

## Amended U.S. Individual Income Tax Return

► Go to [www.irs.gov/Form1040X](http://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<br><b>Sue</b>  | Last name<br><b>Howard</b>    | Your social security number<br>5 1 4   2 8   5 1 3 1     |
| If joint return, spouse's first name and middle initial<br><b>Alan</b>  | Last name<br><b>Howard</b>    | Spouse's social security number<br>3 0 4   8 0   5 4 7 9 |
| Current home address (number and street). If you have a P.O. box, see instructions.<br><b>1488 Dog Hill Lane</b>  |                               | Apt. no.<br>Your phone number<br><b>913-237-345</b>      |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.<br><b>Barnard, Kansas, 67418</b> |                               |  |
| 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

**Income and Deductions**

- 1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ►
- 2 Itemized deductions or standard deduction
- 3 Subtract line 2 from line 1
- 4a Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29
- b Qualified business income deduction (amended 2018 or later returns only)
- 5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-

**Tax Liability**

- 6 Tax. Enter method(s) used to figure tax (see instructions):

- 7 Credits. If a general business credit carryback is included, check here ►
- 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-
- 9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions
- 10 Other taxes
- 11 Total tax. Add lines 8, 9, and 10

**Payments**

- 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)
- 13 Estimated tax payments, including amount applied from prior year's return
- 14 Earned income credit (EIC)
- 15 Refundable credits from:  Schedule 8812 Form(s)  2439  4136  
 8863  8885  8962 or  other (specify): \_\_\_\_\_
- 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
- 17 Total payments. Add lines 12 through 15, column C, and line 16

**Refund or Amount You Owe**

- 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS
- 19 Subtract line 18 from line 17. (If less than zero, see instructions.)
- 20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference
- 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return
- 22 Amount of line 21 you want refunded to you
- 23 Amount of line 21 you want applied to your (enter year): **estimated tax | 23 |**

|    | 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 |
|----|--|--|-------------------|
| 1  |  |  |                   |
| 2  |  |  |                   |
| 3  |  |  |                   |
| 4a |  |  |                   |
| 4b |  |  |                   |
| 5  |  |  |                   |
| 6  |  |  |                   |
| 7  |  |  |                   |
| 8  |  |  |                   |
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| 12 |  |  |                   |
| 13 |  |  |                   |
| 14 |  |  |                   |
| 15 |  |  |                   |

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).

| <b>CAUTION</b> For amended 2018 or later returns only, leave lines 24, 28, and 29 blank.<br>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 |
|---|--|---|---------------|-----------------------------|
| <b>24</b>   | Yourself and spouse. <b>Caution:</b> 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 . . . . .   | <b>24</b>   |               |                             |
| <b>25</b>   | Your dependent children who lived with you . . . . .   | <b>25</b>   |               |                             |
| <b>26</b>   | Your dependent children who didn't live with you due to divorce or separation . . . . .  | <b>26</b>   |               |                             |
| <b>27</b>   | Other dependents . . . . .   | <b>27</b>   |               |                             |
| <b>28</b>   | Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank . . . . .   | <b>28</b>   |               |                             |
| <b>29</b>   | 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 . . . . . | <b>29</b>   |               |                             |
| <b>30</b>   | List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ► <input type="checkbox"/>  |   |               |                             |

| Dependents (see instructions): |           | (b) Social security number | (c) Relationship to you | (d) ✓ 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"/>   |
| Dolores Adcock                 |           | 228-28-0706                | daughter                | <input checked="" 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.

**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 \_\_\_\_\_ Your occupation \_\_\_\_\_  
 ► Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**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 \_\_\_\_\_

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# **Vehicle Damage Report Form**

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## **General Information**

**Title of Company/Organization:** Collier Inc.

**Registration Number:** 99-2222222

**Address:** 3658 Boone Lane    **City:** Redmond    **Zip Code:** 98052    **State:** WA

**Report prepared by:** Tessa Johnson

**Designation:** damage inspector                      **Phone:** 509-953-1044

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## **Damage Report Information**

**Type of Vehicle Damaged:** motor vehicle (car), 2002 Proton Perdana

**Date of damage incident/accident:** 08.17.2016

**Location of damage:** 3050 Stockert Hollow Road

**Vehicle License Number:** 358-DCC

**Driver Name:** John Johnson                      **Driving License Number:** HOLT\*JR232WT

**Nature of Damage:** -

**Brief Description of Damage:** Rear bumper

**Is the damage (Minor/Major):** Minor

**Any casualty of human life:** No

**Description of Injuries:** None

**Medical Treatment for Injuries:** No

**Person involved in damage:** No

**Activities of the above person in damage:** None

**Witnesses:** None

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## **Is the vehicle insured, if yes provide details of insurance cover**

