

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** ☐ 2013 ☐ 2012 ☐ 2011 ☐ 2010**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
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 cannot change your filing status from joint to separate returns after the due date.

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

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 28	4			
5 Taxable income. Subtract line 4 from line 3	5			

Tax Liability

6 Tax. Enter method 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 Other taxes	9			
10 Total tax. Add lines 8 and 9	10			

Payments

11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing , see instructions)	11			
12 Estimated tax payments, including amount applied from prior year's return	12			
13 Earned income credit (EIC)	13			
14 Refundable credits from Schedule(s) <input type="checkbox"/> 8812 or <input type="checkbox"/> M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 (2010 or 2011) <input type="checkbox"/> 8839 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14			
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	15			
16 Total payments. Add lines 11 through 15	16			

Refund or Amount You Owe (Note. Allow 8–12 weeks to process Form 1040X.)

17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	17	
18 Subtract line 17 from line 16 (If less than zero, see instructions)	18	
19 Amount you owe. If line 10, column C, is more than line 18, enter the difference	19	
20 If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return	20	
21 Amount of line 20 you want refunded to you	21	
22 Amount of line 20 you want applied to your (enter year): estimated tax . 22		

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
23	Yourself and spouse. Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself	23		
24	Your dependent children who lived with you	24		
25	Your dependent children who did not live with you due to divorce or separation	25		
26	Other dependents	26		
27	Total number of exemptions. Add lines 23 through 26	27		
28	Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	28		
29	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 will not increase your tax or reduce your refund.

- ☐ Check here if you did not 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.

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 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 _____