

Barry Sullivan

[REDACTED]
[REDACTED]
TAXPAYER ID: [REDACTED]
TAX YEAR: 2011
RE: FORM 1040X

03/01/2014

Department of the Treasury
Internal Revenue service
Kansas City, MO 64999-0052

Re: Changes to payment agreement due to 1040X filing.

Greetings:

Enclosed is my 1040X for the year 2011. The amended return results in a decrease in amount of tax owed as of the time of filing the original 1040 for that year.

I am currently making payments according to a payment arrangement with you. The reference information on the agreement acceptance letter is as follows:

[REDACTED]
Aug. 20, 2012 LTR 3217C G0
[REDACTED] [REDACTED]
[REDACTED]

BODC: WI

I am current with my payments on this agreement.

Based on consultation with an IRS customer service agent, I have not included any payments made under the payment agreement on line 15 of the amended form, but only included the amounts as of the time the original 1040 return was filed.

Please recalculate the principal, penalties, and interest according to the amended information and the payment history on the account, and provide me with a revised statement of the account.

If I am due a refund, as I believe I am, please process the refund in a timely manner.

Thank you.

Sincerely,

Barry Sullivan

Amended U.S. Individual Income Tax Return

(Rev. December 2013)

Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.

This return is for calendar year 2013 2012 2011 2010

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

Your first name and initial Barry J.	Last name Sullivan	Your social security number [REDACTED]
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. [REDACTED]	Apt. no.	Your phone number
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
[REDACTED]

Foreign country name	Foreign province/state/county	Foreign postal code
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Amended return filing status. You must check one box even if you are not changing your filing status.

Caution. In general, you cannot change your filing status from joint to separate returns after the due date.

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

Use Part III on the back to explain any changes

	A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1 43,550.	(15,550.)	28,000.
2 Itemized deductions or standard deduction	2 7,936.	1,166.	9,102.
3 Subtract line 2 from line 1	3 35,614	(16,716.)	18,898.
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 28	4 3,700.	-0-	3,700.
5 Taxable income. Subtract line 4 from line 3	5 31,914.	(16,716)	15,198.
Tax Liability			
6 Tax. Enter method used to figure tax (see instructions): 2011 Tax Table	6 4,364.	(2,513.)	1,851.
7 Credits. If 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 4,364.	(2,513.)	1,851.
9 Other taxes	9 -0-	-0-	-0-
10 Total tax. Add lines 8 and 9	10 4,364.	(2,513.)	1,851.
Payments			
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)	11 182.	878.	1,060.
12 Estimated tax payments, including amount applied from prior year's return	12 -0-	-0-	-0-
13 Earned income credit (EIC)	13 -0-	-0-	-0-
14 Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2010 or 2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14 -0-	-0-	-0-
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	15		-0-
16 Total payments. Add lines 11 through 15	16		1,060.
Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)			
17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	17		-0-
18 Subtract line 17 from line 16 (if less than zero, see instructions)	18		1,060.
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference	19		791.
20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return	20		
21 Amount of line 20 you want refunded to you	21		
22 Amount of line 20 you want applied to your (enter year): n/a estimated tax	22		

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
23 Yourself and spouse. Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself	23		
24 Your dependent children who lived with you	24		
25 Your dependent children who did not live with you due to divorce or separation	25		
26 Other dependents	26		
27 Total number of exemptions. Add lines 23 through 26	27		
28 Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	28		
29 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 will not increase your tax or reduce your refund.

- Check here if you did not 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.

SEE ATTACHED DOCUMENTS

Sign Here

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.

▶ 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 _____

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	10,480.	
	2	Enter amount from Form 1040, line 38 <u>2</u>	2	28,000.	
	3	Multiply line 2 by 7.5% (.075)	3	2,100.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		8,300.
Taxes You Paid	5 State and local (check only one box):				
	a	<input type="checkbox"/> Income taxes, or	5	722.	
	b	<input checked="" type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6		
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9		722.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15	Add lines 10 through 14	15		
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19		
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees	22	130.	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24		
	25	Enter amount from Form 1040, line 38 <u>25</u>	25	28,000.	
	26	Multiply line 25 by 2% (.02)	26	560.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶	28		
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29		9102.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

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.

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Name(s) shown on return Barry J. Sullivan 2 Your social security number [REDACTED]

3 Address [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2011.
 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 [REDACTED] 6 Employer's or payer's identification number (if known) [REDACTED]

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

a Wages, tips, and other compensation	<u>-0-</u>	g State income tax withheld	<u>269 269</u>
b Social security wages	<u>-0-</u>	(Name of state)	<u>MO</u>
c Medicare wages and tips	<u>-0-</u>	h Local income tax withheld	<u>156</u>
d Advance EIC payment	<u>-0-</u>	(Name of locality)	<u>ST. LOUIS</u>
e Social security tips	<u>-0-</u>	i Social security tax withheld	<u>653</u>
f Federal income tax withheld	<u>182</u>	j Medicare tax withheld	<u>229</u>

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

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

9 How did you determine the amounts on lines 7 and 8 above?
PAYER STATEMENTS

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None

Sign Here
 Under penalties 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.
 Signature ▶ _____ Date ▶ 3/1/2014

This Form 4852 is submitted to rebut, and correct information on, a document known to have been submitted to IRS by the party above as "Payer", erroneously alleging that I received payments from them in the course of a trade or business or other taxable activity. The payments made to me by this payer did not result from any taxable activity and do not constitute any taxable income under relevant law.

I mistakenly included their incorrect W-2 with my 2011 1040 tax return, resulting in an incorrect amount of taxable income declared, and this is the reason I am now filing Amended return 1040X for the year 2011.

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

Barry J. Sullivan

03/01/2014