## Department of the Treasury—Internal Revenue Service

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

OMB No. 1545-0091 Expires 4-30-88

(110	v. Octob	er 1963)								
Tł	nis reti	urn is for calendar year ▶ 19 , OR fiscal year e	nded	<b>•</b>				, 19		
type	Your first name and initial (if joint return, also give spouse's name and initial)  Last name							Your social security number		
Please print or	Present home address (number and street, including apartment number, or rural route)							Spouse's social security number		
Please	City, town or post office, state, and ZIP code							Telephone number (optional)		
Ent	ter below urns. ( <b>No</b>	name and address as shown on original return (if same as above, write ''Same''). If ch te: You cannot change from joint to separate returns after the due date has passed.)	anging t	from separa	ate to joint	return, enter na	ames and	addresses use	ed on original	
a	Servic	b Has original return was filed If "No," have you be If "Yes," identify If	oeen n	otified th	_	-				
5	tax sh	ou amending your return to include any item (loss, credit, deduction lelter required to be registered?							s 🗆 No	
d	Filing On orig	Filing status claimed. (Note: You cannot change from joint to separate returns after the due date has passed.)  On original return .								
	•	Income and Deductions		A. As or report adjust	originally ed or as ted (see ictions)	B. Net ch Increa (Decrease) on pa	hange— ase or )—explair	<b>c</b> . c	Correct	
	2 A 3 A 4 D 5 S	Total income (see instructions)	1 2 3 4 5 6 7							
l ax Liability	8 T 9 C 10 S 11 C	Tax (see instructions). (Method used in col. C	8 9 10 11 12						1-1-1	
ayments	13 F 14 E 15 E 16 C	Federal income tax withheld and excess FICA and RRTA tax withheld estimated tax payments	13 14 15							
<b>L</b>	18 A	mount paid with Form 4868, Form 2688, or Form 2350 (application and the paid with original return, plus additional tax paid after it was solumn C	filed				17 18 19			
		Refund or Amount You Owe				<u> </u>				
	20 Overpayment, if any, as shown on original return (or as previously adjusted by IRS)						20	, ]		
		Subtract line 20 from line 19 (see instructions)					21			
		MOUNT YOU OWE. If line 12, col. C, is more than line 21, enter di				I with this retu	ırn 22			
	23 R	REFUND to be received. If line 12, column C, is less than line 21, er	iter dit	fference			23			
giá	ease gn	Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including					iding acco parer (oth	ompanying scl er than taxpay	nedules and yer) is based	
le	re	Your signature Date		<b>- ▶</b>	Spouse's	signature (if filir				
ai re	d parer's	signature	ate		Check it self-em		Prepa	rer's social se	curity no.	
	Only	yours, if self-employed)				E.I. No.		1		
		and address			1	ZIP code				

Forr	n 1040X (Rev. 10-85)								Page 2
Pa	Exemptions (see Form 1 If claiming more exemption If claiming fewer exemption	is, complete lines 1-	<b>9</b> .	s)	0	Number riginally eported	B. Net change	C. Corr numb	
1	Exemptions—yourself and spouse,	65 or over, blind .		1					
2	Your dependent children who lived			2					
3	If amending your 1985 return, your o	-		h you 3					
4	Other dependents	•		_   A					
5	Total exemptions (add lines 1 through			1 - 1					
6	Multiply \$1,040 (\$1,000, for tax y number of exemptions claimed on page 1, line 6	ears beginning before line 5. Enter this a	e 1985) by the mount here and	total d on					
7	First names of your dependent child				origina	al return:	!	Enter number ▶	
8	If amending your 1985 return, first claimed on original return (see instr	names of your depen ructions). (If pre-1985	dent children w agreement, ch	ho did not liv eck here 🔲	/e with	n you and w	vere not	Enter number ▶	
9	Other dependents not claimed on or		(c) Number	(d) Did depen	ndent	(e) Did you p	provide		
	(a) Name	(b) Relationship	of months lived in your home	(\$1,000, for tax beginning before or more?	years (1985)	more than or of dependent support	ent's		
								Enter number ▶	
P	art II Explanation of Changes t	to Income. Deduct	ions. and Cre	dits					
	Enter the line number from forms and schedules for item he change pertains to a net operatir	page 1 for each item ms changed. Be sure	you are changi to include you	ng and give r name and	socia	l security	no. on any att	achments.	
	rie change pertains to a het operatir e schedule or form that shows the yea								
_									
_				1 100					
								-1,	
_									
P	art III Presidential Election Ca Checking below will not inc		duce your refu	nd.					
	ou did not previously want to have \$ oint return and if spouse did not prev			 I, but now wa			· · · · ·	Check here Check here	_