OMB No. 1545-0091

(Rev. November 2004) ► See separate instructions.														
Thi	s re	turn	is for calendar	r year ▶ 2004	, or fiscal year	ended •	-					,		
be	Your first name and initial				Last name					Your social security number				
it or type	If a joint return, spouse's first name and initial				Last nam	Last name				Spouse's social security number				
se print	Home address (no. and street) or P.O. box if mail is not delivered to your home				e Apt. no.				no.	Phone number				
Please	City, town or post office, state, and ZIP code. If you have a foreign address, se				ee page 2 of the instructions.					For Paperwork Reduction Act Notice, see page 6.				
	If the name or address shown above is different from that shown on the original return, check here													
В	Has the original return been changed or audited by the IRS or have you be													
С	Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns													
							arately			sehold Qualifying widow(er)				
		On this return Single Married filing jointly Married filing separately Head of housely If the qualifying person is a child but not your dependent, see page 2.						ehold* 🔲	Qualifying widow(er)					
_	" If t	he qu	alifying person is a	a child but not your de	ependent, see page	2.		1						
		l	Use Part II on the back to explain any changes					as previously adjusted amount or		B. Net ch amount of or (decre	increase	C. Correct amount		
			Income and Deductions (see pages 2-6)					(see page	: 3)	explain ir	n Part II			
	1	Adjı	usted gross inco	ome (see page 3)			1				\$0			
	2			ns or standard ded			2		\$0		\$0	\$0		
	3	Sub	tract line 2 fron	m line 1			3		\$0		\$0	\$0		
	4	Exe	mptions. If char	nging, fill in Parts I	and II on the ba	ck .	4	\$0		\$0		\$0		
	5	Tax	able income. Su	ubtract line 4 from	line 3		5		\$0		\$0	\$0		
₹	6	Tax	(see page 4). M	Method used in col	. C		6				\$0	\$0_		
pi	7	Cre	redits (see page 4)				7				\$0			
Tax Liability	8	Sub					8		\$0		\$0	\$0		
×	9	Oth					9				\$0			
ï	10	Tota	al tax. Add lines 8 and 9				10		\$0		\$0	\$0		
	11		ederal income tax withheld and excess social securier 1 RRTA tax withheld. If changing, see page 4				11					\$0		
ts	12	2 Estimated tax payments, including amount applied from p year's return					12				\$0			
Payments	13		urned income credit (EIC)				13				\$0			
Ŋ	14						14			\$0 \$0				
P.	15						15							
			mount paid with request for extension of time to file (see page 5)							16				
			nount of tax paid with original return plus additional tax paid after it was filed							17				
	18	8 Total payments. Add lines 11 through 17 in column C							18	\$0				
				Refund	or Amount Yo	u Owe								
	19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS20 Subtract line 19 from line 18 (see page 5)								19					
										\$0				
	 21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 5. 22 If line 10, column C, is less than line 20, enter the difference								21					
									22					
	23							23						
_		4 Amount of line 22 you want applied to your estimated tax 24												
Sign Here Joint return? See page 2.		2.	Under penalties of perjury, I declare that I have filed an original return and that I have examined this are and statements, and to the best of my knowledge and belief, this amended return is true, correct, a taxpayer) is based on all information of which the preparer has any knowledge.						is amend ect, and	led return, ir complete. D	ncluding acc reclaration o	companying schedules of preparer (other than		
Keep a copy for your records.			Your signature Date Spouse's signature. If a							oint return, b	oth must si	gn. Date		
Paid Preparer's Use Only			Preparer's signature				Date		Check it	· -		er's SSN or PTIN		
			Firm's name (or						EII		· I			
			yours if self-employ address, and ZIP of							one no. ()			

FOIIII	1040X (nev. 11-2004)									raye Z
Pa	rt I Exemptio	ns. See Form 1040 or	1040A instructions.		A. Origir	nal				
	If you are not ch If claiming more If claiming fewe		number of exemptions reported or as previously			hange	C. Corre number exemption	r of		
		- Carriparene, complete			adjuste	a				
25	Yourself and spo		25				0			
	exemption for you	one can claim you as a dep								
26		Your dependent children who lived with you						0		
27	Your dependent children who did not live with you due to divorce or									
	separation							0		
28	•		28				0		0	
29		exemptions. Add lines 25	•	29		0		U		
30		er of exemptions claimed or rear you are amending. Ente								
	,	it see the instructions for								
	Tax year		line 4 on page 3 if the mount on line 1 is over:							
	2004 2003	\$3,100 3,050	\$107,025 104,625							
	2002	3,000	103,000							
	2001	2,900	99,725	30		\$0		\$0		\$
31	Dependents (chi	ldren and other) not claim	return:				No. of on 31 v	children who:		
			(b) Dependent's social		ependent's		if qualifying or child tax	• lived	with	
	(a) First name	Last name	security number	relatio	nship to you	credit (see page 5)	you 		
			1 1					 did r with yo 	not live ou due to	
								divorce separat	or tion (see	
			1 1					page 5		
								Depend		
								on 31 r	not d above ►	
Pa	rt II Explanati	on of Changes to Inco	ome, Deductions, and C	redits						
	change. At	ttach only the supporting n, your Form 1040X may	ont of the form for each it g forms and schedules for be returned. Be sure to in	the iter	ns chang	ed. If	you do n	ot atta	ch the red	quired
			arryback or a general busine occurred. See page 2 of the						le or form	i · 🔲
	_									
			Fund. Checking below virtual but now want to shook					reduce	your refu	<u>und.</u> ☐
			fund but now want to, check usly want \$3 to go to the fu		now want	 s to, c	 heck her	e	<u>: : :</u>	· <u> </u>