Form	1040X
Rov	January 2010)

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

(Rev.	January 2010)	► Se	e separate instructions.				
Your first name and middle initial		Your last name		Your social security number			
If a joint return, your spouse's first name and middle initial			Your spouse's last name		Your spouse's social security number		
Your	current home address (num	ber and street). If you have a P.O. box	, see page 5 of the instructions.	Apt. no.	Your phone number		
Your	city, town or post office, sta	ate, and ZIP code. If you have a foreig	n address, see page 5 of instructio	ons.			
All fi	lers must complete li	nes A, B, and C.					
Α							
В	This return is for call Other year. Enter one	-	2007 2006 iscal year (month and year e	nded):			
С	Explanation of chan	ges. In the space provided belo	w, tell us why you are filing F	Form 1040X.			

Inco	ome and Deductions		Correct Amount
1	Adjusted gross income (see page 6 of instructions). If net operating loss (NOL) carryback is included, check here	1	
2	Itemized deductions or standard deduction (see page 6 of instructions)	2	
3	Subtract line 2 from line 1	3	
4	Exemptions. If changing, complete the Exemptions section on the back and enter the amount from		
	line 30 (see page 6 of instructions)	4	
5	Taxable income. Subtract line 4 from line 3	5	
Тах	Liability		
6	Tax (see page 7 of instructions). Enter method used to figure tax:	6	
7	Credits (see page 8 of instructions). If general business credit carryback is included, check here	7	
8	Subtract line 7 from line 6. If the result is zero or less, enter -0	8	
9	Other taxes (see page 8 of instructions)	9	
10	Total tax. Add lines 8 and 9	10	
Pay	ments		
11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing,		
	see page 8 of instructions)	11	
12	Estimated tax payments, including amount applied from prior year's return (see page 8 of instructions)	12	
13	Earned income credit (EIC) (see page 8 of instructions).	13	
14	Refundable credits from Schedule M or Form(s) 2439 4136 5405 8801 8812		
	8863 8885 or conter (specify):	14	

		Г		
15	Total amount paid with request for extension of time to file, tax paid with original return, and			
	additional tax paid after return was filed (see page 9 of instructions)		15	
			-	
16	Total payments. Add lines 11 through 15		16	
Ref	und or Amount You Owe (Note. Allow 8–12 weeks to process Form 1040X.)			
17	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (see page 9			
	of instructions)		17	
			18	
18	8 Subtract line 17 from line 16 (If less than zero, see page 9 of instructions)			
19	9 Amount you owe. If line 10 is more than line 18, enter the difference (see page 9 of instructions)			
20	0 If line 10 is less than line 18, enter the difference. This is the amount overpaid on this return			
21	Amount of line 20 you want refunded to you	. [21	
	Amount of line 20 you want applied to your (enter year): estimated tax 22			
	Complete	and s	sign tl	nis form on Page 2.
Eor I	Pananwork Reduction Act Notice see name 11 of instructions		orm 1	040X (Bey, 01-2010)

		Complete and	aian th	ia farm an Daga
22	Amount of line 20 you want applied to your (enter year): estimated tax 22			
21	Amount of line 20 you want refunded to you		21	
20	If line 10 is less than line 18, enter the difference. This is the amount overpaid on this return	ı	20	
19	Amount you owe. If the to is more than the to, enter the difference (see page 9 of instruct		19	

Exemptions

Complete this part only if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina or a Midwestern disaster.

See Form 1040 or Form 1040A instructions and page 10 of Form 1040X instructions.			Correct Number or Amount
23	Yourself and spouse. Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself	23	
24	Your dependent children who lived with you	24	
25	Your dependent children who did not live with you due to divorce or separation	25	
26	Other dependents	26	
	Total number of exemptions. Add lines 23 through 26	27	
28	Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending (see page 10 of instructions)	28	
29	If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 6 for 2006. If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009	29	
30 31	Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form		、 、

List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see page 10 instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see page 10 of instructions)

Presidential Election Campaign Fund

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

- Check here if you did not 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.

Checklist

Before mailing this form, remember to

- Complete name, address, and social security number
- Complete lines A, B, and C on page 1
- Complete lines 1 through 22 on page 1
- Complete lines 23 through 31 on page 2, if required
- Attach any supporting documents and new or changed forms and schedules
- Sign and date this form

Sign Here

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.

Your signature	Date	Spouse's signa	ture. If a joint return, both must s	ign. Di	ate
Paid Preparer's Use Only					
Preparer's signature	Date				
		Firm's name (o	r yours if self-employed), address	and ZIP code	
	Check if self-er	nployed			
Preparer's SSN or PTIN			Phone number	EIN	N

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