

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

► Information about Form 1040X and its separate instructions is at www.irs.gov/form1040x

OMB No. 1545-0074

(11011. D	Information about Form 1040X and	its:	separate instruction	iis is at	.www.irs.gov/ioi	1111104	OX.		
] 20 year	12 2011 r (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			Spou	 se's social se 	ecurity number	
Current	home address (number and street). If you have a P.O. box, see instru	uctions.			Apt. no. Yo		Your phone number		
City, to	wn or post office, state, and ZIP code. If you have a foreign address,	, also	o complete spaces belo	w (see ii	nstructions).				
Foreign	country name		Foreign province/stat	te/count	у		Foreign pos	tal code	
your fi separa Sing Qua	ided return filing status. You must check one box exiling status. Caution. In general, you cannot change you are returns after the due date. gle	our	filing status from j	ioint to		s of your constant of the cons	our househ tial health o	care coverage, k "No."	
	Use Part III on the back to explain any	ch	anges		A. Original amount or as previously adjusted	amour or (d	et change — nt of increase lecrease) —	C. Correct amount	
1	me and Deductions Adjusted gross income. If net operating loss (included, check here		▶□	1 2	(see instructions)	expla	ain in Part III		
3 4 _5	Subtract line 2 from line 1	де 2	2 and enter the	3 4 5					
Tax L 6	Liability Tax. Enter method(s) used to figure tax (see instructions)	ions	s):	6					
7	Credits. If general business credit carryback in here		▶□	7					
8 9 10	Subtract line 7 from line 6. If the result is zero or less Health care: individual responsibility (see instructions Other taxes			9					
11	Total tax. Add lines 8, 9, and 10	<u>. </u>		11					
12	Federal income tax withheld and excess social secutax withheld (if changing , see instructions)	•		12					
13	Estimated tax payments, including amount applied return			13					
14 15] 24] 88	139 🔲 4136	15					
16	Total amount paid with request for extension of time tax paid after return was filed						. 16		
17	Total payments. Add lines 12 through 16					•	. 17		
	nd or Amount You Owe (Note. Allow up to 16 we				-				
18 19	Overpayment, if any, as shown on original return or a Subtract line 18 from line 17 (If less than zero, see in	-		-					
20									
20 21	•								
	·					um 21 . 22			
22 23	Amount of line 21 you want refunded to you Amount of line 21 you want applied to your (enter yea		estima		x . 23	•			
				_	Comr	alete a	nd sian this	form on Page 2	

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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. N	et change	C. Correct number or amount
24		. Caution. If someone claim an exemption for y	,	24				
25	Your dependent children who lived with you			25				
26				26				
27				27				
28				28				
29				29				
30	List ALL dependents (ch	nildren 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		(d) Check box if qualifying child for child tax credit (see instructions)	
Part		ection Campaign Fund						
	•	ase your tax or reduce you						
	•		to the fund, but now do.					
			e did not previously want S		-		w does.	
Part	•		vided below, tell us why y			0X.		
	► Attach any sup	porting documents and ne	ew or changed forms and	sche	edules.			

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 signa	gn.	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					
	Check if self-employed						
PTIN			Phone number	EIN			