

PART I.—EXEMPTIONS

| | | |
|--|---|--|
| 1 Number of exemptions claimed on original return | ▶ | |
| 2 Number of exemptions claimed on this return | ▶ | |
| 3 Difference, if any | ▶ | |

Explain any increase in exemptions in lines 4, 5, and 6 below. (See Instructions for Form 1040.) If exemptions are unchanged or are decreased, no entries need be made in lines 4, 5, and 6.

| | | | | | |
|--|------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| 4 Additional Exemptions for Yourself—and Wife (Husband) (Check only those boxes not checked on original return) | | Regular | 65 or over | Blind | Enter number of boxes checked ▶ |
| | { Yourself . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wife (husband) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

5 Enter first names of your dependent children who lived with you, but were not claimed on original return.

Enter number ▶

| 6 Other dependents not claimed on original return | (a) NAME ▶ Enter figure 1 in the last column to right for each name listed (if more space is needed, attach schedule) | (b) Relationship | (c) Months lived in your home. If born or died during year also write "B" or "D" | (d) Did dependent have income of \$750 or more in 1972? \$675 in 1971? (\$625 for the taxable year ending in 1970 or \$600 for taxable years ending before 1970) | (e) Amount YOU furnished for dependent's support. If 100% write "ALL" | (f) Amount furnished by OTHERS including dependent | |
|--|--|------------------|--|--|---|--|---|
| | | | | | | | ▶ |
| | | | | | | | ▶ |
| | | | | | | | ▶ |

PART II.—EXPLANATION OF CHANGES to Income, Deductions, and Credits. Show computations in detail. Attach applicable schedules.