Form **1040X**

(Rev. January 2019)

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

► **Go to *www.irs.gov/Form1040X* for instructions and the latest information.**

OMB No. 1545-0074

This return is for calendar year ☐ 2018 ☐ 2017 ☐ 2016 ☐ 2015

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**

Current 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 can't change your filing status from a joint return to separate returns after the due date.

☐ **Full-year health care coverage (or, for 2018 amended returns only, exempt).** See inst.

☐ 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 page 2 to explain any changes

			A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
Income and Deductions					
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► ☐	**1**			
2	Itemized deductions or standard deduction	**2**			
3	Subtract line 2 from line 1	**3**			
4a	Exemptions. (amended returns for years before 2018 only). **If changing,** complete Part I on page 2 and enter the amount from line 29	**4a**			
b	Qualified business income deduction (2018 amended returns only)	**4b**			
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	**5**			
Tax Liability					
6	Tax. Enter method(s) used to figure tax (see instructions):	**6**			
7	Credits. If a general business credit carryback is included, check here ► ☐	**7**			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	**8**			
9	Health care: individual responsibility (see instructions)	**9**			
10	Other taxes	**10**			
11	Total tax. Add lines 8, 9, and 10	**11**			
Payments					
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	**12**			
13	Estimated tax payments, including amount applied from prior year's return	**13**			
14	Earned income credit (EIC)	**14**			
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	**15**			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	**16**			
17	Total payments. Add lines 12 through 15, column C, and line 16	**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. (If less than zero, see instructions.)	**19**			
20	**Amount you owe.** If line 11, column C, is more than line 19, enter the difference	**20**			
21	If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	**21**			
22	Amount of line 21 you want **refunded to you**	**22**			
23	Amount of line 21 you want **applied to your (enter year):** **estimated tax**	**23**			

Complete and sign this form on page 2.