

Amended U.S. Individual Income Tax Return

▶ See separate Instructions.

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

Please print or type	Your first name and initial	Last name	Your social security number : : : :
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number : : : :
	Home address (number and street). (If a P.O. box, see Instructions.)	Apt. no.	Telephone number (optional) ()
	City, town or post office, state, and ZIP code. (If a foreign address, see Instructions.)		For Paperwork Reduction Act Notice, see page 1 of separate Instructions.

Enter 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 from original returns.

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 (see Instructions)		A. As originally reported or as adjusted (see Instructions)	B. Net change—Increase or (Decrease)—explain on page 2	C. Correct amount
<i>(Note: Be sure to complete page 2)</i>				
1 Total income	1			
2 Adjustments to income	2			
3 Adjusted gross income (subtract line 2 from line 1)	3			
4 Deductions	4			
5 Subtract line 4 from line 3	5			
6 Exemptions	6			
7 Taxable income (subtract line 6 from line 5).	7			
Tax Liability	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 For tax year 1989, supplemental Medicare premium	12		
13 Total tax and any Medicare premium (add lines 10, 11, and 12)	13			
Payments	14 Federal income tax withheld and excess FICA and RRTA tax withheld	14		
	15 Estimated tax payments	15		
	16 Earned income credit	16		
	17 Credits for Federal tax on fuels, regulated investment company, etc	17		
	18 Amount paid with Form 4868, Form 2688, or Form 2350 (application for extension of time to file)	18		
	19 Amount paid with original return, plus additional tax paid after it was filed	19		
	20 Add lines 14 through 19 in column C	20		

Refund or Amount You Owe

21 Overpayment, if any, as shown on original return (or as previously adjusted by IRS) **21**

22 Subtract line 21 from line 20 (see Instructions) **22**

23 **AMOUNT YOU OWE.** If line 13, col. C, is more than line 22, enter difference. Please pay in full with this return **23**

24 **REFUND to be received.** If line 13, column C, is less than line 22, enter difference **24**

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.

Please Sign Here ▶ Your signature _____ Date _____ Spouse's signature (if joint return, BOTH must sign) _____ Date _____

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 you are not changing your exemptions, do not complete Part I.
If claiming more exemptions, complete lines 25–32 and, if applicable, line 33.
If claiming fewer exemptions, complete lines 25–31.

	A. Number originally reported	B. Net change	C. Correct number
25 For tax years beginning after 1986—yourself and spouse <i>Caution: For tax years beginning after 1986, if someone (such as your parent) can claim you as a dependent, you cannot claim an exemption for yourself.</i>	25		
26 For tax year 1986—yourself and spouse, 65 or older, blind	26		
27 Your dependent children who lived with you	27		
28 Your dependent children who did not live with you due to divorce or separation	28		
29 Other dependents	29		
30 Total exemptions (add lines 25 through 29)	30		
31 Multiply \$2,000 (\$1,950 for tax year 1988, \$1,900 for tax year 1987, \$1,080 for tax year 1986) by the number of exemptions claimed on line 30. Enter the result here and on page 1, line 6.	31		

32 Dependents (children and other) not claimed on original return:
Note: If amending your 1986 return, do not complete column (b) or (c) below.

(a) Dependent's name (first, initial, and last name)	(b) Check if under age 2 (under age 5 if a 1987 or 1988 return)	(c) If age 2 or older (age 5 or older if a 1987 or 1988 return), dependent's social security number	(d) Relationship	(e) No. of months lived in your home	No. of your children on line 32 who lived with you ▶
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No. of your children on line 32 who didn't live with you due to divorce or separation (see Instructions) ▶

No. of other dependents listed on line 32 ▶

33 If your child listed on line 32 didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶

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 or a general business 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 ▶