

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*.

		2013 2012 vear (month and year	endeo	ł):			
Your fire	st name and initial	Last name			Your social security number		
lf a joint	return, spouse's first name and initial	Last name			Spouse's social security number		
			A				
Current	home address (number and street). If you have a P.O. box, see instru	uctions.		Apt. no.	Your phone number		r
City, tov	vn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	ow (see i	nstructions).	•		
Foreign country name Foreign province/state/county Foreign posta			al code				
your fi	ded return filing status. You must check one box even ling status. Caution: In general, you cannot change y ate returns after the due date.	our filing status from	joint t	ht to If all members of your household have full- year minimal essential health care coverage			
	ried filing jointly your dependent, see instructions.						
🗌 Mar	ried filing separately Qualifying widow(er)			Ye	s		lo
	Use Part III on the back to explain any	changes		A. Original amount or as previously adjusted	amour or (d	et change – nt of increase ecrease) –	C. Correct amount
	ne and Deductions			(see instructions)	expla	in in Part III	
1	Adjusted gross income. If net operating loss (I included, check here		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	e 2 and enter the					
	amount from line 29		4				
5	Taxable income. Subtract line 4 from line 3		5				
6	Tax. Enter method(s) used to figure tax (see instructi	ons):	6				
7	Credits. If general business credit carryback is	_					
•	here		7				
8	Subtract line 7 from line 6. If the result is zero or less		8				
9 10	Health care: individual responsibility (see instructions Other taxes		9 10				
11	Total tax. Add lines 8, 9, and 10 .		11				
Paym							
12	Federal income tax withheld and excess social secu	rity and tion 1 DDTA					
12			12				
13	Estimated tax payments, including amount applied						
	return	· ·	13				
14	Earned income credit (EIC)		14				
15		2439 4136					
	8801 8863 8885	8962 or					
40	other (specify): Total amount paid with request for extension of time	a to file, tax paid wit	15	nal ratura and a	dditio	nal	
16	tax paid after return was filed	· ·		,			
17	Total payments. Add lines 12 through 16						
Refur	nd or Amount You Owe						
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS						
19	Subtract line 18 from line 17 (If less than zero, see instructions.) 1 19						
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference						
21 22	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return21Amount of line 21 you want refunded to you22						
22 23	Amount of line 21 you want refunded to you Amount of line 21 you want applied to your (enter yea		 ated ta	1 1		. 22	
20	Autourit of find 21 you want applied to your (effet yea	<u></u> coull			olete a	nd 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 F	Form 1040 or Form 1040	A instructions and Form 1	040X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. N	let change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you cannot claim an exemption for yourself							
25								
26	Your dependent children who did not 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 amending. Enter the result here and on line 4 on page 1 of this form.							
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 ye		L	(d) Check box if qualifyin child for child tax credit (instructions)	
_			-					
Par	Presidential El	ection Campaign Fund	d					
Chec	king below will not incre	ase your tax or reduce you	ur refund.					
	Check here if you did not previously want \$3 to go to the fund, but now do.							
	Check here if this is a jo	int return and your spouse	e did not previously want \$	\$3 to	go to the fund, b	ut no	w 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 si	gnature. If a joint return, both	n 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 addr	ess and ZIP code				
	Check if se	elf-employed					
PTIN			Phone number	EIN			
For forms and publications, visit IRS.gov.				Form	n 1040X (Rev. 1-2016)		