

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

of compation about Form 1040X and its separate instructions is at www.irs.gov/formation.

OMB No. 1545-0074

|                             | ► Information about Form 1040X and  | its separate instruction   | ns is a | at www.irs.gov/foi        | m1040                              | х.            |                   |
|-----------------------------|---|----------------------------|---------|---------------------------|------------------------------------|---------------|-------------------|
|                             | , <u> </u>  | 010 2009                   |         | D.                        |                                    |               |                   |
|                             |   | ear (month and year        | ende    | d):                       |                                    |               |                   |
| Your first name and initial |   | Last name                  |         |                           | Your social security number        |               |                   |
|                             |   |                            |         |                           |                                    | <u>.ii</u>    |                   |
| If a join                   | return, spouse's first name and initial   | Last name                  |         |                           | Spous                              | e's social se | curity number     |
|                             |   |                            |         |                           | .,                                 | <u> </u>      |                   |
| Home a                      | ddress (number and street). If you have a P.O. box, see instructions.                           |                            |         | Apt. no.                  | Your p                             | hone number   |                   |
| City to                     | um as most office state and ZID code. If you have a favoign address                             | alaa aananlata anaasa bala | /2.2.2  | inate (ations)            |                                    |               |                   |
| City, to                    | wn or post office, state, and ZIP code. If you have a foreign address,                          | also complete spaces beic  | w (see  | instructions).            |                                    |               |                   |
| Foreign                     | country name  | Foreign province/sta       | te/cour | ntv                       |                                    | Foreign posta | al code           |
| rorcigi                     | oduluy halic  | Toroign province/sta       | 10,0001 | ity                       |                                    | . o.o.g poot  |                   |
| Δmer                        | ded return filing status. You must check one box ev   | yen if you are not cha     | naina   | vour filing status        |                                    |               |                   |
|                             | on. In general, you cannot change your filing status fro  |                            |         |                           |                                    |               |                   |
| Sin                         |   | rried filing separately    |         |                           |                                    |               |                   |
|                             | alifying widow(er) Head of household (If the qualifying   |                            | not vo  | our dependent, see        | instruc                            | tions.)       |                   |
|                             |   |                            | ,       | A. Original amount        |                                    | change-       |                   |
|                             | Use Part III on the back to explain any   | cnanges                    |         | or as previously adjusted | amount of increase or (decrease) — |               | C. Correct amount |
| Inco                        | ne and Deductions   |                            |         | (see instructions)        |                                    | n in Part III | amount            |
| 1                           | Adjusted gross income. If net operating loss (I   | 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 page  | e 2 and enter the          |         |                           |                                    |               |                   |
|                             | amount from line 30   |                            | 4       |                           |                                    |               |                   |
| 5                           | Taxable income. Subtract line 4 from line 3   |                            | 5       |                           |                                    |               |                   |
| Tax I                       | iability  |                            |         |                           |                                    |               |                   |
| 6                           | Tax. Enter method used to figure tax:   |                            |         |                           |                                    |               |                   |
|                             |   |                            | 6       |                           |                                    |               |                   |
| 7                           | Credits. If general business credit carryback is  | s included, check          |         |                           |                                    |               |                   |
| _                           | here  |                            | 7       |                           |                                    |               |                   |
| 8                           | Subtract line 7 from line 6. If the result is zero or less                                      | •                          | 8       |                           |                                    |               |                   |
| 9                           | Other taxes   |                            | 9       |                           |                                    |               |                   |
| 10<br>Dove                  | Total tax. Add lines 8 and 9  | <u> </u>                   | 10      |                           |                                    |               |                   |
| -                           |   | ate a seed at seed DDTA    |         |                           |                                    |               |                   |
| 11                          | Federal income tax withheld and excess social security withheld (if changing, see instructions) |                            | 11      |                           |                                    |               |                   |
| 10                          | tax withheld ( <b>if changing</b> , see instructions)   |                            | - ' '   |                           |                                    |               |                   |
| 12                          | Estimated tax payments, including amount applied return   |                            | 12      |                           |                                    |               |                   |
| 13                          | Earned income credit (EIC)  |                            | 13      |                           |                                    |               |                   |
| 14                          | Refundable credits from Schedule(s) 8812 or M or Fo   |                            |         |                           |                                    |               |                   |
|                             | ☐ 4136 ☐ 5405 ☐ 8801 ☐ 8812 (2009–2011) ☐ 883   | ` '                        |         |                           |                                    |               |                   |
|                             | 8885 or Oother (specify):   |                            | 14      |                           |                                    |               |                   |
| 15                          | Total amount paid with request for extension of time  | e to file, tax paid with   | origi   | inal return, and a        | dditior                            | nal           |                   |
|                             | tax paid after return was filed   |                            |         |                           |                                    | 15            |                   |
| 16                          | Total payments. Add lines 11 through 15   |                            |         |                           |                                    | 16            |                   |
| Refu                        | nd or Amount You Owe (Note. Allow 8-12 weeks  | to process Form 10         | 040X.,  | )                         |                                    |               |                   |
| 17                          |   |                            |         |                           |                                    |               |                   |
| 18                          | · · · · · · · · · · · · · · · · · · ·   |                            |         |                           |                                    |               |                   |
| 19                          | Amount you owe. If line 10, column C, is more than lin  |                            |         |                           |                                    | 19            |                   |
| 20                          | If line 10, column C, is less than line 18, enter the dif                                       |                            |         | -                         | is retur                           |               |                   |
| 21                          | Amount of line 20 you want refunded to you  |                            |         | 1 1                       |                                    | 21            |                   |
| 22                          | Amount of line 20 you want applied to your (enter year  | r): estima                 | ated t  |                           | late = :                           | al plant Helt | form on Danie 2   |
|                             |   |                            |         | Comp                      | nete an                            | iu sign this  | form on Page 2.   |

