax withheld   | <u>0</u> |
| d Total distribution                 | <input type="checkbox"/> | i Employee contributions      | <u>0</u> |
| e Capital gain (included in line 8b) | <u>0</u>                 | j Distribution codes          | <u>0</u> |

9 How did you determine the amounts on lines 7 and 8 above?  
*AMOUNTS WERE DETERMINED FROM THE W-2 ISSUED BY PAYER LISTED ON LINE 5 HEREIN. PAYER ERRONEOUSLY ALLEGED IRC SECTION 281 (c) AND IRC SECTION 3901 (c) TRANSACTIONS. THIS CLAIM IS HEREBY REJECTED. I AM A PRIVATE SECTOR WORKER AND PAYER IS A PRIVATE SECTOR COMPANY NOT ENGAGED IN A PRIVILEGED ACTIVITY. THE AMOUNTS SHOWN ON LINES 7 (a) THROUGH (i) HEREIN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.*

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
NOT REQUIRED

**General Instructions**

Section references are to the Internal Revenue Code.  
Future developments. Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be available at [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 do not receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also 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 will also 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 differs from the information reported on your return, 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: