

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: **Scott M** Last name: **Olmsted** Your social security number: [REDACTED]

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:

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 2019 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	-2,080.	-3,382.
2	Itemized deductions or standard deduction	2	13,600.	13,600.
3	Subtract line 2 from line 1	3	-15,680.	-16,982.
4a	Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
4b	Qualified business income deduction (amended 2018 or later returns only)	4b	0.	0.
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5	-15,680.	-16,982.
Tax Liability				
6	Tax. Enter method(s) used to figure tax (see instructions): Table	6	0.	0.
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0.	0.
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9	0.	0.
10	Other taxes	10	240.	0.
11	Total tax. Add lines 8, 9, and 10	11	240.	0.
Payments				
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	0.	0.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.
14	Earned income credit (EIC)	14	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.
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		240.
17	Total payments. Add lines 12 through 15, column C, and line 16	17		240.
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		240.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		240.
22	Amount of line 21 you want refunded to you	22		240.
23	Amount of line 21 you want applied to your (enter year): estimated tax 23	23		

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.

Table with 4 columns: Line number, Description, A. Original number of exemptions or amount reported or as previously adjusted, B. Net change, C. Correct number or amount. Rows 24-29.

Table for dependents with columns: (a) First name, Last name, (b) Social security number, (c) Relationship to you, (d) Child tax credit, Credit for other dependents.

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.

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. Submitting corrected 1099-MISC from [redacted] INC.

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.

Sign Here

Your signature, Date, software engineer, Your occupation. Spouse's signature, Date, Spouse's occupation.

Paid Preparer Use Only

Preparer's signature, Date, Self-prepared, Firm's name (or yours if self-employed). Print/type preparer's name, Firm's address and ZIP code. PTIN, Phone number, EIN.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. [REDACTED] INC [REDACTED] VALLEY SPRINGS CA 95252		1 Rents \$	2 Royalties \$	OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income Department of Treasury — IRS Copy B For Recipient
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code SCOTT OLMSTED [REDACTED]		3 Other income \$	4 Federal income tax withheld \$	This is important tax information and is being furnished to the IRS. 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.	
Account number (see instructions) [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
FATCA filing requirement <input type="checkbox"/>		7 Nonemployee compensation \$ 3000.00	8 Substitute payments in lieu of dividends or interest \$		
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 \$	11 \$		
12 \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15 a Section 409A deferrals \$	15 b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. -----	18 State income \$	

This corrected 1099-MISC form is submitted to rebut a document known to have been submitted to the IRS by the party identified above as PAYER, erroneously alleging payment of to the party identified above as RECIPIENT of "gains, profits or income" made in the course of conducting a "trade or business".

No payments were received by RECIPIENT from PAYER in connection with a "trade or business" or any federally-connected and taxable activity that would constitute income under relevant 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 M Olmsted

Scott M. Olmsted

9/17/2020

Date

Filing status: [X] Single [] Married filing jointly [] Married filing separately [] Head of household [] Qualifying widow(er)

Your first name and initial: Scott M Last name: Olmsted Your social security number: [REDACTED]

Your standard deduction: [] Someone can claim you as a dependent [X] You were born before January 2, 1954 [] You are blind

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

Spouse standard deduction: [] Someone can claim your spouse as a dependent [] Spouse was born before January 2, 1954 [X] Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) [] You [] Spouse

Home address (number and street). If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and [] here

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Your signature Date Your occupation software engineer Spouse's signature Date Spouse's occupation

Paid Preparer Use Only Preparer's name Preparer's signature PTIN Firm's EIN Firm's name Self-Prepared Firm's address

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

Main tax table with 23 rows. Includes sections for Wages, Tax-exempt interest, Qualified dividends, IRAs, Social security benefits, Total income, Adjusted gross income, Standard deduction, Taxable income, Tax, Refund, and Amount You Owe.

Standard Deduction for— Single or married filing separately, \$12,000 Married filing jointly or Qualifying widow(er), \$24,000 Head of household, \$18,000

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
 Attachment
 Sequence No. 01

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Scott M Olmsted

Your social security number

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	-1,302.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	-3,000.
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	0.
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount ▶ Other Income from Schedule(s) K-1 -7.		21	-7.
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	-4,309.
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Tuition and fees. Attach Form 8917	34		
	35	Reserved	35		
	36	Add lines 23 through 35	36		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018