

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

OMB No. 1545-0091

▶ See separate instructions.

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

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

**A** If the name or address shown above is different from that shown on the original return, check here . . . . . ▶ ☐**B** Has the original return been changed or audited by the IRS or have you been notified that it will be? . . . ☐ Yes ☐ No**C** Filing status claimed. **Note:** You cannot change from joint to separate returns after the due date has passed.

|                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On original return ▶ <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) |
| On this return ▶ <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)     |

| <b>Income and Deductions (see instructions)</b>                                                                                  |                                                                                         | <b>A.</b> As originally reported or as previously adjusted (see instructions)                                                                | <b>B.</b> Net change—Increase or (Decrease)—explain on page 2 | <b>C.</b> Correct amount |  |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|--|
| USE PART II ON PAGE 2 TO EXPLAIN ANY CHANGES                                                                                     |                                                                                         |                                                                                                                                              |                                                               |                          |  |
| <b>Tax Liability</b>                                                                                                             | <b>1</b> Adjusted gross income (see instructions) . . . . .                             | <b>1</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>2</b> Itemized deductions or standard deduction . . . . .                            | <b>2</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>3</b> Subtract line 2 from line 1 . . . . .                                          | <b>3</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>4</b> Exemptions. If changing, fill in Parts I and II on page 2 . . . . .            | <b>4</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>5</b> Taxable income. Subtract line 4 from line 3 . . . . .                          | <b>5</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>6</b> Tax (see instructions). Method used in col. C . . . . .                        | <b>6</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>7</b> Credits (see instructions) . . . . .                                           | <b>7</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>8</b> Subtract line 7 from line 6. Enter the result but not less than zero . . . . . | <b>8</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>9</b> Other taxes (see instructions) . . . . .                                       | <b>9</b>                                                                                                                                     |                                                               |                          |  |
|                                                                                                                                  | <b>10</b> Total tax. Add lines 8 and 9 . . . . .                                        | <b>10</b>                                                                                                                                    |                                                               |                          |  |
|                                                                                                                                  | <b>Payments</b>                                                                         | <b>11</b> Federal income tax withheld and excess social security, Medicare, and RRTA taxes withheld. If changing, see instructions . . . . . | <b>11</b>                                                     |                          |  |
|                                                                                                                                  |                                                                                         | <b>12</b> Estimated tax payments, including amount applied from prior year's return . . . . .                                                | <b>12</b>                                                     |                          |  |
|                                                                                                                                  |                                                                                         | <b>13</b> Earned income credit . . . . .                                                                                                     | <b>13</b>                                                     |                          |  |
|                                                                                                                                  |                                                                                         | <b>14</b> Credits for Federal tax paid on fuels, regulated investment company, etc. . . . .                                                  | <b>14</b>                                                     |                          |  |
|                                                                                                                                  |                                                                                         | <b>15</b> Amount paid with Form 4868, 2688, or 2350 (applications for extension of time to file) . . . . .                                   | <b>15</b>                                                     |                          |  |
|                                                                                                                                  |                                                                                         | <b>16</b> Amount of tax paid with original return plus additional tax paid after it was filed . . . . .                                      | <b>16</b>                                                     |                          |  |
|                                                                                                                                  |                                                                                         | <b>17</b> Total payments. Add lines 11 through 16 in column C . . . . .                                                                      | <b>17</b>                                                     |                          |  |
| <b>Refund or Amount You Owe</b>                                                                                                  |                                                                                         |                                                                                                                                              |                                                               |                          |  |
| <b>18</b> Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .                        | <b>18</b>                                                                               |                                                                                                                                              |                                                               |                          |  |
| <b>19</b> Subtract line 18 from line 17 (see instructions) . . . . .                                                             | <b>19</b>                                                                               |                                                                                                                                              |                                                               |                          |  |
| <b>20</b> <b>AMOUNT YOU OWE.</b> If line 10, column C, is more than line 19, enter the difference and see instructions . . . . . | <b>20</b>                                                                               |                                                                                                                                              |                                                               |                          |  |
| <b>21</b> If line 10, column C, is less than line 19, enter the difference . . . . .                                             | <b>21</b>                                                                               |                                                                                                                                              |                                                               |                          |  |
| <b>22</b> Amount of line 21 you want <b>REFUNDED TO YOU</b> . . . . .                                                            | <b>22</b>                                                                               |                                                                                                                                              |                                                               |                          |  |
| <b>23</b> Amount of line 21 you want <b>APPLIED TO YOUR 19 ESTIMATED TAX</b>   <b>23</b>                                         |                                                                                         |                                                                                                                                              |                                                               |                          |  |

