

▶ 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. _____		For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Enter name and address as shown on original return. If same as above, write "Same." If changing from separate to joint return, enter names and addresses from original returns.

A Service center where original return was filed _____	B Has original return been changed or audited by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," have you been notified that it will be? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," identify the IRS office ▶ _____
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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 (such as self-employment tax, alternative minimum tax, etc.)	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 (application 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		
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 (see instructions)	19		
	20 AMOUNT YOU OWE. 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 REFUNDED TO YOU	22		
	23 Amount of line 21 you want APPLIED TO YOUR 19 ESTIMATED TAX 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 _____
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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 ▶ _____	E.I. No. _____	ZIP code _____	

