

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

► See separate instructions

OMB No. 1545-0074

<u> </u>	, ,	ooparate metraetione	•				
		2009 2008 Year (month and year	ende	d):			
	st name and initial	Last name			Your social security number		
rour inc	triane and midal	Last name			. our		y nambor
If a joint	return, spouse's first name and initial	Last nama			Snous	ee's social se	curity number
пајопп	return, spouse's first flame and initial	Last name			Spous		curity number
					.,	<u> </u>	
Home a	ddress (number and street). If you have a P.O. box, see instructions.			Apt. no.	Your	ohone number	ſ
City, to	vn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	ow (see	instructions).			
Foreign	country name	Foreign province/cou	unty			Foreign post	al code
	ded return filing status. You must check one box ev				3.		
Cautio	on. You cannot change your filing status from joint to	separate returns aftei	r the c	due date.			
Sin	gle Married filing jointly Ma	rried filing separately					
Qua	alifying widow(er) Head of household (If the qualifyi	ng person is a child but	not yo	our dependent, see	instruc	ctions.)	
	Use Part III on the back to explain any	changes	A. Original amou			t change-	
	OSC Fart III OF the back to explain any	Changes		or as previously adjusted		t of increase ecrease)—	C. Correct amount
Incor	ne and Deductions			(see instructions)		in in Part III	
1	Adjusted gross income. If 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				
4	Exemptions. If changing, complete Part I on the b						
•	amount from line 30		4				
5	Taxable income. Subtract line 4 from line 3		5				
	iability		+				
6	Tax. Enter method used to figure tax:						
U	Tax. Enter method asea to figure tax.		6				
7	Cradita If general business are dit correlated in	a included about					
7	Credits. If general business credit carryback is	. —	7				
8	here	· · · · · · —	8				
9	Other taxes		9				
			10				
10 Paym	Total tax. Add lines 8 and 9	· · · · · · ·	10				
_		'					
11	Federal income tax withheld and excess social secu	-					
	tax withheld (if changing, see instructions)		11				
12	Estimated tax payments, including amount applied		10				
40	return		12				
13	Earned income credit (EIC)		13				
14	Refundable credits from Schedule M or Form(s)						
	5405 8801 8812 8839 8863	☐ 8885 or	١				
	other (specify):		14				
15	Total amount paid with request for extension of time						
	•						
16		<u> </u>				16	
Retu	nd or Amount You Owe (Note. Allow 8-12 weeks	•	-			17	
17	Overpayment, if any, as shown on original return or as previously adjusted by the IRS						
18	Subtract line 17 from line 16 (If less than zero, see instructions)						
19	Amount you owe. If line 10, column C, is more than line 18, enter the difference						
20	, , ,						
21	Amount of line 20 you want refunded to you					21	
22	Amount of line 20 you want applied to your (enter year	r): estima	ated t				
				Comr	اد ماماد	nd sian this	form on Page 2

Form 1040X (Rev. 12-2011) Page 2

Part I **Exemptions**

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, or

Increasing or decreasing the exemption amount for housing individuals displaced by a Midwestern disaster in 2008 or 2009.

See Fori	m 1040 or Form 1040	A instructions and Form 10	040X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
		. Caution. If someone		23			
	dependent, you cannot claim an exemption for yourself						
	Your dependent children who lived with you			24			
				25			
				26			
	Total number of exemptions. Add lines 23 through 26			27			
а				28			
		an exemption amount f					
C		stern disaster, enter the ar		29			
		er the result here and on line		30			
		nildren and others) claimed	, •	more	than 4 dependent	ts, see instructio	ns.
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you	(d) Check child for ch	box if qualifying hild tax credit (see tructions)
Part II	Presidential Ele	ection Campaign Fund	i				
Ch	eck here if you did no eck here if this is a joi Explanation of c	ase your tax or reduce you t previously want \$3 to go nt return and your spouse hanges. In the space prov porting documents and ne	to the fund, but now do. did not previously want vided below, tell us why y	\$3 to ou ar	e filing Form 104		
Sign H Remem		f this form for your reco	rds.				
		clare that I have filed an ori					

chedules 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.

		•					
Your signature	Date	Spouse's signa	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-em	nployed					
PTIN			Phone number	EIN			