

**Amended U.S. Individual Income Tax Return**

▶ See separate instructions.

This return is for calendar year ▶ , or fiscal year ended ▶ , .

|                      |  |           |                                 |                     |
|----------------------|--|-----------|---------------------------------|---------------------|
| Please print or type | Your first name and initial  | Last name | Your social security number     |                     |
|                      | If a joint return, spouse's first name and initial   | Last name | Spouse's social security number |                     |
|                      | Home address (no. and street) or P.O. box if mail is not delivered to your home                                |           | Apt. no.                        | Phone number<br>( ) |
|                      | City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. |           |                                 |                     |

**A** If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? . . . . . ▶  Yes  No

**B** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ▶  Single  Married filing jointly  Married filing separately  Head of household  Qualifying widow(er)  
On this return ▶  Single  Married filing jointly  Married filing separately  Head of household\*  Qualifying widow(er)

\* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

| Use Part II on the back to explain any changes  |  | A. Original amount or as previously adjusted (see page 3) | B. Net change—amount of increase or (decrease)—explain in Part II | C. Correct amount |
|---|--|---|---|-------------------|
| <b>Income and Deductions (see instructions)</b> |  |   |   |                   |
|   | <b>1</b> Adjusted gross income (see page 3)  | <b>1</b>  |   |                   |
|   | <b>2</b> Itemized deductions or standard deduction (see page 4)  | <b>2</b>  |   |                   |
|   | <b>3</b> Subtract line 2 from line 1   | <b>3</b>  |   |                   |
|   | <b>4</b> Exemptions. If changing, fill in Parts I and II on the back (see page 4)                                      | <b>4</b>  |   |                   |
|   | <b>5</b> Taxable income. Subtract line 4 from line 3   | <b>5</b>  |   |                   |
| Tax Liability                                   | <b>6</b> Tax (see page 5). Method used in col. C   | <b>6</b>  |   |                   |
|   | <b>7</b> Credits (see page 5)  | <b>7</b>  |   |                   |
|   | <b>8</b> Subtract line 7 from line 6. Enter the result but not less than zero  | <b>8</b>  |   |                   |
|   | <b>9</b> Other taxes (see page 5)  | <b>9</b>  |   |                   |
|   | <b>10</b> Total tax. Add lines 8 and 9   | <b>10</b>   |   |                   |
| Payments  | <b>11</b> Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5 | <b>11</b>   |   |                   |
|   | <b>12</b> Estimated tax payments, including amount applied from prior year's return                                    | <b>12</b>   |   |                   |
|   | <b>13</b> Earned income credit (EIC)   | <b>13</b>   |   |                   |
|   | <b>14</b> Additional child tax credit from Form 8812   | <b>14</b>   |   |                   |
|   | <b>15</b> Credits: Federal telephone excise tax or from Forms 2439, 4136, 8885, or 8801 (if refundable)                | <b>15</b>   |   |                   |
|   | <b>16</b> Amount paid with request for extension of time to file (see page 5)  |   |   | <b>16</b>         |
|   | <b>17</b> Amount of tax paid with original return plus additional tax paid after it was filed                          |   |   | <b>17</b>         |
|   | <b>18</b> Total payments. Add lines 11 through 17 in column C  |   |   | <b>18</b>         |
| <b>Refund or Amount You Owe</b>                 |  |   |   |                   |
|   | <b>19</b> Overpayment, if any, as shown on original return or as previously adjusted by the IRS                        |   |   | <b>19</b>         |
|   | <b>20</b> Subtract line 19 from line 18 (see page 6)   |   |   | <b>20</b>         |
|   | <b>21</b> Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6              |   |   | <b>21</b>         |
|   | <b>22</b> If line 10, column C, is less than line 20, enter the difference   |   |   | <b>22</b>         |
|   | <b>23</b> Amount of line 22 you want refunded to you   |   |   | <b>23</b>         |
|   | <b>24</b> Amount of line 22 you want applied to your estimated tax   | <b>24</b>   |   |                   |

