

Amended U.S. Individual Income Tax Return

► 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 Diana	Last name Adcock	Your social security number 3 4 7 6 4 8 0 4 5
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. 1193 Patterson Fork Road	Apt. no.	Your phone number 773-402-9884
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Chicago IL 60606

Foreign country name	Foreign province/state/county	Foreign postal code
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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

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		
9		
10		
11		
12		
13		
14		
15		

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

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22	

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).

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
 CAUTION	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.			
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)
George Howard			226-19-7638	son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Daisy Howard			240-24-9274	daughter	<input checked="" 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.

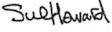
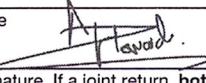
Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

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

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 02.12.2020
 Your occupation _____

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

Date 02.12.2020
 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

Phone number _____

EIN _____

Vehicle Damage Report Form

General Information

Title of Company/Organization: Donnelly Inc

Registration Number: 99-6666666

Address: 220 Hamill Avenue **City:** San Diego **Zip Code:** 92110 **State:** CA

Report prepared by: Mercedes Wolff

Designation: damage inspector **Phone:** 622-24-2435

Damage Report Information

Type of Vehicle Damaged: motor vehicle (car), 2009 Kia Sorento

Date of damage incident/accident: 12.12.2020

Location of damage: 2564 Holden Street

Vehicle License Number: 6NCJ493

Driver Name: Lindsay Bartlett **Driving License Number:** Y5082924

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

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

Name of Insurance Company: GEICO

Cost of Damage: \$1860

Vehicle Damage Report Form

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

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

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

Name of Insurance Company: USAA

Cost of Damage: \$1550

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or fiscal year (month and year ended):

Your first name and middle initial	Last name	Your social security number
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
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(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"/>

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Sign Here

►  01.15.2020
 Your signature _____ Date _____ Your occupation _____
 ►  Date _____ Spouse's occupation _____
 Spouse's signature. If a joint return, both must sign. _____

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 _____

Vehicle Damage Report Form

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

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

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

Name of Insurance Company: The Hartford

Cost of Damage: \$1990