

OMB No. 1545-0091

<u>`</u>		ember 1996) See Sepa			115.							
Th	is ret	urn is for calendar year ► 19 , OR fiscal yea	ar ended				, 19 .					
~		Your first name and initial Last name						Your social security number				
۸pe												
or type	lfa	joint return, spouse's first name and initial	Last name					Spouse's	social security number			
to												
print	Hom	ne address (number and street). If you have a P.O. box, see instructions.		Apt. no.				Telephone number (optional)				
<u>ට</u> හ		ne address (number and street). It you have a P.O. box, see instructions.				Αρι. πο.						
asi									()			
Please	City	r, town or post office, state, and ZIP code. If you have a foreign address, se		For Pape	erwork Reduction Act							
				Notice, see page 1 of separate instructions.								
Α	If the	e name or address shown above is different from that s	shown o	n the	original retu	n, check	k here		► 🗆			
в	Has	the original return been changed or audited by the IRS	S or have	e vou	been notified	d that it v	will be?		🗌 Yes 🗌 No			
C		g status claimed. Note: You cannot change from joint t		-								
C		o o o	•			_		· –				
On original return ►												
		Income and Deductions (see instructions)			A. As origina		B. Net cha					
					reported or previously adju	as Inci usted (Decrea	Increas –(ecrease		C. Correct amount			
	ι	USE PART II ON PAGE 2 TO EXPLAIN ANY CHAI	NGES		(see instruction	ons)	on pag		diffodite			
	1	Adjusted grass income (see instructions)		1								
		Adjusted gross income (see instructions)		2								
		Itemized deductions or standard deduction										
	3	Subtract line 2 from line 1		3								
	4	Exemptions. If changing, fill in Parts I and II on page 2	2	4								
	5	Taxable income. Subtract line 4 from line 3		5								
2		Tax (see instructions). Method used in col. C		6								
Tax Liability		Credits (see instructions)		7								
ab				8								
Ξ		Subtract line 7 from line 6. Enter the result but not less than		-								
ax	9	Other taxes (see instructions)		9								
<u> </u>	10	Total tax. Add lines 8 and 9		10								
	11	Federal income tax withheld and excess social se	curity.									
		Medicare, and RRTA taxes withheld. If changing, see instru		11								
		Estimated tax payments, including amount applied fro										
nts				12								
Je		prior year's return										
Payments		arned income credit										
Ра		Credits for Federal tax paid on fuels, regulated investment company, etc. 14										
	15	Amount paid with Form 4868, 2688, or 2350 (applications		15								
		Amount of tax paid with original return plus additional	tax paic	l after	it was filed			16				
	17	Total payments. Add lines 11 through 16 in column C						17				
		Refund or Amount You	u Owe									
	18	Overpayment, if any, as shown on original return or as		18								
		Subtract line 18 from line 17 (see instructions)	• • •	19								
								20				
		AMOUNT YOU OWE. If line 10, column C, is more than line										
		If line 10, column C, is less than line 19, enter the di		21								
		Amount of line 21 you want REFUNDED TO YOU .		22								
		Amount of line 21 you want APPLIED TO YOUR 19			D TAX 23							
Si	gn	Under penalties of perjury, I declare that I have filed an original re	turn and th	at I hav	e examined this	amended i	return, inc	cluding ac	companying schedules			
	ere		and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complexity taxpayer) is based on all information of which the preparer has any knowledge.									
	ep a co	ору										
of 1	his ret											
	your ords.	Your signature Date			Spouse's signatu	re. If a ioint	return R	OTH must	sign. Date			
	5.43.			Date					er's social security no.			
Pai	d	Preparer's signature		Date		neck if If-employed		Prepare	i social security no.			
Preparer's Use Only		's										
		Firm's name (or yours if self-employed)										
		and address					ZIP cc	de				

Form	1040X (Rev. 11-96)									F	-age 2
Pa	Part I Exemptions. See Form 1040, Form 1040A, or Form 1040 instructions.						A Number				
	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.					1.	A. Number originally B. Net reported		change C. Corre numbe		
24	Yourself and spo	ouse				24					
27	Caution: If your		one else) can clai	m vou as a dep	endent						
	(even if they chose not to), you cannot claim an exemption for yourself.										
25	Your dependent	Your dependent children who lived with you									
26		Your dependent children who did not live with you due to divorce or separation									
27		Other dependents									
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 year	Tax Exemption But see the instructions if									
	1996 1995										
	1994	2,500 2,450		86,025 83,850							
	1993	2,350		81,350		29				L	
30	Dependents (chi			-					No. of your		
	Note: For tax ye	ears after 1994,	ao not complete I	e column (b) b 	elow.			1	children on line 30 who:		
			(b) Check if under	(c) Dependent		(4)	Donondontio	(e) No. of	• lived	with	
	(a) First name	Last name	(b) Check if under age 1	security number. If born in the tax year you are			Dependent's onship to you	months lived in your home	you	🕨	
				amending, see ir	nstructions			in your nome		not live	
									with you due to divorce or		
									separa instruc	tion (see tions) ►	
									Dopon	donte	
								Dependents on line 30 not			
		100/ 15								above	
31	For tax years before agreement, chec				5		5	•			
Pa	rt II Explanati		<u></u>	Deductions	and Cr	 edite					
	Enter the only the su Form 1040	line number fro upporting forms X may be retur	om page 1 for e s and schedules rned. Be sure to	ach item you for the items include your	are char changec name ar	nging I. If yo nd so	and give th ou do not at cial security	tach the required the required the required the the test of te	uired in any at	formation tachments	, your s.
If th that	e change relates shows the year in	to a net operati n which the loss	ng loss carrybac s or credit occur	ck or a genera red. See instru	l busines ictions. A	s crea Iso, c	dit carryback heck here	k, attach the	schedu	le or form ►	
					I .						
Pa	rt III Presiden	tial Election C	ampaign Fun	a. Unecking	w wolea	ill no	t increase	your tax or i	reduce	your retu	ind.