For Paperwork Reduction Act Notice, see instructions.

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Form **1040X** (Rev. 12-2012)

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## **Exemptions** Part I

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 2009.

| See F | Form 1040 or Form 1040  | A instructions and Form 1                                | 040X instructions.                            |          | A. Original number<br>of exemptions or<br>amount reported or<br>as previously<br>adjusted | В. N          | let change   | nu  | orrect<br>mber<br>mount |
|-------|---|--|---|----------|---|---------------|--------------|---|-------------------------|
| 23    | •   | . <b>Caution.</b> If someone to claim an exemption for y | ,   | 23       |   |               |              |   |                         |
| 24    |   | · · · · · · · · · · · · · · · · · · ·                    |   | 24       |   |               |              |   |                         |
| 25    | Your dependent children who lived with you Your dependent children who did not live with you due to divorce or separation |  |   |          |   |               |              |   |                         |
| 26    | · · · · · · · · · · · · · · · · · · ·   |  |   | 25<br>26 |   |               |              |   |                         |
| 27    | Other dependents  |  |   | 27       |   |               |              |   |                         |
|       |   |  |   |          |   |               |              |   |                         |
| 28    | Multiply the number of exemptions claimed on line 27 by the eamount shown in the instructions for line 28 for the year    |  |   |          |   |               |              |   |                         |
|       |   |  | •   | 28       |   |               |              |   |                         |
| 29    | If you are claiming displaced by a Midwes   | an exemption amount the action disaster, enter the a     | for housing individuals mount from Form 8914, | 29       |   |               |              |   |                         |
| 30    | Add lines 28 and 29. Ente   | er the result here and on line                           | e 4 on page 1 of this form                    | 30       |   |               |              |   |                         |
| 31    | List ALL dependents (ch   | nildren and others) claimed                              | on this amended return. If                    | more     | than 4 dependen   | ts, se        | e instructio | าร.   |                         |
|       | (a) First name  | Last name  | (b) Dependent's social security number        |          | (c) Dependent's relationship to yo  | nt's (d) Chec |              | k box if qualifying<br>child tax credit (see<br>structions) |                         |
|       |   |  |   |          |   |               |              |   |                         |
|       |   |  |   |          |   |               |              |   |                         |
|       |   |  |   |          |   |               |              |   |                         |
|       |   |  |   |          |   |               |              |   |                         |
| Par   | Presidential Ele  | ection Campaign Fund                                     | <u>d</u>                                      |          |   |               |              |   |                         |
|       | J   | ase your tax or reduce you                               |   |          |   |               |              |   |                         |
|       |   | t previously want \$3 to go                              |   |          |   |               |              |   |                         |
|       |   | nt return and your spouse                                | ·   |          | <u> </u>  |               | w does.      |   |                         |
| Part  | •   | hanges. In the space pro                                 | <u> </u>                                      |          |   | 0X.           |              |   |                         |
|       | Attach anv sup  | porting documents and ne                                 | ew or changed forms and                       | sche     | edules.   |               |              |   |                         |

## 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.

| <b>)</b>                   |                        | •   |              |     |  |  |  |
|----------------------------|------------------------|---|--------------|-----|--|--|--|
| Your signature             | Date                   | Spouse's signature. If a joint return, <b>both</b> 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-employed |   |              |     |  |  |  |
| PTIN                       |                        |   | Phone number | EIN |  |  |  |