

OMB No. 1545-0074

See	separate	instructions.
See	separate	instructions.

(Re	v. Nove	mber 2007)	► See sep	arate inst	tructio	ons.					
Th	is reti	urn is for calenda	r year ► , or fiscal year	ended I						, .	
be	You	r first name and initial	Last nan	ne				Your so	cial security number		
it or type	lfaj	joint return, spouse's fir	Last nan	Last name					Spouse's social security number		
print	Hom	e address (no. and street	t) or P.O. box if mail is not delivered to your hom	1 1e			Apt. no.			umber	
se			, - · · · - · · · · · · · · · · · · · ·						()	
Please	City,	town or post office, state	e, and ZIP code. If you have a foreign address, s	see page 3 c	of the in	structions.				/	
Α			bove is different from that shown o								
в	in our records?										
	-	iginal return 🕨 🗌 Sii	d of house	_							
		is return ► 🔲 Sii		Married fil Married fil	• •		-	d of house	. =	Qualifying widow(er)	
			a child but not your dependent, see page]	
		Use Part II on	the back to explain any change	s	A. Original amount or as previously adjusted or (dec			hange— f increase rease)—	C. Correct amount		
		Income and Deductions (see instructions)				(see page	3)		in Part II		
	1	Adjusted gross inc	come (see page 3)		1						
	2	Itemized deductio	ns or standard deduction (see page	ə4).	2						
	-	Subtract line 2 fro			3						
	4		anging, fill in Parts I and II on the b								
		(see page 4)			4						
_			Subtract line 4 from line 3		5						
lity			Method used in col. C		6						
abi		Credits (see page			7						
Ë			line 6. Enter the result but not less that		8						
Tax Liability	9 10	Other taxes (see p	bage 5)		9 10						
<u> </u>					10						
			x withheld and excess social securi ithheld. If changing, see page 5	ty and	11						
	12	Estimated tax payr	ments, including amount applied fror	n prior							
Payments					12						
me			edit (EIC)		13						
ayı			x credit from Form 8812		14						
D			elephone excise tax or from Forms 01 (if refundable)		15						
		Amount paid with r									
	 Amount of tax paid with original return plus additional tax paid after it was filed Total payments. Add lines 11 through 17 in column C										
	18	Total payments. A				<u></u> .			. 18		
			Refund or Amount Y					_	10		
		Overpayment, if a									
			rom line 18 (see page 6)						•		
		-	If line 10, column C, is more than lin C, is less than line 20, enter the o						. 21		
			. 23								
	23 24	Amount of line 22	you want refunded to you you want applied to your	 estir	nateo	d tax 24				1	
He Join	gn ere t return [*] page 2.	Under penalties of and statements, a taxpayer) is based	perjury, I declare that I have filed an original n nd to the best of my knowledge and belief, i on all information of which the preparer has	eturn and th this amende	nat I ha ed retu	ve examined this	ameno ameno	ded return, i complete. I	ncluding ad Declaration	ccompanying schedules of preparer (other than	
Kee	p a copy	y for	e Date	<u> </u>		Spouse's signatu	re If a	ioint return	hoth must	sign. Date	
you	record	, ,	- Date	-	Date	opouse s signatu	. 11 d	joint return, l		rer's SSN or PTIN	
Pai Pre	d parer':	S Firm's page (or			Date			ployed]		
	Only	yours if self-emplo					EI		1		
		address, and ZIP of					Ph	none no. ()		

For Paperwork Reduction Act Notice, see page 7 of instructions.

Pa	 Exemptions. See Form 1040 or 1040A instruction Complete this part only if you are: Increasing or decreasing the number of exemption of the return you are amending, or Increasing or decreasing the exemption amount for displaced by Hurricane Katrina. 				ons claimed on line 6d			A. Origin number exemptio reported o previous adjusted	of ns r as ly	B. Net cł	nange	C. Correct number of exemptions
<u>25</u>	Yourself and spouse						25					
26	Your dependent children who lived with you						26					
27 28 29 30	Your dependent children who did not live with you due to divorce or separation					27 28 29						
	But s Tax Exemption line 4			ee the instructions for on page 4 if the int on line 1 is over:								
	2007 2006 2005 2004	\$3,400 3,300 3,200 3,100		\$117,300 112,875 109,475 107,025	5 5		00					
1	If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4). Otherwise enter -0-					30 31						
2	Add lines 30 and 31. Enter the result here and on line 4						32					
33	Dependents (children and other) not claimed on original (or adjusted)						eturn:				No. of c	
	(a) First name Last name			(b) Dependent's social security number		(c) Dependent's relationship to you		(d) \checkmark if qualifying child for child tax credit (see page 6)		on 33 who: ● lived with you		
											 did new with you 	
											divorce separati	or 🔽
											page 6)	. •
											Depende on 33 no entered	ot

change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.