**Sign Here** 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 of which the preparer has any knowledge.

|   |                  |      |  |      |
|---|------------------|------|--|------|
| Joint return? See page 2. Keep a copy for your records. | ▶ Your signature | Date | ▶ Spouse's signature. If a joint return, both must sign. | Date |
|---|------------------|------|--|------|

|                          |  |      |   |                        |
|--------------------------|--|------|---|------------------------|
| Paid Preparer's Use Only | Preparer's signature ▶   | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
|                          | Firm's name (or yours if self-employed), address, and ZIP code ▶ | EIN  | Phone no. ( )                                   |                        |

**Part I Exemptions.** See Form 1040 or 1040A instructions.

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

**A. Original number of exemptions reported or as previously adjusted**

**B. Net change**

**C. Correct number of exemptions**

|                 |  |   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
|-----------------|--|---|-------------------------|---|------|---------|-----------|------|-------|---------|------|-------|---------|------|-------|---------|--|--|
| <b>25</b>       | Yourself and spouse . . . . .  | <b>25</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
|                 | <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself.   |   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>26</b>       | Your dependent children who lived with you . . . . .   | <b>26</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>27</b>       | Your dependent children who did not live with you due to divorce or separation . . . . .   | <b>27</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>28</b>       | Other dependents . . . . .   | <b>28</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>29</b>       | Total number of exemptions. Add lines 25 through 28 . . . . .  | <b>29</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>30</b>       | Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.  |   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
|                 | <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><b>Tax year</b></td> <td style="text-align: center;"><b>Exemption amount</b></td> <td style="text-align: center;"><b>But see the instructions for line 4 on page 4 if the amount on line 1 is over:</b></td> </tr> <tr> <td>2007</td> <td>\$3,400</td> <td>\$117,300</td> </tr> <tr> <td>2006</td> <td>3,300</td> <td>112,875</td> </tr> <tr> <td>2005</td> <td>3,200</td> <td>109,475</td> </tr> <tr> <td>2004</td> <td>3,100</td> <td>107,025</td> </tr> </table> | <b>Tax year</b>   | <b>Exemption amount</b> | <b>But see the instructions for line 4 on page 4 if the amount on line 1 is over:</b> | 2007 | \$3,400 | \$117,300 | 2006 | 3,300 | 112,875 | 2005 | 3,200 | 109,475 | 2004 | 3,100 | 107,025 |  |  |
| <b>Tax year</b> | <b>Exemption amount</b>  | <b>But see the instructions for line 4 on page 4 if the amount on line 1 is over:</b> |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| 2007            | \$3,400  | \$117,300   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| 2006            | 3,300  | 112,875   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| 2005            | 3,200  | 109,475   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| 2004            | 3,100  | 107,025   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>31</b>       | If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4). Otherwise enter -0- . . . . .   | <b>31</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |
| <b>32</b>       | Add lines 30 and 31. Enter the result here and on line 4 . . . . .   | <b>32</b>   |                         |   |      |         |           |      |       |         |      |       |         |      |       |         |  |  |

**33 Dependents (children and other) not claimed on original (or adjusted) return:**

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 6) |   |
|----------------|-----------|--|-------------------------------------|---|---|
|                |           |  |                                     | <input type="checkbox"/>  | No. of children on 33 who:<br>• lived with you . . . ▶ <input type="text"/><br>• <b>did not</b> live with you due to divorce or separation (see page 6) . . . ▶ <input type="text"/><br>Dependents on 33 not entered above ▶ <input type="text"/> |
|                |           |  |                                     | <input type="checkbox"/>  |   |
|                |           |  |                                     | <input type="checkbox"/>  |   |
|                |           |  |                                     | <input type="checkbox"/>  |   |
|                |           |  |                                     | <input type="checkbox"/>  |   |

**Part II Explanation of Changes**

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here . . . . . ▶

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**Part III Presidential Election Campaign Fund.** Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here . . . . . ▶   
 If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here . . . . . ▶