

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

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

This return is for calendar year  2017  2016  2015  2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first 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 instructions. Apt. no. Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date.

- Single Head of household (If the qualifying person is a child but not your dependent, see instructions.) Married filing jointly Married filing separately Qualifying widow(er)

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

- Yes No

Use Part III on the back to explain any changes

Income and Deductions

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 1-5: Adjusted gross income, Itemized deductions, Subtract line 2 from line 1, Exemptions, Taxable income.

Tax Liability

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 6-11: Tax, Credits, Subtract line 7 from line 6, Health care, Other taxes, Total tax.

Payments

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 12-15: Federal income tax withheld, Estimated tax payments, Earned income credit, Refundable credits.

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 16-17: Total amount paid with request for extension, Total payments.

Refund or Amount You Owe

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 18-23: Overpayment, Subtract line 18 from line 17, Amount you owe, If line 11, column C, is less than line 19, Amount of line 21 you want refunded to you, Amount of line 21 you want applied to your (enter year):

Complete and sign this form on Page 2.

