OMB No. 1545-0091

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

| <u> </u> | | turn | , I | fiscal year ende | | | | | | . 19 | |
|------------------------|---|--|--|-----------------------|-----------|--|-------------------------------|------------------------|-----------------------------|-----------------------------------|--------------------------|
| | | Your first name and initial Last name | | | | | Y | | al security | number | |
| /be | Lost name | | | | | | | | | | |
| Please print or type | If a joint return, spouse's first name and initial Last name | | | | | t name | | s | pouse's s | ocial securit | y number |
| se prir | Home address (number and street). If you have a P.O. box, see instructions. | | | | | Apt. no. | | | Telephone number (optional) | | |
| Pleas | Cit | City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. | | | | | | | | rwork Redu ee page 1 of ns. | |
| Λ | If th | . no | me er address shown above is different | from that about | on the | original ratu | rn obook b | oro | | | . \Box |
| | | | me or address shown above is different inal return been changed or audited by | | | | | | | · · · | |
| | If no | otifie | d that it will be, identify the IRS office | | | | | | • • | ☐ Yes | □ No |
| с | she | If you are amending your return to include any item (loss, credit, deduction, other tax benefit, or income) relating to a tax shelter required to be registered, attach Form 8271 , Investor Reporting of Tax Shelter Registration Number, and check here | | | | | | | | | |
| D | Filin | Filing status claimed. Note: You cannot change from joint to separate returns after the due date has | | | | | | | | | |
| | On original return ► Single | | | | | | | | _ | Qualifying Qualifying | |
| | | | Income and Deductions (see inst | ructions) | | A. As originate reported or | | let chan icrease | | C . Co | rrect |
| | LISE DADT II ON DACE 2 TO EVELAIN ANY CHANGES previously adjusted (Decrea: | | | | | | | explain | amo | | |
| | 1 | • | usted gross income (see instructions) . | | 1 | | | | | | |
| | 2 | | nized deductions or standard deduction | | 3 | | | | | | |
| | 3 4 | Suc | otract line 2 from line 1 | | | | | | | | |
| | 5 | Tax | able income. Subtract line 4 from line 3 | | 5 | | | | | | |
| Ę | 6 | | (see instructions). Method used in col. (| | 6 | | | | | | |
| ij | 7 | | dits (see instructions) | | 7 | | | | | | |
| Ë | 8 Subtract line 7 from line 6. Enter the result but not less than zer | | | | 8 | | | | | | |
| Tax Liability | 9 10 | Oth | er taxes (see instructions)al tax. Add lines 8 and 9 | | 1 | | | | | | |
| $\overline{}$ | | | | oppiel congrity | 10 | | | | | | |
| | 11 | | eral income tax withheld and excess dicare, and RRTA taxes withheld. If changing | | 11 | | | | | | |
| ıts | 12 | | mated tax payments | | 12 | | | | | | |
| ayments | 13 | | ned income credit | | 13 | | | | | | |
| ayı | 14 | | lits for Federal tax paid on fuels, regulated investr | | 14 | | | | 15 | | |
| ۵ | | | mount paid with Form 4868, Form 2688, or Form 2350 (applications for extension of time to file) . | | | | | | | | |
| | 16 17 | | | | | | | | 16 17 | | |
| _ | | Refund or Amount You Owe | | | | | | | | | |
| | 18 | Ove | erpayment, if any, as shown on original re | | | djusted by th | e IRS . | | 18 | | |
| | 19 | 9 Subtract line 18 from line 17 (see instructions) | | | | | | | 19 20 | | |
| | 20 | | AMOUNT YOU OWE. If line 10, column C, is more than line 19, enter the difference and see instruc- | | | | | | | | |
| | 21 | | | | | | | | 21 | | |
| | 22 23 | | ount of line 21 you want REPONDED TO Y | | IMATE | D TAX 23 | | | 22 | | |
| Sig | gn ere | | Under penalties of perjury, I declare that I have filed and statements, and to the best of my knowledge taxpayer) is based on all information of which the p | and belief, this amen | nded retu | ve examined this rn is true, correc | amended retu t, and comple | ırn, inclu te. Decl | uding acc laration o | companying of preparer (| schedules (other than |
| Kee | рас | copy eturn | | I | | | | | | 1 | |
| for | your | | Your signature | Date | - | Spouse's signatu | ire. If a loint rote | ırn P∩™ | TH must s | ign. Dat | te. |
| Pai | ords. d | | Preparer's signature | Date | Date | Cr | neck if | | | r's social se | |
| Preparer's Use Only | | - 1 | Firm's name (or | | | se | elf-employed | | | <u> </u> | |
| | | у | yours if self-employed) and address | | | | ZIP cod | de | | | |