**Name of Insurance Company:** State Farm

**Cost of Damage:** \$1560



# Invoice

## Scrollea Electronics Inc.

Date: 01/06/2021  
Invoice #: SCR00003  
Customer ID: CID0055

**TO:**

Karrah Preneta  
Mante, Feest and Cummings  
361 Milford Inlet Suite 408  
North Ceceliaview, Virginia, 76663  
(346) 631-4146 x046

| Qty. | Description                        | Unit Price | Line Total |
|------|------------------------------------|------------|------------|
| 3    | Display, AOC G2460VQ6              | 130.00     | 390.00     |
| 15   | GPU, Gigabyte GeForce GT 210       | 44.00      | 660.00     |
| 2    | Display, AOC G2460VQ6              | 130.00     | 260.00     |
| 3    | GPU, Sapphire Radeon RX 550 Pulse  | 116.00     | 348.00     |
| 1    | SSD, Kingstone A2000, 500GB        | 70.00      | 70.00      |
| 10   | CPU, AMD Ryzen 5 5600X             | 356.00     | 3560.00    |
| 1    | SSD, Kingstone A2000, 500GB        | 70.00      | 70.00      |
| 3    | GPU, PNY nVidia Quadro RTX 6000    | 5960.00    | 17880.00   |
| 2    | Keyboard, Razer Ornata V2          | 76.00      | 152.00     |
| 3    | Mouse, Razer DeathAdder Essential  | 24.00      | 72.00      |
| 10   | CPU, Intel Celeron Kaby Lake G3930 | 262.00     | 2620.00    |

|              |                    |
|--------------|--------------------|
| Subtotal     | 26082.00           |
| Sales Tax    | 2608.20            |
| <b>Total</b> | <b>\$28,690.20</b> |

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or fiscal year (month and year ended):

|   |           |                                     |
|---|-----------|-------------------------------------|
| Your first name and middle initial  | Last name | Your social security number<br>     |
| If joint return, spouse's first name and middle initial                             | Last name | Spouse's social security number<br> |
| 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 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

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|--|--|-------------------|
| 1  |  |                   |
| 2  |  |                   |
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| 4a   |  |                   |
| 4b   |  |                   |
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| 18   |  |                   |
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| 21   |  |                   |
| 22   |  |                   |

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**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<br>number | (c) Relationship<br>to you | (d) ✓ if qualifies for (see instructions): |   |
|--------------------------------|-----------|-------------------------------|----------------------------|--|---|
| (a) First name                 | Last name |                               |                            | Child tax credit                           | Credit for other dependents<br>(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.

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

**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 Your occupation

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

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

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## Vehicle Damage Report Form

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### General Information

**Title of Company/Organization:** Grimes Inc

**Registration Number:** 99-7777777

**Address:** 1235 Maloy Court    **City:** Rush Center    **Zip Code:** 67575    **State:** KS

**Report prepared by:** Richard P Hallam

**Designation:** damage inspector                      **Phone:** 620-968-9124

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### Damage Report Information

**Type of Vehicle Damaged:** motor vehicle (car), 2011 Maybach 57

**Date of damage incident/accident:** 01.13.2021

**Location of damage:** 2001 Oliverio Drive

**Vehicle License Number:** WWK 586

**Driver Name:** Pamela Kennedy                      **Driving License Number:** 425-43-2269

**Nature of Damage:** -

**Brief Description of Damage:** Back right door

**Is the damage (Minor/Major):** Minor

**Any casualty of human life:** No

**Description of Injuries:** None

**Medical Treatment for Injuries:** No

**Person involved in damage:** No

**Activities of the above person in damage:** None

**Witnesses:** None

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### Is the vehicle insured, if yes provide details of insurance cover

**Name of Insurance Company:** USAA

**Cost of Damage:** \$1550

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# **Vehicle Damage Report Form**

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## **General Information**

**Title of Company/Organization:** Dooley-Padberg

**Registration Number:** 99-8888888

**Address:** 4126 Alpaca Way    **City:** Pomona    **Zip Code:** 91766    **State:** CA

**Report prepared by:** Frank Singleton

**Designation:** damage inspector    **Phone:** 558-47-7042

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## **Damage Report Information**

**Type of Vehicle Damaged:** motor vehicle (car), 1995 Jeep Wrangler

**Date of damage incident/accident:** 12.06.2020

**Location of damage:** 1081 Norman Street

**Vehicle License Number:** ATF3490

**Driver Name:** Liz Claussen    **Driving License Number:** Q2816051

**Nature of Damage:** -

**Brief Description of Damage:** Front bumper

**Is the damage (Minor/Major):** Minor

**Any casualty of human life:** No

**Description of Injuries:** None

**Medical Treatment for Injuries:** No

**Person involved in damage:** No

**Activities of the above person in damage:** None

**Witnesses:** None

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## **Is the vehicle insured, if yes provide details of insurance cover**

**Name of Insurance Company:** The Hartford

**Cost of Damage:** \$1990