

▶ See separate instructions.

This return is for calendar year ▶ 19 , OR fiscal year ended ▶ , 19 .

Please print or type	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.	Telephone number (optional) ( )
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		<b>For Paperwork Reduction Act Notice, see page 1 of separate instructions.</b>

- A** If the name or address shown above is different from that shown on the original return, check here . . . . . ▶
- B** Has original return been changed or audited by the IRS or have you been notified that it will be? . . .  Yes  No  
If notified that it will be, identify the IRS office ▶
- C** If you are amending your return to include any item (loss, credit, deduction, other tax benefit, or income) relating to a tax shelter required to be registered, attach **Form 8271**, Investor Reporting of Tax Shelter Registration Number, and check here . . . . . ▶
- D** Filing status claimed. **Note:** You cannot change from joint to separate returns after the due date has passed.
- On original return ▶  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)  
On this return ▶  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)

Income and Deductions (see instructions)		A. As originally reported or as previously adjusted (see instructions)	B. Net change—Increase or (Decrease)—explain on page 2	C. Correct amount
USE PART II ON PAGE 2 TO EXPLAIN ANY CHANGES				
	1 Adjusted gross income (see instructions) . . . . .	1		
	2 Itemized deductions or standard deduction . . . . .	2		
	3 Subtract line 2 from line 1 . . . . .	3		
	4 Exemptions. If changing, fill in Parts I and II on page 2 . . . . .	4		
	5 Taxable income. Subtract line 4 from line 3 . . . . .	5		
Tax Liability	6 Tax (see instructions). Method used in col. C . . . . .	6		
	7 Credits (see instructions) . . . . .	7		
	8 Subtract line 7 from line 6. Enter the result but not less than zero . . . . .	8		
	9 Other taxes (see instructions) . . . . .	9		
	10 Total tax. Add lines 8 and 9 . . . . .	10		
Payments	11 Federal income tax withheld and excess social security, Medicare, and RRTA taxes withheld. If changing, see instructions	11		
	12 Estimated tax payments . . . . .	12		
	13 Earned income credit . . . . .	13		
	14 Credits for Federal tax paid on fuels, regulated investment company, etc.	14		
	15 Amount paid with Form 4868, Form 2688, or Form 2350 (applications for extension of time to file) . . . . .	15		
	16 Amount of tax paid with original return plus additional tax paid after it was filed . . . . .	16		
	17 Total payments. Add lines 11 through 16 in column C . . . . .	17		
<b>Refund or Amount You Owe</b>				
	18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	18		
	19 Subtract line 18 from line 17 (see instructions) . . . . .	19		
	20 <b>AMOUNT YOU OWE.</b> If line 10, column C, is more than line 19, enter the difference and see instructions . . . . .	20		
	21 If line 10, column C, is less than line 19, enter the difference . . . . .	21		
	22 Amount of line 21 you want <b>REFUNDED TO YOU</b> . . . . .	22		
	23 Amount of line 21 you want <b>APPLIED TO YOUR 19 ESTIMATED TAX</b>   23	23		

**Sign Here** 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 of which the preparer has any knowledge.

Keep a copy of this return for your records. ▶ Your signature \_\_\_\_\_ Date \_\_\_\_\_ ▶ Spouse's signature. If a joint return, BOTH must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no. _____
Firm's name (or yours if self-employed) and address ▶	EIN	ZIP code	

