Department of the Treasury - Internal Revenue Service

## **Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev.Jan	uary 2017) ► Information about Form 1040X and its separa	ate instr	uction	ns is at	www.irs	gov/f	orm1040x	<b>7.</b>		
This re	turn is for calendar year 2016 2015 2014 200	13								
Other	year. Enter one: calendar year or fiscal year (month	n and ye	ar end	ed):						
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, tow	n or post office, state, and ZIP code. If you have a foreign address, also complete spaces be	elow (see in	nstruction	ns).						
Foreign country name			Foreign province/state/county					Foreign postal code		
					T					
	ded return filing status. You must check one box even if you are no	-								
your filing status. Caution: In general, you cannot change your filing status			•				•	ousehold have full-		
separate retums after the due date.								al health care coverage,		
Sin	gle	n is a chi					Otherwise,	e, check "No."		
Mar	ried filing jointly your dependent, see instructions.)				(See ins	tructio	ns.)			
Mar	ried filing separately Qualifying widow(er)					<u> </u>	es	No		
Use Part III on page 2 to explain any changes				or as previously amo			amount of i	Net change - Int of increase decrease) - C. Correct amount		
Incor	ne and Deductions			(see	instructions	'	explain in	Part III		
1	Adjusted gross income. If net operating loss (NOL) carryback is									
	included, check here	<b>▶</b> □	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 2 and enter the	ne								
	amount from line 29		4							
5	Taxable income. Subtract line 4 from line 3		5							
Tax L	iability									
6	Tax. Enter method(s) used to figure tax (see instructions):		6							
7	Credits. If general business credit carryback is included, check									
•	here	<b>▶</b> □	7							
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-		8							
_			9							
9 10										
	Other taxes		10							
Payn			11							
-		ЭΤΛ								
12	Federal income tax withheld and excess social security and tier 1 RF	VIA.	42							
12	tax withheld ( <b>If changing</b> , see instructions.)		12							
13			42							
14	retum		13 14							
		]	14							
15		2439								
	4136	8962 or	4.5							
40	other (specify):	200	15		- 4.00					
16	Total amount paid with request for extension of time to file, tax paid w	•						4.0		
	tax paid after retum was filed						16			
17 Def:::	Total payments. Add lines 12 through 15, column C, and line 16 .							17		
	nd or Amount You Owe									
18	Overpayment, if any, as shown on original return or as previously adj							· ·		
19	Subtract line 18 from line 17 (If less than zero, see instructions.)									
20	Amount you owe. If line 11, column C, is more than line 19, enter									
21	If line 11, column C, is less than line 19, enter the difference. This is			verpaid	I on this r	eturn				
22	Amount of line 21 you want <b>refunded to you</b>							22		
23	Amount of line 21 you want applied to your (enter year):	estima	ted tax	ι.	. 23					