1040-X

(Rev. February 2024)

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

This r	eturn is for calendar year (enter year) or	fiscal y	/ear (enter moi	nth ar	nd 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		
Home a	ddress (number and street). If you have a P.O. box, see instructions.				Apt. no.	Check her	e if you	tion Campaign , or your spouse	
City, town, or post office. If you have a foreign address, also complete spaces			State	Z			go to t	n't previously this fund, but now ox below will not	
Foreign country name Foreign provinc			county	F	Foreign postal code	change your tax or refund.		or refund.	
	ded return filing status. You must check one box ever a your filing status from married filing jointly to marrie						: In ge	neral, you can't	
☐ Sin	gle $\ \square$ Married filing jointly $\ \square$ Married filing separatel	y (MFS) \square Head of h	nouse	hold (HOH)	Qualifying s	survivir	ng spouse (QSS)	
	checked the MFS box, enter the name of your spouse under child's name if the qualifying person is a child but no			g a Fo	orm 1040-NR. If y	ou checked	I the H	OH or QSS box,	
Enter on lines 1 through 23, columns A through C, the amou year entered above.			r the return		A. Original amount reported or as previously adjusted	amount of increase or (decrease)—		C. Correct amount	
	art II on page 2 to explain any changes.				(see instructions)	explain in F	art II		
Incor	ne and Deductions								
1	Adjusted gross income. If a net operating loss included, check here			1					
2	Itemized deductions or standard deduction			2					
3	Subtract line 2 from line 1			3					
4a	Reserved for future use			4a					
b	Qualified business income deduction			4b					
5	Taxable income. Subtract line 4b from line 3. If the								
	is zero or less, enter -0- in column C			5					
Tax L	iability								
6	Tax. Enter method(s) used to figure tax (see instructi	ions):							
		-		6					
7	Nonrefundable credits. If a general business credit ca								
	check here	-	_	7					
8	Subtract line 7 from line 6. If the result is zero or less	s, enter	-0	8					
9	Reserved for future use			9					
10	Other taxes			10					
11	Total tax. Add lines 8 and 10			11					
Paym	nents								
12	Federal income tax withheld and excess social secu	irity and	d tier 1 RRTA						
	tax withheld. (If changing, see instructions.)			12					
13	Estimated tax payments, including amount applied fro	m prio	year's return	13					
14	Earned income credit (EIC)			14					
15	Refundable credits from: Schedule 8812 Form(s)							_	
	\square 8863 \square 8885 \square 8962 or \square other (specify):			15					
16	Total amount paid with request for extension of tim tax paid after return was filed	e to file	e, tax paid with				16		
17	Total payments. Add lines 12 through 15, column C,	, and lir	ne 16				17		
Refu	nd or Amount You Owe								
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS						18		
19	, , ,								
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference						20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return								
22	Amount of line 21 you want refunded to you						22		
23	Amount of line 21 you want applied to your (enter ye	ear):	estim	nated	tax 23				
					Com	plete and si	gn this	form on page 2.	

Form 1040-X (Rev. 2-2024) Page 2 **Dependents** Part I A. Original number Complete this part to change any information relating to your dependents. B. Net change-C. Correct of dependents This would include a change in the number of dependents. amount of increase reported or as number or (decrease) Enter the information for the return year entered at the top of page 1. previously adjusted 24 24 Reserved for future use Your dependent children who lived with you 25 25 26 26 Reserved for future use 27 Other dependents 27 28 28 Reserved for future use Reserved for future use 29 29 List **ALL** dependents (children and others) claimed on this amended return. 30 (d) Check the box if qualifies for **Dependents** (see instructions): (see instructions): (b) Social security (c) Relationship Credit for other If more Child tax credit (a) First name Last name number to you dependents than four dependents. see instructions and check

Part II 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.

	1									
	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.									
Sign Here	Your signature		Date	Your occupation	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Phone no.		Email address							
Paid	Preparer's name	Prepare	's signature	signature		PT	ΓIN	Check if:		
								Self-employed		
Preparer Use Only	Firm's name						Phone no.			
Use Uniy	Firm's address							Firm's EIN		

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here

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