



## **Caution: *DRAFT—NOT FOR FILING***

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Almost every form and publication also has its own page on IRS.gov. For example, the Form 1040 page is at [IRS.gov/Form1040](https://www.irs.gov/Form1040); the Publication 17 page is at [IRS.gov/Pub17](https://www.irs.gov/Pub17); the Form W-4 page is at [IRS.gov/W4](https://www.irs.gov/W4); and the Schedule A (Form 1040) page is at [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA). If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not in a Search box. Note that these are friendly shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). We cannot respond to all comments due to the high volume we receive. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

**Amended U.S. Individual Income Tax Return**

(Rev. January 2019)

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

This return is for calendar year  2018  2017  2016  2015

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial Last name Your social security number

If a joint return, spouse's first name and initial Last 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, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Foreign country name Foreign province/state/county Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date.
 Full-year health care coverage (or, for 2018 amended returns only, exempt). See inst.

Single  Married filing jointly  Married filing separately  Qualifying widow(er)
 Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

**Income and Deductions**

Table with 3 columns: Description, A. Original amount reported or as previously adjusted (see instructions), B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 1-5.

**Tax Liability**

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 6-11.

**Payments**

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 12-17.



**Refund or Amount You Owe**

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows 18-23.

Complete and sign this form on page 2.

**Part I Exemptions**

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).


 <i>For 2018 amended returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.</i>		<b>A. Original number of exemptions or amount reported or as previously adjusted</b>	<b>B. Net change</b>	<b>C. Correct number or amount</b>
<b>Note:</b> See the Form 1040 or, for amended returns for years before 2018, the Form 1040A instructions. See also the Form 1040X instructions.				
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 return, leave line blank . . . . .	<b>24</b>		
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b>	Other dependents . . . . .	<b>27</b>		
<b>28</b>	Total number of exemptions. Add lines 24 through 27. If amending your 2018 return, leave line blank . . . . .	<b>28</b>		
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 return, leave line blank . . . . .	<b>29</b>		
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input type="checkbox"/> here 			

Dependents (see instructions):				(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents (2018 amended returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.  
 Check here if you didn't previously want \$3 to go to the fund, but now do.  
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.


**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040X.


 Attach any supporting documents and new or changed forms and schedules.

**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.

**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 \_\_\_\_\_