

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. De	► Information about Form 1040X and i	its separate instructio	ns is at	t www.irs.gov/fo	rm1040.	x.		
	· — · — · —	2012 2011 ear (month and year	ended):				
	st 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 instru	uctions.		Apt. no.	Your phone number			
City, to	wn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	ow (see i	nstructions).				
Foreign	country name	Foreign province/sta	te/count	у		Foreign post	al code	
your fi separa Sing	ded return filing status. You must check one box evaluing status. Caution. In general, you cannot change you ate returns after the due date. gle	our filing status from , ng person is a child but	joint to If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."					
	Use Part III on the back to explain any	changes		A. Original amount or as previously adjusted	amount	change – of increase crease) –	C. Correct amount	
1 2 3 4	ne and Deductions Adjusted gross income. If net operating loss (I included, check here		1 2 3 4 5	(see instructions)	explair	in Part III		
			+ +					
6 6	.iability Tax. Enter method(s) used to figure tax (see instruction	ons):	6					
7	Credits. If general business credit carryback is here	▶□	7					
8 9 10	Subtract line 7 from line 6. If the result is zero or less Health care: individual responsibility (see instructions Other taxes	s)	9					
11	Total tax. Add lines 8, 9, and 10		11					
Paym	ients							
12	Federal income tax withheld and excess social secur tax withheld (if changing , see instructions)		12					
13	Estimated tax payments, including amount applied return		13					
14 15			15					
16	Total amount paid with request for extension of time tax paid after return was filed	•	_			nal 16		
17	Total payments. Add lines 12 through 16					17		
	nd or Amount You Owe (Note. Allow up to 16 we							
18	Overpayment, if any, as shown on original return or a		-			18		
19	Subtract line 18 from line 17 (If less than zero, see ins	·				19		
20	Amount you owe. If line 11, column C, is more than line					20		
21	If line 11, column C, is less than line 19, enter the diff			-	is retur			
22 23	Amount of line 21 you want refunded to you		 ated ta			22		
	Amount of line 21 you want applied to your (enter year	ı <u>).</u> estima	ateu ta		olete an	d sign this	form on Page 2.	

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Part I Exemptions	Part I	Exem	ptions
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Complete this part **only** if you are increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending.

See F	Form 1040 or Form 1040	A instructions and Form 1	040X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. N	et change	C. Correct number or amount	
24	•	. Caution. If someone t claim an exemption for y	,	24					
25	Your dependent childre	en who lived with you .		25					
26	Your dependent children	who did not live with you du	e to divorce or separation	26					
27	Other dependents .			27					
28	Total number of exemp	otions. Add lines 24 through	gh 27	28					
29	amount shown in the	exemptions claimed on li instructions for line 29 sult here and on line 4 on	for the year you are	29					
30	List ALL dependents (ch	nildren and others) claimed	on this amended return. If	more	than 4 dependen	ts, see	instruction	ns.	
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you	u	child for ch	box if qualifying ild tax credit (see tructions)	;
Par	Presidential Ele	ection Campaign Fund	d						
	•	ase your tax or reduce you							
	•	t previously want \$3 to go							
		nt return and your spouse	did not previously want s	\$3 to	go to the fund, b	ut nov	v does.		
Part	Explanation of c	hanges. In the space prov	vided below, tell us why y	ou ar	e filing Form 104	0X.			
	► Attach any sup	porting documents and ne	ew or changed forms and	sche	edules.				

Sign Here

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.

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Your signature	Date	Spouse's signature. If a joint return, both must sign.
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-e	employed
PTIN		Phone number EIN