

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.
 ► Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2020 or fiscal year (enter month and year ended)

Your first name and middle initial Scott A	Last name Clark	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Olga	Last name Clark	Spouse's social security number [REDACTED]
Current home address (number and street) if you have a P.O. box, see instructions [REDACTED]		Apt. no. [REDACTED]
Your phone number [REDACTED]		
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 [REDACTED]	Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]

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 married filing jointly to married filing separately after the return due date.

- Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your 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 ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.
 Use Part III on page 2 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"/>	96,858	(96,858)	0
2 Itemized deductions or standard deduction	24,900		24,900
3 Subtract line 2 from line 1	72,058	(72,058)	0
4a Reserved for future use			
b Qualified business income deduction	2,918	(2,918)	0
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	69,140	(69,140)	0
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): Tables	7,900	(7,900)	0
7 Nonrefundable credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	0		0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	7,900	(7,900)	0
9 Reserved for future use			
10 Other taxes			
11 Total tax. Add lines 8 and 10	7,900	(7,900)	0
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	6,010	6,252	12,262
13 Estimated tax payments, including amount applied from prior year's return			
14 Earned income credit (EIC)			
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 checked="" type="checkbox"/> other (specify): rebate credit	1,200		1,200
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			690
17 Total payments. Add lines 12 through 15, column C, and line 16			14,152
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			14,152
19 Subtract line 18 from line 17. (If less than zero, see instructions.)			14,152
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference			14,152
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return			14,152
22 Amount of line 21 you want refunded to you			14,152
23 Amount of line 21 you want applied to your (enter year): estimated tax 23			

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change - amount of increase or (decrease)	C. Correct number
24 Reserved for future use	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 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<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 (for the return year entered at the top of page 1)

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

- Check here if you didn't previously want \$0 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.

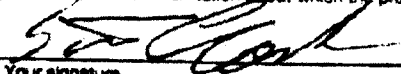



The amended amount encompasses the total amounts withheld as the tax on line 7 of each form 4852 and correct form 1099-misc. See forms attached to this amended return.

Scott and Olga Clark received \$0.00 in "wages" according to IRC sections 3401(a) and 3121(a), by which Federal Tax, Social Security and Medicare tax obligations are measured. We are not in any way connected with the performance of such work.

Please issue a refund check

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		2/17/23	
	Your signature	Date	Your occupation
		2/17/23	
	Spouse's signature if a joint return, both must sign.	Date	Spouse's occupation
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Check <input type="checkbox"/> if self-employed	
	Firm's address ▶	Firm's EIN ▶	
			Phone no.

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

Attachment Sequence No. 04

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to www.irs.gov/Form4852 for the latest information.

You must take the following steps before filing Form 4852

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 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 to file with your return.

1 Name(s) shown on return Otag Clark	2 Your social security number [REDACTED]
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3 Address
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2020
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 TIN (if known)
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7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	233.73
b Social security wages	0	(Name of state) <u>Vermont</u>	
c Medicare wages and tips	0	g Local income tax withheld	0
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	529.37	h Social security tax withheld	734.37
		i Medicare tax withheld	171.75

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or 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"/>	(Name of state)	_____
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	_____
e Capital gain (included on line 8b)	_____	(Name of locality)	_____
		i Employee contributions	_____
		j Distribution codes	_____

9 How did you determine the amounts on lines 7 and 8 above?
Company named on line 5 provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such wages.

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

General Instructions

Section references are to the Internal Revenue Code.
Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.
Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) 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.

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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

Attachment Sequence No. 06

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Internal Revenue Service

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1 Name(s) shown on return <i>Olga Clark</i>		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, <u>2020</u> . I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> 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 TIN (if known)	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation	0	f State income tax withheld	7.93
b Social security wages	0	(Name of state) Vermont	
c Medicare wages and tips	0	g Local income tax withheld	0
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	13.97	h Social security tax withheld	44.99
		i Medicare tax withheld	10.52
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or 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"/>	(Name of state)	_____
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	_____
e Capital gain (included on line 8b)	_____	(Name of locality)	_____
		i Employee contributions	_____
		j Distribution codes	_____
9 How did you determine the amounts on lines 7 and 8 above? Company named on line 5 provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such wages.			
10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement. None			

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1 Name(s) shown on return Scott Clark	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, 2020

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 TIN (if known)
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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>1720.07</u>
b Social security wages <u>0</u>	(Name of state) <u>Vermont</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>5467.07</u>	h Social security tax withheld <u>4287.10</u>
	i Medicare tax withheld <u>1002.58</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or 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"/>	(Name of state) _____
d Total distribution <input type="checkbox"/>	h Local income tax withheld _____
e Capital gain (included on line 8b) _____	(Name of locality) _____
	i Employee contributions _____
	j Distribution codes _____

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

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This corrected 1099-MISC form is submitted to rebut a document known to have been submitted to the IRS by the party identified below as PAYER, erroneously alleging payment to the party identified below as Recipient of "gains, profits or income" made in the course of conducting transactions with a "Trade or Business".

No payments were received by RECIPIENT from PAYER in connection with a "Trade or Business" or any federally connected taxable activity that would constitute income under relevant tax 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.



Scott A. Clark

2/17/23

Date

<input type="checkbox"/> VOID <input checked="" type="checkbox"/> CORRECTED				OMB No. 1545-0115		Miscellaneous Income
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Reverse My Fees, LLC [REDACTED]		1 Rents \$	2020			
PAYER'S TIN [REDACTED]		2 Royalties \$	Form 1099-MISC			Copy 1 For State Tax Department
RECIPIENT'S TIN [REDACTED]		3 Other income \$ 0	4 Federal income tax withheld \$			
RECIPIENT'S name Scott Clark		5 Fishing boat proceeds \$	6 Medical and health care payments \$			
Street address (including apt. no.) [REDACTED]		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$			
City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$			
Account number (see instructions)		11	12 Section 408A deferrals \$			
FATCA Ming requirement <input type="checkbox"/>		13 Excess golden parachute payments \$	14 Nonqualified deferred compensation \$			
[REDACTED]		15 State tax withheld \$	16 State-Payer's state no.		17 State income \$	
[REDACTED]		\$	[REDACTED]		\$	

Form 1099-MISC