

Amended U.S. Individual Income Tax Return

(Rev. January 2020)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

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

Your first name and middle initial: Michael Z Last name: Johnson Your social security number: ~~XXXXXXXXXX~~

If joint return, spouse's first name and middle 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. 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. Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2018 return, leave blank. See instructions.

Single Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH). If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶


Use Part III on the back to explain any changes

	A. Original amount reported 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 a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1 10,655	(10,655)	0
2 Itemized deductions or standard deduction	2 12,000	0	12,000
3 Subtract line 2 from line 1	3 0	0	0
4a Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a 0	0	0
b Qualified business income deduction (amended 2018 or later returns only)	4b 0	0	0
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5 0	0	0
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions):	6 0	0	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 0	0	0
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9 0	0	0
10 Other taxes	10 1,620	(1,620)	0
11 Total tax. Add lines 8, 9, and 10	11 1,620	(1,620)	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 1,673		
17 Total payments. Add lines 12 through 15, column C, and line 16	17 1,673		
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18 0		
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19 1,673		
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20 0		
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21 1,673		
22 Amount of line 21 you want refunded to you	22 1,673		
23 Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part only if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

 For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X 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. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank			
25	Your dependent children who lived with you			
26	Your dependent children who didn't live with you due to divorce or separation			
27	Other dependents			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank			
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 4a on page 1 of this form. If amending your 2018 or later return, leave line blank			

30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and here ▶

Dependents (see instructions):		(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(a) First name	Last name			Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 1040-X.

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

I am hereby filing an amended IRS Form 1040X for tax year 2018. Enclosed are the following documents in support of this amended return.
 1) IRS Form 1040X (2 pages)
 2) Corrected 1099-K (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
 ▶ *Laibla K. Johnson* 12/2/20 Transporter
 Your signature Date Your occupation
 ▶ _____ Date Spouse's occupation
 Spouse's signature. If a joint return, both must sign.

Paid Preparer Use Only
 ▶ _____ Date Firm's name (or yours if self-employed)
 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

VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Delivery Drivers, Inc. 2 Venture Suite 430 Irvine, CA 92618		FILER'S TIN XXXXXXXXXX	OMB No. 1545-2205 2018 Form 1099-K	Payment Card and Third Party Network Transactions Copy 1 For State Tax Department
1a Gross amount of payment card/third party network transactions \$ 0		1b Card Not Present transactions \$ 0	2 Merchant category code	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		3 Number of payment transactions 0
4 Federal income tax withheld \$ 0		PAYEE'S name Michael Zito Johnson Street address (including apt. no.) XXXXXXXXXX		5a January \$ 0
City or town, state or province, country, and ZIP or foreign postal code XXXXXXXXXX		5b February \$ 0		5c March \$ 0
PSE's name and telephone number XXXXXXXXXX		5d April \$ 0		5e May \$ 0
Account number (see instructions)		5f June \$ 0		5g July \$ 0
		5h August \$ 0		5i September \$ 0
		5j October \$ 0		5k November \$ 0
		5l December \$ 0		6 State CA
		7 State identification no		8 State income tax withheld \$ 0

Form 1099-K

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

no payment was received by the party identified as "PAYEE", which is within the meaning of the term "net earnings from self-employment" defined at 26 U.S. Code 1402(a), as "the gross income derived by an individual from any trade or business"; that is, derived from "the performance of the functions of a public office" defined at 26 U.S. Code 7701(a)(28), and subject to an Internal Revenue Tax under the excise laws of the United States.

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

Michael Johnson

12/2/20

Michael Johnson