

Department of the Treasury—Internal Revenue Service Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Hev.	See	e separate instructions.			
Your	irst name and middle initial	Your last name	Your	social sec	urity number
lf a jo	int return, your spouse's first name and middle initial	Your spouse's last name	Yours	pouse's s	ocial security number
Your	current home address (number and street). If you have a P.O. box,	see page 5 of the instructions.	Apt. no. Your	phone nur	mber
Your	city, town or post office, state, and ZIP code. If you have a foreign	n address, see page 5 of instruction	ons.		
All fi	lers must complete lines A, B, and C.				
Α	Amended return filing status. You must check one b	_	ging your filing status.	Cautio	n. You cannot
	change your filing status from joint to separate returns	_			
		Married filing separately qualifying person is a child but r	act your dependent, see	nago 5 o	finetructions)
В	This return is for calendar year 2009 2008	2007 2006	iot your dependent, see	Jage J O	i ilistractions.j
		iscal year (month and year e	ended):		
С	Explanation of changes. In the space provided below	w, tell us why you are filing F	orm 1040X.		
Inco	me and Deductions				Correct Amount
	Adjusted gross income (see page 6 of instructions). If net op-			1	
	Itemized deductions or standard deduction (see page	,		2	
				3	
4	Exemptions. If changing, complete the Exemptions line 30 (see page 6 of instructions)			om 4	
5	Taxable income. Subtract line 4 from line 3			5	
	Liability				
6	Tax (see page 7 of instructions). Enter method used to	o figure tax:		6	
	Credits (see page 8 of instructions). If general busines	-		7	
	Subtract line 7 from line 6. If the result is zero or less,			8	
	, , ,			9	
	Total tax. Add lines 8 and 9		<u> </u>	10	
	Federal income tax withheld and excess social securit	tv and tier 1 RRTA tax withh	eld (if changing		
•	see page 8 of instructions)			11	
12	Estimated tax payments, including amount applied fro		age 8 of instructions)	12	
13	Earned income credit (EIC) (see page 8 of instructions			13	
14	Refundable credits from Schedule M or Form(s)	2439	8801 8812		
	8863 8885 or other (specify):			14	
15	Total amount paid with request for extension of time to additional tax paid after return was filed (see page 9 o			15	
16	Total payments. Add lines 11 through 15			16	
	und or Amount You Owe (Note. Allow 8-12 weeks				
	Overpayment, if any, as shown on original return or as		IRS (see page 9		
	of instructions)			17	
	Subtract line 17 from line 16 (If less than zero, see page	=		18	
19	Amount you owe. If line 10 is more than line 18, enter		·		
20	If line 10 is less than line 18, enter the difference. This			20	
21 22	Amount of line 20 you want refunded to you Amount of line 20 you want applied to your (enter ye	ear): estimated		21	
	Amount of fine 20 you want applied to your letter ye	estimated		nd sian t	his form on Page 2.

Form 1040X (Rev. 01-2010)

Exemptions

Complete this part only if you are:

• Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or

• Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina or a Midwestern disaster.

See	Form 1040 or Form 104	10A instructions and page 10	of Form 1040X instruction	S.		Correct Number or Amount
23	Yourself and spouse. Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself					
	Your dependent children who lived with you					
	•	en who did not live with you			25	
	•		•		26	
27	' Total number of exemptions. Add lines 23 through 26					
28	Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the					
	instructions for line 28 for the year you are amending (see page 10 of instructions)					
29	If you are claiming an e					
		4, line 6 for 2006. If you are				
	displaced by a Midwes	stern disaster, enter the amou	unt from Form 8914, line 2 fo	or 2008, or line 6 for 2009	29	
		Enter the result here and on I			30	
31	List ALL dependents (chil	dren and others) claimed on this	amended return. If more than	4 dependents, see page 10 in	struction	S
	(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	child for	ck box if qualifying child tax credit (see 10 of instructions)
Che	Check here if you did and the Check here if this is a pecklist or emailing this form, respectively. Complete lines A, B, and Complete lines 1 throus Complete lines 23 throus Check here if you did a check here if this is a pecklist here if this is a pecklist here.	rease your tax or reduce you not previously want \$3 to go joint return and your spouse member to less, and social security numind C on page 1 ligh 22 on page 1 lough 31 on page 2, if required documents and new or challed the province of the security of the security numinum to the security numi	to the fund, but now do. did not previously want \$3 ber	to go to the fund, but nov	v does.	
	gn Here nember to keep a copy	of this form for your reco	rds.			
sche	dules and statements, and	clare that I have filed an original d to the best of my knowledge a on all information about which th	and belief, this amended return	is true, correct, and complete		

Your signature	Date	Spouse's signa	ature. If a joint return, both must siç	gn.	Date
Paid Preparer's Use Only					
Preparer's signature	Date				
		Firm's name (o	r yours if self-employed), address,	and ZIP code	
	Check if self-employed				
Preparer's SSN or PTIN			Phone number		FIN