

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(nev. Ja	F Go to www.irs.gov/Form104	40X for instr	uctions an	d the la	atest information	١.		
	eturn is for calendar year 2017 2016 year. Enter one: calendar year or fiscal y	2015 /ear (month	2014 and year	ended):		-	
Your fire	st name and initial	Last name				Your social security number		
If a joint return, spouse's first name and initial			Last name			Spouse's social security number		
Current	home address (number and street). If you have a P.O. box, see instru	uctions. Apt. no.			Apt. no.	Your phone number		
City, to	wn or post office, state, and ZIP code. If you have a foreign address,	also complete	spaces belov	w (see ir	nstructions).			
Foreign	country name	Foreign	province/stat	te/count	ty		Foreign pos	tal code
your fi return Sing	ded return filing status. You must check one box ex ling status. Caution: In general, you can't change you to separate returns after the due date. gle	ur filing stat	us from a	joint	check "Yes." See instructio	s of you essent Otherv ons.	ur househeial health ovise, chec	care coverage, k "No."
	Use Part III on the back to explain any	changes			A. Original amount or as previously adjusted	amount or (de	t change— t of increase ecrease)—	C. Correct amount
1 2 3	ne and Deductions Adjusted gross income. If a net operating loss included, check here		. ►□	1 2 3	(see instructions)	expiail	n in Part III	
4	Exemptions. If changing, complete Part I on pagamount from line 29	ge 2 and e	nter the	4 5				
		<u> </u>	• • •	-				
Tax L	.iability Tax. Enter method(s) used to figure tax (see instructi	ions):		6				
7	Credits. If a general business credit carryback here		. —	7				
8	Subtract line 7 from line 6. If the result is zero or less							
9	Health care: individual responsibility (see instructions	s)		9				
10	Other taxes			10				
11	Total tax. Add lines 8, 9, and 10			11				
Paym 12	Federal income tax withheld and excess social secu tax withheld. (If changing, see instructions.)			12				
13	Estimated tax payments, including amount applied return	d from prid	or year's	13				
14	Earned income credit (EIC)			14				
15	Refundable credits from: Schedule 8812 For all 4136 8863 8885 Schedule 8812 For all 4136 Schedule 8812 Schedule 8812 For all 4136 Schedule 8812 Schedule] 2439] 8962 or	15				
16	Total amount paid with request for extension of time tax paid after return was filed						16	
17 Def::::	Total payments. Add lines 12 through 15, column C,	and line 16	j				17	
	nd or Amount You Owe		de a = 10 - 1	المناط	. IDC		40	
18	Overpayment, if any, as shown on original return or a			-			18	
19	ubtract line 18 from line 17 (If less than zero, see instructions.)							
20	nount you owe. If line 11, column C, is more than line 19, enter the difference							
21	ne 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return punt of line 21 you want refunded to you							
22					1 1		22	
_23	Amount of line 21 you want applied to your (enter year	ry:	estima	ited ta		olete ar	nd sian this	form on Page 2.

Form 1040X (Rev. 1-2018) Page **2**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.					A. Original number of exemptions or amount reported or as previously adjusted	B. Net change		C. Correct number or amount	
24		. Caution: If someone							
	dependent, you can't claim an exemption for yourself			24 25					
25	Your dependent children who lived with you								
26	Your dependent children who didn't live with you due to divorce or separation								
27	Other dependents								
28	Total number of exemptions. Add lines 24 through 27								
29	Multiply the number of exemptions claimed on line 28 by the exemption								
	amount shown in the instructions for line 29 for the year you are								
	•	sult here and on line 4 on	. •	29					
30	List ALL dependents (cl	nildren and others) claimed	on this amended return. If	more	than 4 dependent	ts, se	e instructio	ns.	
	(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 instructions)		
Part	Presidential El	ection Campaign Fund	d						
Chec	king below won't increas	se your tax or reduce your	refund.						
	Check here if you didn't	previously want \$3 to go t	to the fund, but now do.						
		nt return and your spouse	did not previously want S	\$3 to	go to the fund, b	ut no	w does.		
Part	•	hanges. In the space prov	<u> </u>			0X.			
	Attach any sup	porting documents and ne	ew or changed forms and	sche	dules.				

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.

based on all information about which the preparer has a	ny knowiedge.				
Sign Here •					
Your signature	Date	Your occupation			
>					
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation			
Paid Preparer Use Only					
Preparer's signature	Date	Firm's name (or yours if self-employed)			
Print/type preparer's name		Firm's address and ZIP code			
Fillit/type preparer's flame		Filli S address and ZIP code			
	Check if sel	f-employed			
PTIN		Phone number	EIN		