

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ 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

JOHN S

Last name

MENARD

Your social security number

592-91-9515

If joint return, spouse's first name and middle initial

MICHELLE E

Last name

MENARD

Spouse's social security number

593-76-2673

Current home address (number and street). If you have a P.O. box, see instructions.

351 SW 184TH TERRACE

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.

HOLLYWOOD FL 33029

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.☐ 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. ▶

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

Use Part III on the back to explain any changes

Income and Deductions

1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1	14,255.	2,912.	17,167.
2	Itemized deductions or standard deduction	2	24,400.	0.	24,400.
3	Subtract line 2 from line 1	3	-10,145.	2,912.	-7,233.
4a	Exemptions (amended 2017 or earlier returns only). If changing , complete Part I on page 2 and enter the amount from line 29	4a			
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	-10,145.	2,912.	-7,233.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	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.	
10	Other taxes	10	0.	0.	0.
11	Total tax. Add lines 8, 9, and 10	11	0.	0.	0.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	523.	134.	657.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	529.	-208.	321.
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			0.
17	Total payments. Add lines 12 through 15, column C, and line 16	17			978.


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,052.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		-74.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		74.
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22		0.
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.		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	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. If amending your 2018 or later return, leave line blank	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 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here <input type="checkbox"/>			

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
				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.

THE TAX PAYER IS AMENDING THE RETURN DUE TO AN ADDITIONAL W2 THAT WAS NOT PROVIDED BY THE EMPLOYER.

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

▶ Your signature	Date	<u>MANAGER</u> Your occupation
▶ Spouse's signature. If a joint return, both must sign.	Date	<u>STUDENT</u> Spouse's occupation

Paid Preparer Use Only

▶ <u>TILAINÉ MENARD</u> Preparer's signature	Date	<u>TJ Investment Group</u> Firm's name (or yours if self-employed)
<u>TILAINÉ MENARD</u> Print/type preparer's name		<u>13796 NE 11 Ave Miami FL 33161</u> Firm's address and ZIP code
<u>P00720732</u> PTIN	<input type="checkbox"/> Check if self-employed	<u>(305) 893-9901</u> <u>46-1396913</u> Phone number EIN

Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2019 Return Information Smart Worksheet	
Original return filing status <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Single <input type="checkbox"/> Qualifying widow(er) </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Head of household </div> <div style="width: 30%;"> <input type="checkbox"/> Married filing separate return </div> </div>	
Full-year coverage All household members have full-year minimal essential health care coverage <input type="checkbox"/> Yes	
1040X line number 6 Tax. Enter method used to figure tax: <u>Table</u>	
16 Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 _____	

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2019 Return Payments Smart Worksheet	
A	Total amount paid with request for extension of time to file. <u>0.</u>
B	Tax Paid with original return (not including penalties). <u>0.</u>
C	Additional tax paid after return was filed _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2019 Return Overpayment Smart Worksheet	
A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). <u>1,052.</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2019 Return Dependents Smart Worksheet	
A	Number of dependents reported in the dependents section on the original return. <u>2</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Filing Address Smart Worksheet	
Send Form 1040X to:	<u>Department of the Treasury</u> <u>Internal Revenue Service</u> <u>Austin, TX 73301-0052</u>