

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.  
► Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

This return is for calendar year (enter year) or fiscal year (enter month and year ended)

Your first name and middle initial Last name Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. 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.

Single  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.  
Use Part III on page 2 to explain any changes.

**Income and Deductions**

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
<b>1</b> Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ► <input type="checkbox"/>	<b>1</b>		
<b>2</b> Itemized deductions or standard deduction . . . . .	<b>2</b>		
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>		
<b>4a</b> Reserved for future use . . . . .	<b>4a</b>		
<b>b</b> Qualified business income deduction . . . . .	<b>4b</b>		
<b>5</b> Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0- . . . . .	<b>5</b>		

**Tax Liability**

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

**Payments**

<b>12</b> Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) . . . . .	<b>12</b>		
<b>13</b> Estimated tax payments, including amount applied from prior year's return . . . . .	<b>13</b>		
<b>14</b> Earned income credit (EIC) . . . . .	<b>14</b>		
<b>15</b> Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): . . . . .	<b>15</b>		
<b>16</b> Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	<b>16</b>		
<b>17</b> Total payments. Add lines 12 through 15, column C, and line 16 . . . . .	<b>17</b>		

**Refund or Amount You Owe**

<b>18</b> Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	<b>18</b>		
<b>19</b> Subtract line 18 from line 17. (If less than zero, see instructions.) . . . . .	<b>19</b>		
<b>20</b> Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . . .	<b>20</b>		
<b>21</b> If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return . . . . .	<b>21</b>		
<b>22</b> Amount of line 21 you want refunded to you . . . . .	<b>22</b>		
<b>23</b> Amount of line 21 you want applied to your (enter year):	<b>23</b>	estimated tax	

Complete and sign this form on page 2.

**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.

	A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
<b>24</b> Reserved for future use . . . . .	<b>24</b>		
<b>25</b> Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b> Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b> Other dependents . . . . .	<b>27</b>		
<b>28</b> Reserved for future use . . . . .	<b>28</b>		
<b>29</b> Reserved for future use . . . . .	<b>29</b>		
<b>30</b> List <b>ALL</b> dependents (children and others) claimed on this amended return.			

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**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.

<b>Sign Here</b>	<b>Remember to keep a copy of this form for your records.</b>				
	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, <b>both</b> must sign.	_____	Date	_____	Spouse's occupation
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.