| Form | 1040X (Rev. 10-95) | | | | | | | | | Pag | је 2 |
|-------|--|---|--|---|-----------|------------------------------------|------------------------|------------------------------------|--------------------------|-----------------------|-------------|
| Pa | rt I Exemption instruction | | 1040, Form 1 | 040A, or Fori | m 1040 |)-T | A . Nur | mher | | 0.0 | |
| | If you are not changing your exemptions , do not complete this part. If claiming more exemptions , complete lines 24–30 and, if applicable, line If claiming fewer exemptions , complete lines 24–29. | | | | | | originally reported | | B. Net change | C. Correct number | |
| 24 | Yourself and spo | NISE | | | | 24 | | | | | |
| | Caution: If your parents (or someone else) can claim you as a dependent | | | | | | | | | | |
| | (even if they chose not to), you cannot claim an exemption for yourself. | | | | | | | | | | |
| 25 | Your dependent children who lived with you | | | | | | | | | | |
| 26 | Your dependent children who did not live with you due to divorce or | | | | | 26 | | | | | |
| | separation | | | | | | | | | | |
| 27 | Other dependents | | | | | 27 28 | | | | + | — |
| 28 | | Total number of exemptions. Add lines 24 through 27 | | | | | | | | | — |
| 29 | Multiply the number of exemptions claimed on line 28 by the amount listed below for the tax year you are amending. Enter the result here and on line 4. | | | | | | | | | | |
| | Tax | Exemption | • | ne instructions | | | | | | | |
| | <u>Year</u> | Amount | | t on line 1 is ov | | | | | | | |
| | 1995 1994 | \$2,500 2,450 | | \$86,025 | | | | | | | |
| | 1993 | 2,350 | | 83,850 81,350 | | | | | | | |
| | 1992 | 2,300 | | 78,950 | | 29 | | | | | |
| 30 | Dependents (chi | | • | J | | | | | | | |
| | Note: If amenal | ng your 1995 re | eturn, ao not col | (c) If age 1 or older (or born before 11/1/95 if a 1995 return), enter dependent's social security number | | OW. | | | No. of you | r children | |
| | (a) First Name | Last Name | (b) Check if under age 1 | | | (d) Dependent's relationship to yo | | (e) No. of months live in your hor | ed Willi you | ▶ _ | |
| | | | | security ridir | ilbei | | | | on line 30 | who didn't | |
| | | | | | | | | | divorce or | separation | |
| | | | | | | | | | (see instruc | ctions) > L | |
| | | | | | | | | | No. of dep on line 30 | | |
| | | | | | | | | | entered ab | | |
| 31 | If your child listed | d on line 30 didn | t live with you bu | it is claimed as | your dep | endent | under a | pre-1985 a | agreement, ch | eck here ► | |
| Pa | rt II Explanati | on of Change | es to Income, | Deductions, | and C | redits | | | | | |
| | all suppor | ting forms and | om page 1 for e schedules for d social securit | items change | d. If yo | u don't | , your F | | | | |
| If th | e change relates | to a net operat | ing loss carrybag | ck or a denera | ıl husine | ess cred | lit carryh | nack attac | h the schedu | ıle or form | |
| that | shows the year in | n which the loss | s or credit occur | red. See instru | uctions. | Also, c | heck her | e | | | |
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| | rt III President | | | | | | | | | your refund | <u>d.</u> |
| | ou did not previou joint return and ye | | | | | | | | | | \dashv |
| | , | pouco aid | p. 0 0 uoig w | α το φο | . 50 10 | | | | . , | | <u> </u> |