

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(1.10 v. D	Information about Form 1040x and	its separate instruction	115 15 6	at www.irs.gov/ioi	11111040	ж.	
	, <u> </u>	2010 2009 year (month and year	ende	d):			
	st name and initial	Last name			Yours	social security	number
	HARD	AMENDED				0 00	
	return, spouse's first name and initial	Last name				e's social sec	
Home a	ddress (number and street). If you have a P.O. box, see instructions.			Apt. no.	Your p	hone number	
ADD	RESS						
	wn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	w (see	instructions).			
	NS, GA 30809						
Foreign	country name	Foreign province/sta	te/cour	nty		Foreign posta	l code
Cauti □ Sin	<u> </u>	om joint to separate re arried filing separately	eturns	after the due da	ate.	tions)	
Qu	alifying widow(er)	ng person is a child but	not yc				
lnaai	Use Part III on the back to explain any ne and Deductions	changes		A. Original amount or as previously adjusted (see instructions)	amount or (de	change— of increase ecrease)— n in Part III	C. Correct amount
		NOLV		(See Instructions)	САРІВІІ	IIIII ait iii	
1	Adjusted gross income. If net operating loss (included, check here		1	42755		1500	44255
2	Itemized deductions or standard deduction		2	8700		1300	8700
3	Subtract line 2 from line 1		3	34055		1500	35555
4	Exemptions. If changing, complete Part I on page						
-	amount from line 30		4	7600			7600
5	Taxable income. Subtract line 4 from line 3		5	26455		1500	27955
Tax L	iability						
6	Tax. Enter method used to figure tax: ${\mathbb T}{\mathbb T}$		6	3351		225	3576
7	Credits. If general business credit carryback i	s included, check					
	here		7	1504		(24)	1480
8	Subtract line 7 from line 6. If the result is zero or less	s, enter -0	8	1847		249	2096
9	Other taxes		9	1045		0.40	0.006
10	Total tax. Add lines 8 and 9		10	1847		249	2096
	nents						
11	Federal income tax withheld and excess social secu		11	6149		200	6349
10	tax withheld (if changing , see instructions). Estimated tax payments, including amount applied		- ' '	0149		200	0349
12	return		12				
13	Earned income credit (EIC)		13				
14	Refundable credits from Schedule(s) 8812 or M or Fo						
	4136 5405 8801 8812 (2009–2011) 883	` '					
	8885 or Other (specify):		14				
15	Total amount paid with request for extension of time	e to file, tax paid with	origi	inal return, and a	addition	nal	
	tax paid after return was filed					15	
16	Total payments. Add lines 11 through 15					16	6349
	nd or Amount You Owe (Note. Allow 8-12 weeks	-	_				4200
17	Overpayment, if any, as shown on original return or a		•			17	4302
18	Subtract line 17 from line 16 (If less than zero, see in	,				18 19	2047 49
19 20	•						49
21	Amount of line 20 you want refunded to you			-	is retul	m 20	
22	Amount of line 20 you want retailed to your (enter yea			1 1		21	
	various of mio 20 you want applied to your territor year	.,			olete ar	nd sian this f	form on Page 2.

AMENDED 400-00-4708

Form 1040X (Rev. 12-2012)

	Part I	Exemptions
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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 a Midwestern disaster in 2009.

See F	orm 1040 or Form 1040)A instructions and Form 10	040X instructions.	,	A. Original number of exemptions or amount reported or as previously adjusted	B. N	let change	C. Correct number or amount
23	•	e. Caution. If someone	-					
	•	ot claim an exemption for y	ourself	23				
24	Your dependent child	24						
25	•	who did not live with you du	•	25 26				
26	26 Other dependents							
27	Total number of exem	ptions. Add lines 23 through	gh 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							
29								
30	Add lines 28 and 29. En	ter the result here and on line	e 4 on page 1 of this form	30				
31	List ALL dependents (c	children and others) claimed	on this amended return. If	more	than 4 dependen	ts, se	e instructio	ns.
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you	ı	child for ch	box if qualifying ild tax credit (see tructions)
Part	II Presidential E	lection Campaign Fund	d	i				
Chec	king below will not incre	ase your tax or reduce you	ur refund.					
	Check here if you did no	ot previously want \$3 to go	to the fund, but now do.					
	Check here if this is a jo	int return and your spouse	e did not previously want s	\$3 to	go to the fund, b	ut no	w does.	
Part	Explanation of o	changes. In the space prov	vided below, tell us why y	ou ar	e filing Form 104	0X.		
	► Attach any sup	pporting documents and ne	ew or changed forms and	sche	edules.			
	Added W-	2 to original i	raturn					

3

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 s	signature. If a	a joint reti	urn, both must siç	gn.	Date		
Paid Preparer Use Only									
)	06/24/13								
Preparer's signature	Date		Firm's name (or yours if self-employed)						
Print/type preparer's name		Firm's address and ZIP code							
	☐ Check if self-er	mployed	()	_	_			
PTIN			Phone	number		EIN			