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Your Federal Tax Return for

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(Rev. January 2020)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016

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

Your first name and middle initial	Last name	Your social security number
If joint return, spouse's first name and middle 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 amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶ _____

Use Part III on the back to explain any changes

			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
Income and Deductions					
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1			
2	Itemized deductions or standard deduction	2			
3	Subtract line 2 from line 1	3			
4a	Exemptions (amended 2017 or earlier returns only). **If changing,** complete Part I on page 2 and enter the amount from line 29	4a			
b	Qualified business income deduction (amended 2018 or later returns only)	4b			
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5			
Tax Liability					
6	Tax. Enter method(s) used to figure tax (see instructions): _____	6			
7	Credits. If a general business credit carryback is included, check here ▶ ☐	7			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8			
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9			
10	Other taxes	10			
11	Total tax. Add lines 8, 9, and 10	11			
Payments					
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12			
13	Estimated tax payments, including amount applied from prior year's return	13			
14	Earned income credit (EIC)	14			
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify): _____	15			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			16	
17	Total payments. Add lines 12 through 15, column C, and line 16			17	
Refund or Amount You Owe					
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			18	
19	Subtract line 18 from line 17. (If less than zero, see instructions.)			19	
20	**Amount you owe.** If line 11, column C, is more than line 19, enter the difference			20	
21	If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return			21	
22	Amount of line 21 you want **refunded to you**			22	
23	Amount of line 21 you want **applied to your (enter year):** _____ estimated tax	23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see instructions. Cat. No. 11360L Form **1040-X** (Rev. 1-2020)

Part I	Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later 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 or later return).

⚠ CAUTION

For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

			A. Original number of exemptions or **amount** reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	**24**			
25	Your dependent children who lived with you	**25**			
26	Your dependent children who didn't live with you due to divorce or separation	**26**			
27	Other dependents	**27**			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	**28**			
29	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 or later return, leave line blank	**29**			

30   List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions):

(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents (amended 2018 or later returns only)
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 1040-X.

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

Remember to keep a copy of this form for your records.

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