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

(Hev. Ja	anuary 2020) GO to www.irs.gov/Formito	40A I	or mouructions and	u me	iatest imormati	on.			
	• — — — —	2017	_				•		
Other	year. Enter one: calendar year or fiscal y	/ear (r	month and year e	endec):				
Your first name and middle initial			Last name			You	Your social security number		y number
If joint return, spouse's first name and middle initial			Last name			Spor	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 co	omplete spaces below	w. See	instructions.				
Foreign	country name	F	Foreign province/state/county				Foreign postal code		
chang status	ded return filing status. You must check one box eving your filing status. Caution: In general, you can't confirm a joint return to separate returns after the due do	chang date.	e your filing	20 ret	18 returns on urn, leave blank	l ly, ex k. See i	empt). I nstructio	f an	or, for amended
∐ Sin		-				-			
	checked the MFS box, enter the name of spouse. If n is a child but not your dependent. ▶	f you	checked the HO	H or	QW box, enter	the cl	nild's na	ame	if the qualifying
Use Part III on the back to explain any o			changes A. Original amou reported or as previously adjusted.			amount of increase		ease —	C. Correct amount
Incor	me and Deductions				(see instructions)) exp	lain in Part	t III	
1	Adjusted gross income. If a net operating loss 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 of complete Part I on page 2 and enter the amount from			4a					
b	Qualified business income deduction (amended 2018			4b					
5	Taxable income. Subtract line 4a or 4b from line 3. or less, enter -0-	. If the	e result is zero	5					
Tax I	iability								
6	Tax. Enter method(s) used to figure tax (see instructi	tions):		6					
7	Credits. If a general business credit carryback is includ	ded c	hack hara >	7					
8	Subtract line 7 from line 6. If the result is zero or less			8					
9	Health care: individual responsibility (amended 201	18 or	earlier returns						
40	only). See instructions			9					
10	Other taxes			10					
11	Total tax. Add lines 8, 9, and 10			11					
Paym 12	nents Federal income tax withheld and excess social secutax withheld. (If changing, see instructions.)			12					
13	Estimated tax payments, including amount applied fro			13					
14	Earned income credit (EIC)		-	14					
15	Refundable credits from: Schedule 8812 Form(s) 8863 8865 8962 or other (specify):	s) 🗌 2	2439 🗌 4136	15					
16	Total amount paid with request for extension of time tax paid after return was filed	ne to f	file, tax paid with	origi				16	
17	Total payments. Add lines 12 through 15, column C,							17	
	nd or Amount You Owe	, arra				•	•	•	
18	Overpayment, if any, as shown on original return or a	as nr	eviously adjusted	d by t	he IRS		Ţ.	18	
19	Subtract line 18 from line 17. (If less than zero, see in							19	
20	Amount you owe. If line 11, column C, is more than		· ·				_	20	
21	If line 11, column C, is less than line 19, enter the dif						_	21	
22	Amount of line 21 you want refunded to you				-			22	
23	Amount of line 21 you want retained to your (enter ye		estim		1 1		·		
	tunodin or mio 2 i you want applied to your teller ye	vui j.	Couli	.a.cu	UA 20				

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Exemptions and Dependents Part I

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	
Yourself and spouse. Caution: If dependent, you can't claim an exemp 2018 or later return, leave line blank			tion for yourself. If amending your						
25 Your dependent children who lived with you					25				
Your dependent children who didn't live with you due to divorce or separat				•	26 27				
27 28	and the state of t								
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								
30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ▶									
Dependents (see instructions):			(b) Social security	(c) Relation	nshin	(d) ✓ if qualifies for (see instructions):			
(a) First name Last name		number to y			Child tax cred		Credit for other dependents (amended 2018 or later returns only)		
							<u> </u>		
Dowl	II Donasidan	Fl 0	: F						
Part		tial Election Campa							
	_	increase your tax or red	· · · · · · · · · · · · · · · · · · ·						
	•	u didn't previously want			ተር ተ-				
Part		s is a joint return and yo tion of Changes. In th		•		•			
rart	•	supporting documents					1040-7.		
	- Allacii aliy	supporting documents	and new or changed it	Jillis allu SCI	icuul	<i>5</i> 3.			

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.

Sign	Here
L	

7								
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	Firm's address and ZIP code					
Short days and								
	_ Check if s	elf-employed						
PTIN		Phone n	number	EIN				