

▶ 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>

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?  Yes  No  
If "No," have you been notified that it will be? . . . .  Yes  No  
If "Yes," identify the IRS office ▶

**C** Are you amending your return to include any item (loss, credit, deduction, other tax benefit, or income) relating to a tax shelter required to be registered? . . . .  Yes  No  
If "Yes," you must attach **Form 8271**, Investor Reporting of Tax Shelter Registration Number.

**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
<b>Caution:</b> Be sure to complete Part II on page 2.				
	1 Total income . . . . .	1		
	2 Total adjustments (such as IRA deduction, alimony paid, etc.)	2		
	3 Adjusted gross income. Subtract line 2 from line 1 . . . . .	3		
	4 Itemized deductions or standard deduction . . . . .	4		
	5 Subtract line 4 from line 3 . . . . .	5		
	6 Exemptions. If changing, fill in Parts I and II on page 2 . . . . .	6		
	7 Taxable income. Subtract line 6 from line 5 . . . . .	7		
Tax Liability	8 Tax (see instructions). Method used in col. C . . . . .	8		
	9 Credits (see instructions) . . . . .	9		
	10 Subtract line 9 from line 8. Enter the result but not less than zero . . . . .	10		
	11 Other taxes (such as self-employment tax, alternative minimum tax, etc.)	11		
	12 Total tax. Add lines 10 and 11 . . . . .	12		
Payments	13 Federal income tax withheld and excess social security, Medicare, and RRTA taxes withheld. If changing, see instructions	13		
	14 Estimated tax payments . . . . .	14		
	15 Earned income credit . . . . .	15		
	16 Credits for Federal tax paid on fuels, regulated investment company, etc.	16		
	17 Amount paid with Form 4868, Form 2688, or Form 2350 (application for extension of time to file) . . . . .	17		
	18 Amount paid with original return plus additional tax paid after it was filed . . . . .	18		
	19 Total payments. Add lines 13 through 18 in column C . . . . .	19		
<b>Refund or Amount You Owe</b>				
	20 Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	20		
	21 Subtract line 20 from line 19 (see instructions) . . . . .	21		
	22 <b>AMOUNT YOU OWE.</b> If line 12, column C, is more than line 21, enter the difference and see instructions . . . . .	22		
	23 <b>REFUND</b> to be received. If line 12, column C, is less than line 21, enter the difference . . . . .	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  Preparer's social security no. \_\_\_\_\_  
Firm's name (or yours if self-employed) and address ▶ \_\_\_\_\_ E.I. No. \_\_\_\_\_  
ZIP code \_\_\_\_\_

