

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

► **Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x.****This return is for calendar year** ☐ 2016 ☐ 2015 ☐ 2014 ☐ 2013**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 joint 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 ☐ Qualifying widow(er)
☐ Married filing separately

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

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here	<input type="checkbox"/>	1		
2 Itemized deductions or standard deduction		2		
3 Subtract line 2 from line 1		3		
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29		4		
5 Taxable income. Subtract line 4 from line 3		5		

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions):	6			
7 Credits. If general business credit carryback is included, check here	<input type="checkbox"/>	7		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-		8		
9 Health care: individual responsibility (see instructions)		9		
10 Other taxes		10		
11 Total tax. Add lines 8, 9, and 10		11		

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (If changing , see instructions.)	12			
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17 Total payments. Add lines 12 through 15, column C, and line 16	17			

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	
19 Subtract line 18 from line 17 (If less than zero, see instructions.)	19	
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	
22 Amount of line 21 you want refunded to you	22	
23 Amount of line 21 you want applied to your (enter year): estimated tax	23	

Complete and sign this form on Page 2.

Part I 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.

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	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27	28		
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 amending. Enter the result here and on line 4 on page 1 of this form.	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see 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 instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't 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.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

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.

Sign Here

► Your signature _____ Date _____ ► Spouse's signature. If a joint return, **both** must sign. _____ Date _____

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 _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____