1040-X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return ► Use this revision to amend 2019 or later tax returns.

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

| (Rev. July 2021) | Go to www.irs.gov/Form1040X for instructions and the latest information. | | | | | | |
|--|--|--------------|-----------|------------|---------------------------------|---|--|
| This return is for calendar year (enter year) or fiscal year (enter month and | | | | | | | |
| Your first name and middle initial | | Last name | Last name | | Your social security number | | |
| | | | | | | | |
| If joint return, spouse's first name and middle initial | | Last name | Last name | | Spouse's social security number | | |
| | | | | | | | |
| Current home address (nun | nber and street). If you have a P.O. box, see i | nstructions. | 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 married filing jointly to married filing separately after the return due date.

| Sinale | Married filing jointly | Married filing separately (MFS) | Head of household (HOH) | Qualifying widow(er) (QW) |
|---------------|------------------------|---------------------------------|-------------------------|---------------------------|
|---------------|------------------------|---------------------------------|-------------------------|---------------------------|

If you checked the MFS box, enter the name of your 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 ►

| Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. | | | A. Original a reported of previously a | or as | B. Net char amount of in or (decreas | crease | C. Correct amount |
|--|---|-------|--|-------|--|---------|----------------------|
| Use Part III on page 2 to explain any changes. | | | | | explain in P | art III | |
| Incor | ne 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 | Reserved for future use | 4a | | | | | |
| b | Qualified business income deduction | 4b | | | | | |
| 5 | Taxable income. Subtract line 4b from line 3. If the result is zero or less, | | | | | | |
| | enter -0 | 5 | | | | | |
| Tax L | iability | | | | | | |
| 6 | Tax. Enter method(s) used to figure tax (see instructions): | | | | | | |
| | | 6 | | | | | |
| 7 | Nonrefundable 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 | Reserved for future use | 9 | | | | | |
| 10 | Other taxes | 10 | | | | | |
| 11 | Total tax. Add lines 8 and 10 | 11 | | | | | |
| Paym | | | | | | | |
| 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 | | | | | |
| <mark>14</mark> | Earned income credit (EIC) | 14 | | | | | |
| <mark>15</mark> | 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 | | | | | | |
| | tax paid after return was filed | | | | | 16 | |
| 17 | Total payments. Add lines 12 through 15, column C, and line 16 | | | | | 17 | |
| Refu | nd or Amount You Owe | | | | | | |
| 18 | 8 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | | | | | 18 | |
| 19 | 9 Subtract line 18 from line 17. (If less than zero, see instructions.) | | | | | 19 | |
| 20 | · · · · · · · · · · · · · · · · · · · | | | | | 20 | |
| 21 | | | | | is return | 21 | |
| 22 | | | | | | 22 | |
| 23 | Amount of line 21 you want applied to your (enter year): estim | nated | tax 23 | | | | |
| | | | | Com | plete and si | gn this | form on page 2. |

Part Dopondonts

| Fait | Dependents | | | | |
|--------|--|--|--------------------|----------------------|--|
| This w | ete this part to change any information relating to your dependents. ould include a change in the number of dependents. he information for the return year entered at the top of page 1. | A. Original number of dependents reported or as previously adjusted | amount of increase | C. Correct number | |
| 24 | Reserved for future use | 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 | Reserved for future use | 28 | | | |
| 29 | Reserved for future use | 29 | | | |
| 30 | List ALL dependents (children and others) claimed on this amended return | า | | | |

| Dependents (see instructions): | | | | | (d) 🗸 if qualifies for (see instructions): | | |
|--------------------------------|--------------------------|---------------------------|---------------------------------------|---------------------------------------|--|--------------------------------|--|
| If more than four | (a) First name | Last name | (b) Social security number | (c) Relationship to you | Child tax credit | Credit for other dependents | |
| dependents, | | | | | | | |
| see instructions | | | | | | | |
| and check | | | | | | | |
| here 🕨 🗌 | | | | | | | |
| Daut | Due state which Election | Assessed a lower Front of | (f + | · · · · · · · · · · · · · · · · · · · | | | |

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

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.

| | Und and | er penalties of perjury, I declare th statements, and to the best of my | | nat I have examine return is true, corre | | ed return, including accompanying schedules lete. Declaration of preparer (other than | | |
|----------------------|---|---|------------------------------|---|--|--|--|--|
| Sign Here Paid | Your signature | | | Date | | Your occupation | | |
| | | Spouse's signature. If a joint ref | turn, both must sign. | Date | | Spouse's occupation | | |
| | Print/Type preparer's name Preparer's signature | | Preparer's signature | Date | | Check if self-employed | | |
| Preparer | Firm's name | | | | | Firm's EIN ► | | |
| Use Only | Firm | i's address ► | Phone no. | | | | | |

For forms and publications, visit www.irs.gov/Forms.

Form 1040-X (Rev. 7-2021)