

Department of the Treasury—Internal Revenue Service Amended U.S. Individual Income Tax Return

OMB No. 1545-0091 Expires 10-31-94

(Rev	. Octo	ober 1992)		See separate inst	ructio	ns.			Lypi	65 10-31-74	r		
Thi	is ret	turn is for calenda	r year ► 19 , 0	OR fiscal year ended						, 19			
/pe	Yo	Your first name and initial Last name								Your social security number			
nt or t	lf a	If a joint return, spouse's first name and initial Last name								Spouse's social security number			
Please print or type	Но	me address (number and s	street). If you have a P.O. box, s		Apt. no.			Telephone number (optional)					
Plea	City	y, town or post office, stat	e, and ZIP code. If you have a fe	preign address, see instructio	ons.					erwork Redu ee page 1 of ons.			
Ente	er name	e and address as shown c	on original return. If same as abo	ve, write "Same." If changing	from s	eparate to joint re	turn, enter	names ar	nd addresse	s from origina	al returns.		
A	Service center where original return was filed B Has original return been changed or audited b If "No," have you been notified that it will be? If "Yes," identify the IRS office ►												
	to a If "Y	tax shelter required fes," you must attac	return to include any ite d to be registered? . ch Form 8271 , Investor	Reporting of Tax Sh	 elter l	Registration I	Number.	• • •	• •	. 🗌 Yes	🗌 No		
D			lote: You cannot chang				ne due a	ate has	s passed				
			ingle Aarried filing join ingle Aarried filing join			oarate return		of hous of hous			widow(er) widow(er)		
			d Deductions (see in	-		A. As origina reported or adjusted (see adjusted)	as .	Increas	change— ease or C. Correct ee)—explain amount				
		Caution: Be	sure to complete Part	ll on page 2.		instructions		on pá					
	1				1								
	2		come		2								
	3		come. Subtract line 2 fro		3								
	4		ns or standard deduction		4								
	5		mline 3		5								
	6	Exemptions. If cha	anging, fill in Parts I and	I II on page 2	6								
	7		ubtract line 6 from line		7								
ity	8	Tax (see instructio	ns). Method used in co	. C	8								
liq	9	Credits (see instruc	tions)		9								
Tax Liability	10		line 8. Enter the result bu	· · · · · · · · · · ·	10								
a.	11		self-employment tax, alterna	ative minimum tax, etc.)	11								
-	12	Total tax. Add line	s 10 and 11		12								
	13		ax withheld and exces										
		Medicare, and RRT	A taxes withheld. If chang		13								
Payments	14	Estimated tax pay	ments		14								
a	15	Earned income cre			15								
ayl	16		paid on fuels, regulated inve		16								
•	17					on for extension of time to file) . 17							
	18		original return plus add	•					18				
	19	Add lines 13 throu		<u></u>					19				
				Amount You Owe					20				
			rerpayment, if any, as shown on original return or as previously adjusted by the IRS										
	21	Subtract line 20 fr	21										
			. If line 12, column C, is n ceived. If line 12, colum				LUONS .	22 23					
<u>c:</u>			perjury, I declare that I have fi					return in		companying	schedules		
He	gn ere	and statements, a taxpayer) is based	nd to the best of my knowled I on all information of which th	lge and belief, this amende	ed retur	n is true, correc	t, and con	nplete. D	eclaration of	of preparer ((other than		
	epac hisre			1						i			
	your												

for your records.	Your signature	Date	- 🕨	Spouse's signature.	lf a joint return,	BOTH must sign.	Date
Paid	Preparer's signature		Date	Check	< if mployed	Preparer's sc	cial security no.
	Firm's name (or yours if self-employed) and address				E.I. No. ZIP code	·	

Form	1040X (Rev. 10-92)								Page 2
Pa	rt I Exemptions. See Form If you are not changing your If claiming more exemptions, If claiming fewer exemptions	exemptions, do r complete lines 24-		A. Nur origin repor	ally	B. Net change	C. Corr numb	rect	
24	Yourself and spouse			24					
	Caution: If your parents (or some								
	(even if they chose not to), you ca								
25	Your dependent children who liv	5		25					
26	Your dependent children who di separation	•	26						
27			27						
28	Total number of exemptions. Ad		0	28					
29	For tax year 1992, if the amou \$78,950, see the instructions. number of exemptions claimed amount on page 1, line 3, is mor Otherwise, multiply \$2,150 by the line 28. For tax year 1990, use \$ Enter the result here and on page	29							
30	Dependents (children and other)			27					
	(a) Dependent's name (first, initial, and last name)	(b) Check if under age 1 (under age 2 if a 1989 or 1990 return) (c) If age 1 or older (age 2 or older if a 1989 or 1990 return), enter dependent's social security number		(d) Dependent's relationship to yo		(e) No. of months live in your hon	on line 30 with you ed ne No. of you on line 30	ur children who lived · · ► ur children who didn't	
								ou due to separation	
							(see instru	uctions)	
							No. of oth depender line 30	its listed on	
31 Pa	If your child listed on line 30 did here	es to Income,	Deductions, and C	redits	<u></u>	<u></u>	<u> </u>	<u> </u>	
	Enter the line number fror all supporting forms and sure to include your nam	schedules for	items changed. If y	ou don	′t, your	Form 104	0X may be	ange. Atta returned.	ach Be
lf th that	e change pertains to a net operat shows the year in which the loss	ing loss carryba or credit occur	ick or a general busin red. See instructions.	ess cre Also, c	dit carryk heck her	back, attao e	ch the scheo	lule or forn ▶	n ▶ □
Pa	rt III Presidential Election C Checking below will not i			fund.					

lf yo	ou did not previo	usly wa	ant to have	\$1 go to th	e fund	but now	want to	, check he	re.						🕨	
lf a	joint return and	your sp	ouse did no	t previousl	y want	to have	\$1 go to	the fund I	out no	ow wa	ints to	, che	ck here	e.)	