

<u> </u>			is for calendar year ►, or fiscal year							, .	
	Your first name and initial			Last name					Your social security number		
it or type	If a joint return, spouse's first name and initial Last name							Spouse's social security number			
se print	Home address (no. and street) or P.O. box if mail is not delivered to your home				e Apt. 1				Phone number		
Please	City, town or post office, state, and ZIP code. If you have a foreign address, see page 2 of the instructions.								For Paperwork Reduction Act Notice, see page 6.		
В	B Has the original return been changed or audited by the IRS or have you been notified that it will be?										
			Jse Part II on the Back to Explain any Chang	es		A. Original ame as previously a (see page	djusted	B. Net cl amount of or (decre	increase ease)—	C. Correct amount	
ity	1 2 3 4 5 6	Adj Iten Sub Exe Tax	Income and Deductions (see pages 2–6) usted gross income (see page 3)	3) ck . 	1 2 3 4 5 6			explain ii	n Part II		
Tax Liability	7 8 9 10	Cre Sub Oth	dits (see page 4) . tract line 7 from line 6. Enter the result but not less than er taxes (see page 4) . al tax. Add lines 8 and 9 .	zero .	7 8 9 10						
Payments	12 13 14 15 16 17	RR ⁻ Esti yea Ear Ado Cre Amo	eral income tax withheld and excess social securit TA tax withheld. If changing, see page 4 mated tax payments, including amount applied from r's return	n prior 				·	. <u>16</u> . <u>17</u>		
	18	lota	al payments. Add lines 11 through 17 in column C		•				. 18		
	19 20 21 22 23 24	Sub Am If lii Am	ount you owe. If line 10, column C, is more than line ne 10, column C, is less than line 20, enter the d pount of line 22 you want refunded to you	previou 20, enter ifference	the o	difference and	 d see j	 bage 5	19 20 21 22 23		
24 Am Sign Here Joint return? See page 2. Keep a copy for your records.		n? 2. py for	Under penalties of perjury, I declare that I have filed an original re and statements, and to the best of my knowledge and belief, th taxpayer) is based on all information of which the preparer has a	nis amende	at I ha d retui	ve examined this	ct, and (complete. D	Declaration	of preparer (other than	
Paid Preparer's Use Only			Preparer's signature		Date		Check if self-emp	:		er's SSN or PTIN	
			Firm's name (or yours if self-employed), address, and ZIP code				EI	· _) 		

Form	1040X (Rev. 11-2001))									Page 2	
Pa	t I Exemptions. See Form 1040 or 104 If you are not changing your exemptions, d If claiming more exemptions, complete lines If claiming fewer exemptions, complete lines			do not complete this part. s 25–31.		A. Original number of exemptions reported or as previously adjusted		B. Net chanç		Je C. Correc number o exemption		
25	Yourself and spouse											
26												
20 27	Your dependent children who did not live with you due to divorce or separation											
28	Other depender				28 29							
29		Total number of exemptions. Add lines 25 through 28										
30	Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.											
	Tax year	Exemption amount	line	ee the instructions for e 4 on page 3 if the unt on line 1 is over:								
	2001 2000 1999 1998	\$2,900 2,800 2,750 2,700		\$99,725 96,700 94,975 93,400	30							
31	Dependents (ch	return:					n on line					
	(a) First name	Last nar	(b) Dependent's social security number		(c) Dependent's relationship to you		(d) ✓ if qualifying child for child tax credit (see page 5)		31 who: ● lived with you			
								 did not live with you due to 				
									divorce	divorce or		
										separation (see page 5)		
									Depen	dents		
									on line	31 not		
									entered	d above 🕨		

Part II Explanation of Changes to Income, Deductions, and Credits

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

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