

Department of the Treasury—Internal Revenue Service Amended U.S. Individual Income Tax Return

OMB No. 1545-0091 Expires 10-31-93

		ber 1990)	▶ See separate Instr	uction	s.		Expir	es 10-31-93		
			R fiscal year ende	1 🕨	the second secon		7	19		
	Y	our first name and initial		Your social security number						
ě								<u>i i</u>		
Please print or type	11	f a joint return, spouse's first name and initial	Last name	ime		social security number :				
rin ţ	ļ.	In a side of the second street (Surry house B.O. have see	Instructions.)			Apt. no.	Telephone	number (optional)		
S.		Home address (number and street). (If you have a P.O. box, see l				Apt. no.	/ relephone)		
Plea	-	City, town or post office, state, and ZIP code. (If you have a foreign address, see Instructions.)						For Paperwork Reduction Act		
		only, town or post office, state, and 217 code. (If you have a foreign	in address, see mondedictions.y				Notice, se	Notice, see page 1 of separate Instructions.		
Enter	nam	e and address as shown on original return (if same as above	, write "Same"). If changin	g from s	separate to joint ret	urn, enter names		The second secon		
		•								
AS	erv	ice center where original return was filed	B Has original return	been	changed or aud	lited by IRS?		☐ Yes ☐ No		
		·	If "No," have you							
			If "Yes," identify I							
		you amending your return to include any item	(loss, credit, deductio	n, oth	er tax benefit, o	or income) rela	ating to a			
								☐ Yes ☐ No		
		es," you MUST attach Form 8271, Investor R					-/ \			
		g status claimed. (Note: You cannot change fr						Ouglifuing widow(or)		
		riginal return ▶ ☐ Single ☐ Married filing joint his return ▶ ☐ Single ☐ Married filing joint	return	ng sep ng sen	arate return 📋 arate return 🗀] Head of hous] Head of hous		Qualifying widow(er) Qualifying widow(er)		
<u>`</u>	/11 (1			1.8 00 P	A. As originall	B. Net c	hange—			
		Income and Deductions (see Ins	tructions)		reported or as adjusted (see	Incre	ase or)—explain	C. Correct amount		
		(Note: Be sure to complete page 2)			Instructions)		age 2			
	1	Total income		1	1	· · · · · · · · · · · · · · · · · · ·				
	2	Adjustments to income		2						
	3	Adjusted gross income (subtract line 2 from lin	ne 1)	3						
	4	Itemized deductions or standard deduction .		4				And the second s		
	5	Subtract line 4 from line 3		5						
	6	Exemptions		6						
	7	Taxable income (subtract line 6 from line 5).		7				······································		
<u> </u>	8	Tax (see Instructions). (Method used in col. C		8						
Liability	9	Credits (see Instructions)		9						
<u> </u>		Subtract line 9 from line 8. Enter the result, be		10 11						
		Other taxes (such as self-employment tax, alter	rnative minimum tax)							
			· · · · · · · · · · · · · · · · · · ·	12						
- 1		Federal income tax withheld and excess FICA a		13						
	4	Estimated tax payments		14						
		Earned income credit		15						
: ا ع	16	Credits for Federal tax on fuels, regulated invest	ment company, etc .	16			177			
\$:		Amount paid with Form 4868, Form 2688, or				me to file).	. 17			
	18	Amount paid with original return, plus additional tax paid after it was filed								
.	10	Add lines 13 through 18 in column C								
:	1.3		r Amount You Owe			***************************************	. 19	ors messages and the state of t		
	20	Overpayment, if any, as shown on original retu			d by IRS)		20			
		Subtract line 20 from line 19 (see Instructions					21			
		AMOUNT YOU OWE. If line 12, col. C, is more	urn 22							
2	23	REFUND to be received. If line 12, column C.	is less than line 21, e	nter d	ifference		. 23			
		Under penalties of perjury, I declare that I have filed a statements, and to the best of my knowledge and belief,	original return and that I	have ex	amined this amend	led return, includi	ng accompar	nying schedules and an taxpaver) is based		
Plea		on all information of which the preparer has any knowled	attorior propa	(0.1101 1110						
Sign			1	A				1		
Here	Soliton	Your signature	Date	5	pouse's signature (i	figint return POT	TH must sign	Date		
······································				Date	honse s signarnie (i	r joint return, BOT		's social security no.		
Paid		Preparer's signature		Jale		ck if employed	7			
Prepa		Pr's Firm's name (or			l sen	E.I. No.	- 1 - -			
Use (ınly	yours if self-employed) and address	>			ZIP code				
		y								

Form 1040X (Rev. 10-90)							-	Page 2	
If you are not changing your exe If claiming more exemptions, com			e 31.	A. Number originally reported		B. Net change		C. Correct number	
			24						
24 Yourself and spouse			24						
cannot claim an exemption for yourself.			25		ļ				
25 Your dependent children who lived with	23				·-··				
26 Your dependent children who did no separation	26 27	·							
27 Other dependents	28								
28 Total number of exemptions (add lines: 29 For tax year 1990, multiply \$2,050 by time 28. For tax year 1989, use \$2,000 tax year 1987, use \$1,900. Enter the remaining the second of the s									
tax year 1907, use \$1,900. Enter the h	esuit fiere and on j	page 1, line 6	29		<u> </u>	1	· · · · · · · · · · · · · · · · · · ·		
30 Dependents (children and other) not cla	aimed on original r	return:				No. of your child line 30 who live		•	
(a) Dependent's name (first, initial, and last name)	(c) If age 2 or older (age 5 or older a 1987 or 1988 return), dependent's social security numb	, ,	d) Dependent's lationship to you	(e) No. of months lived in your home	No. of your child line 30 who did				
		: :				you due to divor separation (see	ce or		
			-			Instructions)	•	•	
	 								
		: :				No. of other dep		.	
forms and schedules for items If the change pertains to a net operating loss ca in which the loss or credit occurred. See the Inst	rryback or a general	business credit carryba	ck, att	ach the sched	ule or form	that shows th	ne year		
Part III Presidential Election Camp Checking below will not increa If you did not previously want to have \$1 go	se your tax or red					مام	eck here		
If joint return and your spouse did not previous				wants to .	· · ·		eck here	D	