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                         |                                                  |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------|--------------------------------------------------|
| <b>Sign Here</b><br>Keep a copy of this return 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 of which the preparer has any knowledge. |      |                                                                         |                                                  |
|                                                                  | Your signature _____ Date _____                                                                                                                                                                                                                                                                                                                                                              |      | Spouse's signature. If a joint return, BOTH must sign. _____ Date _____ |                                                  |
| <b>Paid Preparer's Use Only</b>                                  | Preparer's signature ▶                                                                                                                                                                                                                                                                                                                                                                       | Date | Check if self-employed <input type="checkbox"/>                         | Preparer's social security no. : :<br>: :<br>: : |
|                                                                  | Firm's name (or yours if self-employed) and address ▶                                                                                                                                                                                                                                                                                                                                        | EIN  |                                                                         |                                                  |
|                                                                  | ZIP code                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                         |                                                  |

**Part I Exemptions.** See Form 1040, Form 1040A, or Form 1040-T instructions.

If you are **not changing your exemptions**, do not complete this part.  
If claiming **more exemptions**, complete lines 24–30 and, if applicable, line 31.  
If claiming **fewer exemptions**, complete lines 24–29.

**A. Number originally reported**

**B. Net change**

**C. Correct number**

| <b>24</b>       | <p>                     Yourself and spouse . . . . .<br/> <b>Caution:</b> <i>If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself.</i> </p>                                                                                                                                                                                                                                                                                                                                                                   | <b>24</b>                                                        |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|------------------------------------------------------------------|------|---------|----------|------|-------|--------|------|-------|--------|------|-------|--------|-----------|--|--|--|
| <b>25</b>       | Your dependent children who lived with you . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>25</b>                                                        |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
| <b>26</b>       | Your dependent children who did not 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>28</b>                                                        |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
| <b>29</b>       | <p>Multiply the number of exemptions claimed on line 28 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.</p> <table border="1"> <thead> <tr> <th><b>Tax year</b></th><th><b>Exemption amount</b></th><th><b>But see the instructions if the amount on line 1 is over:</b></th></tr> </thead> <tbody> <tr> <td>1996</td><td>\$2,550</td><td>\$88,475</td></tr> <tr> <td>1995</td><td>2,500</td><td>86,025</td></tr> <tr> <td>1994</td><td>2,450</td><td>83,850</td></tr> <tr> <td>1993</td><td>2,350</td><td>81,350</td></tr> </tbody> </table> | <b>Tax year</b>                                                  | <b>Exemption amount</b> | <b>But see the instructions if the amount on line 1 is over:</b> | 1996 | \$2,550 | \$88,475 | 1995 | 2,500 | 86,025 | 1994 | 2,450 | 83,850 | 1993 | 2,350 | 81,350 | <b>29</b> |  |  |  |
| <b>Tax year</b> | <b>Exemption amount</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>But see the instructions if the amount on line 1 is over:</b> |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
| 1996            | \$2,550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$88,475                                                         |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
| 1995            | 2,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 86,025                                                           |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
| 1994            | 2,450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 83,850                                                           |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |
| 1993            | 2,350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 81,350                                                           |                         |                                                                  |      |         |          |      |       |        |      |       |        |      |       |        |           |  |  |  |

**30** Dependents (children and other) not claimed on original return:

**Note:** For tax years after 1994, **do not** complete column (b) below.

| (a) First name | Last name | (b) Check if under age 1 | (c) Dependent's social security number. If born in the tax year you are amending, see instructions | (d) Dependent's relationship to you | (e) No. of months lived in your home |
|----------------|-----------|--------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
|                |           |                          |                                                                                                    |                                     |                                      |
|                |           |                          |                                                                                                    |                                     |                                      |
|                |           |                          |                                                                                                    |                                     |                                      |
|                |           |                          |                                                                                                    |                                     |                                      |
|                |           |                          |                                                                                                    |                                     |                                      |
|                |           |                          |                                                                                                    |                                     |                                      |

30 who:

- lived with you ☐
- did not live with you due to divorce or separation (see instructions) ☐
- Dependents on line 30 not entered above ☐

**31** For tax years before 1996, if your child listed on line 30 did not 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 only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.**

If the change relates 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 instructions. Also, check here ☐

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**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 \$3 go to the fund but now want to, check here ☐ ☐

If a joint return and your spouse did not previously want to have \$3 go to the fund but now wants to, check here ☐ ☐

