

## Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. January 2020)

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 2020 or fiscal year (month and year ended):

Your first name and middle initial

James P

Last name

Flannery

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

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 page 2 to explain any changes

## Income and Deductions

		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	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ▶ <input type="checkbox"/>	( 5,807 )		( 5,807 )
2	Itemized deductions or standard deduction . . . . .	12,400		12,400
3	Subtract line 2 from line 1 . . . . .	( 18,207 )		( 18,207 )
4a	Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29 . . . . .			
4b	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- . . . . .	0		0

## Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): <b>TABLE</b> . . . . . ▶ <input type="checkbox"/>			0
7	Credits. If a general business credit carryback is included, check here . . . . . ▶ <input type="checkbox"/>			0
8	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	0		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 . . . . .	0		0

## Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) . . . . .		815	815
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 <input type="checkbox"/> Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input checked="" type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): . . . . .	583		583
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 . . . . .			1,398

## Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	18	583
19	Subtract line 18 from line 17. (If less than zero, see instructions.) . . . . .	19	815
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	815
22	Amount of line 21 you want refunded to you . . . . .	22	815
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).

**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.

	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>		

**30** List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and check here ☐

**Dependents** (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) Check 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.

**Unemployment \$8171 was not reported in the original return**

**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	<b>Manager</b> Your occupation
▶ Spouse's signature. If a joint return, <b>both</b> 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
▶ PTIN	<input checked="" type="checkbox"/> Check if self-employed	Phone number
		EIN

**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. 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 ▶

Your first name and middle initial <b>James P</b>		Last name <b>Flannery</b>		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]				State [REDACTED]	
Foreign country name				Foreign postal code	
Foreign province/state/county				Foreign postal code	
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
<b>Standard Deduction for-</b> ● Single or Married filing separately, \$12,400 ● Married filing jointly or Qualifying widow(er), \$24,800 ● Head of household, \$18,650 ● If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	( 5,507 )
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	( 5,507 )
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	300
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	300
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	( 5,807 )
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A). . . . .	<b>12</b>	12,400
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,400	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-. . . . .	<b>15</b>	0	

<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	
<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	
<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	
<b>19</b>	Child tax credit or credit for other dependents . . . . .	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7 . . . . .	<b>20</b>	
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	<b>24</b>	
<b>25</b>	Federal income tax withheld from:		
a	Form(s) W-2 . . . . .	<b>25a</b>	
b	Form(s) 1099 . . . . .	<b>25b</b>	815
c	Other forms (see instructions) . . . . .	<b>25c</b>	
d	Add lines 25a through 25c . . . . .	<b>25d</b>	815
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return . . . . .	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b> . . . . .	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions . . . . .	<b>30</b>	0
<b>31</b>	Amount from Schedule 3, line 13 . . . . .	<b>31</b>	583
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> . . . . . ▶	<b>32</b>	583
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ▶	<b>33</b>	1,398
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	1,398
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . ▶ <input type="checkbox"/>	<b>35a</b>	1,398
▶ b	Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . . ▶	<b>36</b>	
<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b> . . . . . ▶ <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	<b>37</b>	0
<b>38</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>38</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

James P Flannery

Your social security number

██████████

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) . . . ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	( 5,507 )
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	8,171
<b>8</b>	Other income. List type and amount . ▶ <u>UCE</u>	<b>8</b>	( 8,171 )
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8 . . . . .	<b>9</b>	( 5,507 )

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) . . . ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	0

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

Schedule 1 (Form 1040) 2020

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>CT Department of Labor</b>  <b>200 Folly Brook Blvd</b> <b>Wethersfield CT 06109</b>		1 Unemployment compensation \$ <b>8,171</b>	OMB No. 1545-0120  <b>2020</b>  Form <b>1099-G</b>		<b>Certain Government Payments</b>  <b>Copy B For Recipient</b>  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.
		2 State or local income tax refunds, credits, or offsets \$			
3 Box 2 amount is for tax year		4 Federal income tax withheld \$ <b>815</b>			
5 RTAA payments \$		6 Taxable grants \$			
7 Agriculture payments \$		8 If checked, box 2 is trade or business income <input type="checkbox"/>			
9 Market gain \$					
PAYER'S TIN <b>[REDACTED]</b>	RECIPIENT'S TIN <b>[REDACTED]</b>				
RECIPIENT'S name <b>James P Flannery</b>					
Street address (including apt. no.) <b>[REDACTED]</b>					
City or town, state or province, country, and ZIP or foreign postal code <b>[REDACTED]</b>					
Account number (see instructions) —		10a State <b>CT</b>	10b State identification no. <b>[REDACTED]</b>	11 State income tax withheld \$ — — — <b>244</b>	

Form **1099-G**

(keep for your records)

[www.irs.gov/Form1099G](http://www.irs.gov/Form1099G)

Department of the Treasury - Internal Revenue Service

EEA

# Unemployment Compensation Exclusion Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

James P Flannery

1. If you are filing Form 1040 or 1040-SR, enter the total of lines 1 through 7 of Form 1040 or 1040-SR.  
If you are filing Form 1040-NR, enter the total of lines 1a, 1b, and lines 2 through 7. . . . . 1. \_\_\_\_\_
2. Enter the amount from Schedule 1, lines 1 through 6. Don't include any amount of unemployment compensation from Schedule 1, line 7 on this line. . . . . 2. (5,507)
3. Use the line 8 instructions to determine the amount to include on Schedule 1, line 8 and enter here. Do not reduce this amount by the amount of unemployment compensation you may be able to exclude. . . . . 3. \_\_\_\_\_
4. Add lines 1, 2, and 3. . . . . 4. (5,507)
5. If you are filing Form 1040 or 1040-SR, enter the amount from line 10c. If you are filing Form 1040-NR, enter the amount from line 10d . . . . . 5. 300
6. Subtract line 5 from line 4. This is your modified adjusted gross income. . . . . 6. (5,807)
7. Is the amount on line 6 \$150,000 or more? The \$150,000 threshold applies to all filing statuses even if your filing status is married filing jointly.  
☐ Yes. Stop. You can't exclude any of your unemployment compensation.  
☒ No. Go to line 8.
8. Enter the amount of unemployment compensation paid to you in 2020. Don't enter more than \$10,200. . . . . 8. 8,171
9. If married filing jointly, enter the amount of unemployment compensation paid to your spouse in 2020. Don't enter more than \$10,200. . . . . 9. \_\_\_\_\_
10. Add lines 8 and 9 and enter the amount here. This is the amount of unemployment compensation excluded from your income. . . . . 10. 8,171
11. Subtract line 10 from line 3 and enter the amount on Schedule 1, line 8. If the result is less than zero, enter it in parentheses. On the dotted line next to Schedule 1, line 8, enter "UCE" and show the amount of unemployment compensation exclusion in parentheses on the dotted line. Complete the rest of Schedule 1 and Form 1040, 1040-SR, or 1040-NR. . . . . 11. (8,171)