(Rev. July 2021)
Go to www.irs.gov/Form1040X for instructions and the latest information.
(enter year)
or fiscal year (enter month and year ended)


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.
$\square$ SingleMarried filing jointly
$\square$ Married filing separately (MFS) $\square$ Head of household (HOH)
$\square$ 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.
Use Part III on page 2 to explain any changes.

## Income and Deductions

1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here
2 Itemized deductions or standard deduction
3 Subtract line 2 from line 1
4a Reserved for future use
b Qualified business income deduction
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-

## Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions):
7 Nonrefundable credits. If a general business credit carryback is included, check here
8 Subtract line 7 from line 6. If the result is zero or less, enter $-0-$
9 Reserved for future use
10 Other taxes
11 Total tax. Add lines 8 and 10

## Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)
13 Estimated tax payments, including amount applied from prior year's return
14 Earned income credit (EIC)
15 Refundable credits from: $\square$ Schedule 8812 Form(s) $\square 2439 \quad \square 4136$ $\square 8863 \quad \square 8885 \quad \square 8962$ or $\square$ other (specify): $\qquad$


## Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.


30 List ALL dependents (children and others) claimed on this amended return.

| Dependents (see instructions): |  |  | (b) Social security number | (c) Relationship to you | (d) $\checkmark$ if qualifies for (see instructions): |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If more than four | (a) First name | Last name |  |  | Child tax credit | Credit for other dependents |
| dependents, |  |  |  |  | $\square$ | $\square$ |
| see |  |  |  |  | $\square$ | $\square$ |
| and check |  |  |  |  | $\square$ | $\square$ |
| here $\square \square$ |  |  |  |  | $\square$ | $\square$ |

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.
$\square$ Check here if you didn't previously want $\$ 3$ to go to the fund, but now do.
$\square$ 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.

| Sign Here | 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. |  |  |  |  |
|  | Your signature |  | Date | Your occupation |  |
|  | Spouse's signature. If a joint return, both must sign. |  | Date | Spouse's occupation |  |
|  | Print/Type preparer's name | Preparer's signature | Date | Check $\square$ if self-employed | PTIN |
|  | Firm's name |  |  | Firm's EIN - |  |
| Use Only | Firm's address |  |  | Phone no. |  |
| For forms and publications, visit www.irs.gov/Forms. |  |  |  | Form 1040-X (Rev. 7-2021) |  |

