

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. Ja	nuary 2016) ► Information about Form 1040X and	its s	eparate instruction	ns is at	t www.irs.gov/foi	rm1040	Ox.	
	eturn is for calendar year 2015 2014 year. Enter one: calendar year or fiscal y	201	3 □2012 (month and year	ended	١٠			
	st name and initial	_	<u> </u>	criaca	<i>)</i> ·	Vour	and annui	tu numbor
Your firs	st name and initial	Las	t name			Your :	social securi	ty number
If a joint	return, spouse's first name and initial	Las	t name			Spous	se's social se	ecurity number
Current	home address (number and street). If you have a P.O. box, see instru	uction	S.		Apt. no.	Your p	ohone numbe	r
City, tov	vn or post office, state, and ZIP code. If you have a foreign address,	also o	complete spaces belov	w (see ir	nstructions).			
Foreign	country name		Foreign province/stat	te/count	у		Foreign post	tal code
your fi separa Sing	ded return filing status. You must check one box ex ling status. Caution: In general, you cannot change y ate returns after the due date. gle	our 1	filing status from	joint to		s of yo essent Otherv ons.)	ur househo ial health o	care coverage, k "No."
	Use Part III on the back to explain any	, cha	inges		A. Original amount or as previously		t change – t of increase	C. Correct
Incor	ne and Deductions				adjusted (see instructions)	or (de	ecrease)— in in Part III	amount
1 2 3 4	Subtract line 2 from line 1	 ge 2	and enter the	1 2 3				
5	amount from line 29			5				
	iability	•						
6	Tax. Enter method(s) used to figure tax (see instructi	ions)	:	6				
7	Credits. If general business credit carryback is here.		_	7				
8 9	Subtract line 7 from line 6. If the result is zero or less Health care: individual responsibility (see instructions	s, en	ter -0	8				
10	Other taxes			10				
11	Total tax. Add lines 8, 9, and 10			11				
Paym 12	Federal income tax withheld and excess social secu		and tier 1 RRTA	12				
13	Estimated tax payments, including amount applied return	d fro	om prior year's	13				
14	Earned income credit (EIC)			14				
15	` <u>_</u> '	<u></u> 243		15				
16	Total amount paid with request for extension of time tax paid after return was filed			origir			40	
17	Total payments. Add lines 12 through 16						17	
	nd or Amount You Owe							
18	Overpayment, if any, as shown on original return or a			_				
19	Subtract line 18 from line 17 (If less than zero, see in		•					
20	Amount you owe. If line 11, column C, is more than lin							
21	If line 11, column C, is less than line 19, enter the dif				-	ıs retu		
22	Amount of line 21 you want refunded to you				1 1		22	
_23	Amount of line 21 you want applied to your (enter year	ır):	estima	ited ta		olete ar	nd sign this	form on Page 2.
					Confi	occ ai	orgii uilo	Jim on i aye Zi

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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.

See F	Form 1040 or Form 1040	A instructions and Form 1	040X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. N	et change	C. Correct number or amount	
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you cannot claim an exemption for yourself								
25	Your dependent childre	25							
26	Your dependent children	26					number or amount f qualifying x credit (see		
27	Other dependents .	27							
28	Total number of exemp	otions. Add lines 24 through	gh 27	28					
29	amount shown in the	exemptions claimed on li instructions for line 29 sult here and on line 4 on	for the year you are	29					
30	List ALL dependents (ch	nildren and others) claimed	on this amended return. If	more	than 4 dependen	ts, see	e instruction	ns.	
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you	J.	child for chi	box if qualifying ild tax credit (see tructions)	
Par		ection Campaign Fund							
	•	ase your tax or reduce you							
	•	t previously want \$3 to go							
	-	nt return and your spouse					v does.		_
Part	Explanation of c	hanges. In the space pro	vided below, tell us why y	ou ar	e filing Form 104	0X.			
	► Attach any sup	porting documents and no	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.

Your signature		Spouse's si	must sign.	Date				
Paid Preparer Use Only								
Preparer's signature	Date	Firm's name	Firm's name (or yours if self-employed)					
Print/type preparer's name		Firm's address and ZIP code						
	Check if s	Check if self-employed						
PTIN			Phone number	EIN				
					40401/			