

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. Ja	nuary 2019) ► Go to www.irs.gov/Form104	40X for instructions	and the	latest information	١.				
This r	eturn is for calendar year 🗌 2018 📗 2017 📗	2016 2015							
Other	year. Enter one: calendar year or fiscal y	ear (month and yea	r ende	d):					
Your fire	t name and initial	Last name	Your social security number						
If a joint	return, spouse's first name and initial	Last name	st 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, tov	vn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces be	low. See	e instructions.					
Foreign	country name	Foreign province/state/county			Fo	Foreign postal code			
chang from a	ded return filing status. You must check one box eving your filing status. Caution: In general, you can't conjoint return to separate returns after the due date. gle Married filing jointly Married filing sead of household (If the qualifying person is a child but	hange your filing st	ılifying	2018 amende widow(er)			erage (or, for kempt). See inst.		
	Use Part III on the back to explain any changes			A. Original amount reported or as previously adjusted	amount of increase		C. Correct amount		
Incor	ne and Deductions			(see instructions)		in Part III			
1	Adjusted gross income. If a net operating loss (NOL) included, check here	-] ₁						
2	Itemized deductions or standard deduction		<u> </u>						
3	Subtract line 2 from line 1		3						
4a	Exemptions (amended returns for years before 2018 complete Part I on page 2 and enter the amount from	only). If changing							
b	Qualified business income deduction (2018 amended								
5	Taxable income. Subtract line 4a or 4b from line 3.	• ,							
3	or less, enter -0		_						
Tax I	iability	<u> </u>	+						
6	Tax. Enter method(s) used to figure tax (see instructi	ons).							
·	Take Eliter memorale, access to higher take (coordinates)	J. 13).	6						
7	Credits. If a general business credit carryback is included, check here ▶ □								
8	Subtract line 7 from line 6. If the result is zero or less, enter -0								
9	Health care: individual responsibility (see instructions	s)	9						
10	Other taxes		10						
11	Total tax. Add lines 8, 9, and 10		11						
Paym	ents								
12	Federal income tax withheld and excess social secutax withheld. (If changing , see instructions.)	rity and tier 1 RRTA	12						
13	Estimated tax payments, including amount applied return		13						
14	Earned income credit (EIC)		14						
15	· · · <u>—</u>	orm(s) 🗌 2439							
	□ 4136 □ 8863 □ 8885	☐ 8962 or							
	other (specify):		15						
16	Total amount paid with request for extension of time	e to file, tax paid w	ith orio	inal return, and a	addition	al			
	tax paid after return was filed	•	_			16			
17	Total payments. Add lines 12 through 15, column C,	and line 16				17			
Refu	nd or Amount You Owe								
18	Overpayment, if any, as shown on original return or a	as previously adjust	ed by	the IRS		18			
19	ubtract line 18 from line 17. (If less than zero, see instructions.)								
20	nount you owe. If line 11, column C, is more than line 19, enter the difference								
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return								
22	Amount of line 21 you want refunded to you			1 1		22			
23	Amount of line 21 you want applied to your (enter ye	ear): esti	mated						
				Comi	plete and	I sian this	form on page 2.		

Form 1040X (Rev. 1-2019) Page **2**

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 return).

your 2	o ro rotarrij.								
CAUTION	For 2018 amended returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Form 1040 or, for amended returns for years before 2018, the Form 1040A instructions. See also the Form 1040X instructions.				A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount		
24	dependent, you	spouse. Caution: If so a can't claim an exempt ave line blank	ion for yourself. If ame	ending your	24				
25	26 Your dependent children who didn't live with you due to divorce or separation			25					
				26					
27	•	nts			27				
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 return, leave line blank			28					
29	amount shown amending. Enter	mber of exemptions claing the instructions for the result here and or 2018 return, leave line be	or line 29 for the yean line 4a on page 1 of t	ar you are this form. If	29				
30		dents (children and othe				re than 4 depend	dents, see inst. a	ınd ✓ here ► 🗌	
Depen	dents (see instruc	tions):				(d) √if q	(d) √if qualifies for (see instructions):		
(a) First name Last name		Last name	(b) Social security number	(c) Relation to you		Child tax cred		ther dependents ded returns only)	
			<u> </u>						
Part		ntial Election Campa	<u> </u>						
	-	increase your tax or red	=						
	Check here if you didn't previously want \$3 to go to the fund, but now do.								
		is a joint return and yo							
Part	•	tion of Changes. In th					1040X.		
	► Attach a	any supporting docume	nts and new or change	ed forms and	l sche	dules.			

Remember to keep a copy of this form for your records.

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 about which the preparer has any knowledge.

based on all information about which the preparer has a	ny knowieage.				
Sign Here ▶					
Your signature	Date	Your occupation			
•					
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation			
Paid Preparer Use Only					
•					
Preparer's signature	Date	Firm's name (or yours if self-employed)			
Print/type preparer's name		Firm's address and ZIP code			
	Check if	self-employed			
PTIN		Phone number	EIN		