

**Amended U.S. Individual Income Tax Return**

This return is for calendar year **19** , OR fiscal year ended **19** .

Please print or type	Your first name and initial (if joint return, also give spouse's name and initial) _____ Last name _____	Your social security number _____
	Present home address (number and street or rural route). (If you have a P.O. Box, see Instructions.) _____	Spouse's social security number _____
	City, town or post office, state, and ZIP code _____	Telephone number (optional) _____ ( ) _____

Enter below name and address as shown on original return (if same as above, write "Same"). If changing from separate to joint return, enter names and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed.)

**a** Service center where original return was filed \_\_\_\_\_

**b** Has original return been changed or audited by IRS? . . . .  Yes  No  
 If "No," have you been notified that it will be? . . . .  Yes  No  
 If "Yes," identify IRS office ▶ \_\_\_\_\_

**c** Are you amending your return to include any item (loss, credit, deduction, other tax benefit, or income) relating to a tax shelter required to be registered? . . . .  Yes  No  
 If "Yes," you **MUST** attach **Form 8271**, Investor Reporting of Tax Shelter Registration Number.

**d** Filing status claimed. (Note: You cannot change from joint to separate returns after the due date has passed.)

On original return . ▶  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)  
 On this return . . ▶  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)

Income and Deductions		A. As originally reported or as adjusted (see Instructions)	B. Net change—Increase or (Decrease)—explain on page 2	C. Correct amount
1	Total income (see Instructions) . . . . .	1		
2	Adjustments to income (see Instructions) . . . . .	2		
3	Adjusted gross income (subtract line 2 from line 1) . . . . .	3		
4	Deductions (see Instructions) . . . . .	4		
5	Subtract line 4 from line 3 . . . . .	5		
6	Exemptions (see Instructions) . . . . .	6		
7	Taxable income (subtract line 6 from line 5). . . . .	7		
<b>Tax Liability</b>				
8	Tax (see Instructions). (Method used in col. C _____)	8		
9	Credits (see Instructions) . . . . .	9		
10	Subtract line 9 from line 8. Enter the result, but not less than zero	10		
11	Other taxes (such as self-employment tax, alternative minimum tax)	11		
12	Total tax liability (add line 10 and line 11) . . . . .	12		
<b>Payments</b>				
13	Federal income tax withheld and excess FICA and RRTA tax withheld	13		
14	Estimated tax payments . . . . .	14		
15	Earned income credit . . . . .	15		
16	Credits for Federal tax on gasoline and special fuels, regulated investment company, etc. . . . .	16		
17	Amount paid with Form 4868, Form 2688, or Form 2350 (application for extension of time to file) . . . . .			17
18	Amount paid with original return, plus additional tax paid after it was filed . . . . .			18
19	Total of lines 13 through 18, column C. . . . .			19

**Refund or Amount You Owe**

20 Overpayment, if any, as shown on original return (or as previously adjusted by IRS) . . . . .

21 Subtract line 20 from line 19 (see Instructions) . . . . .

22 **AMOUNT YOU OWE.** If line 12, col. C, is more than line 21, enter difference. Please pay in full with this return.

23 **REFUND** to be received. If line 12, column C, is less than line 21, enter difference.

**Please Sign Here**

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 of which the preparer has any knowledge.

▶ Your signature \_\_\_\_\_ Date \_\_\_\_\_ ▶ Spouse's signature (if filing jointly, BOTH must sign) \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's social security no. \_\_\_\_\_

Firm's name (or yours, if self-employed) and address ▶ \_\_\_\_\_ E.I. No. \_\_\_\_\_

ZIP code \_\_\_\_\_

**Part I Exemptions (see Form 1040 or Form 1040A Instructions)**

**If claiming more exemptions, complete lines 1-9.  
If claiming fewer exemptions, complete lines 1-6.**

**A.** Number originally reported

**B.** Net change

**C.** Correct number

<b>1</b> Exemptions—yourself and spouse, 65 or over, blind . . . . .	<b>1</b>		
<b>2</b> Your dependent children who lived with you . . . . .	<b>2</b>		
<b>3</b> For tax years beginning after 1984, your dependent children who did not live with you . . . . .	<b>3</b>		
<b>4</b> Other dependents . . . . .	<b>4</b>		
<b>5</b> Total exemptions (add lines 1 through 4) . . . . .	<b>5</b>		
<b>6</b> Multiply \$1,080 (\$1,040, for tax year 1985; \$1,000, for tax years beginning before 1985) by the number of exemptions claimed on line 5. Enter the result here and on page 1, line 6 . . . . .	<b>6</b>		

**7** First names of your dependent children who lived with you and were not claimed on original return: **Enter number** ►

**8** For tax years beginning after 1984, first names of your dependent children who did not live with you and were not claimed on original return (see Instructions). (If pre-1985 agreement, check here  .) **Enter number** ►

**9** Other dependents not claimed on original return:

(a) Name	(b) Relationship	(c) Number of months lived in your home	(d) Did dependent have income of at least \$1,080 (\$1,040, for tax year 1985; \$1,000, for tax years beginning before 1985)?	(e) Did you provide more than one-half of dependent's support?	<b>Enter number</b> ► <input type="text"/>

**Part II Explanation of Changes to Income, Deductions, and Credits**

**Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach all supporting forms and schedules for items changed. Be sure to include your name and social security number on any attachments.**

If the change pertains to a net operating loss carryback, a general business credit carryback, or for tax years beginning before 1986, a research credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See the Instructions. Also, check here . . . ►

**Part III Presidential Election Campaign Fund**

**Checking below will not increase your tax or reduce your refund.**

If you did not previously want to have \$1 go to the fund, but now want to . . . . . check here ►

If joint return and your spouse did not previously want to have \$1 go to the fund, but now wants to . . . . . check here ►