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

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

(Re	v. Octo	ober 1	1992)		See separate inst	ructio	ons.		- 1				
Th	is ret	urn	is for calendar ye	ar ▶ 19 , C	R fiscal year ended	1 ▶					, 19		
	You	ur firs	t name and initial		-	Last	t name		,	Your soci	al securi	ty number	
t or type	If a joint return, spouse's first name and initial Last name							:	Spouse's s	ocial secu	rity number		
se print	Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Telephone number (optional)			
Please	City	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.								For Paperwork Reduction Act Notice, see page 1 of separate instructions.			
Ente	er name	e and	address as shown on orig	inal return. If same as abo	ve, write "Same." If changino	g from s	separate to joint re	eturn, enter r	names and	l addresses	s from orio	ginal returns.	
A	Serv	rice (center where origin	al return was filed	B Has original retu If "No," have yo If "Yes," identify	ou be	en notified th						
С	to a	tax	shelter required to	be registered? .	em (loss, credit, dedu 							s 🗌 No	
D	On o	- rigina	al return ▶ ☐ Single	Married filing join		ing se _l	eturns after the parate return parate return	Head	ate has of houseld of houseld	hold \Box	Qualifyi	ng widow(er)	
	Income and Deductions (see instructions) A. As originally reported or as adjusted (see locations) adjusted (see locations)						. Net cha Increase ecrease)— on page	nge— e or explain	C . (Correct nount			
_	1	Tota				1	instruction	S)	on page	: 2			
	2		ustments to income			2							
	3	_	usted gross income			3							
	4	-	nized deductions or			4							
	5		otract line 4 from lin			5							
	6	Exe	mptions. If changin	g, fill in Parts I and	Il on page 2	6							
	7 Taxable income. Subtract line 6 from line 5				5	7							
ţ	8	Tax	(see instructions). I	Method used in col	. C	8							
Tax Liability	9		dits (see instructions			9							
Lia	10				10								
ă	11		taxes (such as self-employment tax, alternative minimum tax, etc.)			11							
느	12	Tota	al tax. Add lines 10	and 11	<u> </u>	12							
	13	Fed	eral income tax v	vithheld and exces	ss social security,								
	Medicare, and RRTA taxes withheld. If changing, see instruct			ng, see instructions	13								
nts	14		imated tax payment	ts		14							
me	15		ned income credit			15							
Payments	16	1 3							17				
_	17	the state of the s							17 18		<u> </u>		
	Amount paid with original return plus additional tax paid after it was filedAdd lines 13 through 18 in column C								19				
	•••	7100	inios ro unough i		Amount You Owe					17			
	20	Ove	arnayment if any a		return or as previou	ıclv a	diusted by th	A IDS		20			
	21		otract line 20 from li	_		•				21			
	22				nore than line 21, enter				tions .	22			
	23				n C, is less than line					23			
Si	gn		Under penalties of perju and statements, and to	ry, I declare that I have fi the best of my knowled	ed an original return and the ge and belief, this amende e preparer has any knowle	nat I ha ed retu	ve examined this	amended r t, and com	eturn, incl plete. Dec	luding acc claration c	companyii of prepare	ng schedules er (other than	
	ere		taxpayer) is based on al	I information of which th	e preparer has any knowle	edge.							
	ep a c his re				1						1		
for	your ords.		Your signature		Date		Spouse's signatu	re If a joint	return R∩	ITH must s	ian F	Date	
_			Preparer's		Date	Date		<u> </u>	rotuili, BO			security no.	
Pai Pre	d parer	's -	signature					neck if If-employed					
Use Only			Firm's name (or yours if self-employed) and address						No. code				

HIII	1040X (Rev. 10-92)								Pa
Par	If you are not changing your If claiming more exemptions,	Exemptions. See Form 1040 or Form 1040A instructions. If you are not changing your exemptions, do not complete this part. If claiming more exemptions, complete lines 24–30 and, if applicable, line If claiming fewer exemptions, complete lines 24–29.					. Net change	C. Corre	
4	Yourself and spouse			24					_
	Caution: If your parents (or some								
	(even if they chose not to), you can		emption for yourself.						
	Your dependent children who live	25							
	Your dependent children who d			26					
	separation	27					_		
	Total number of exemptions. Ac	28					_		
	For tax year 1992, if the amo \$78,950, see the instructions. number of exemptions claimed amount on page 1, line 3, is mo Otherwise, multiply \$2,150 by the 28. For tax year 1990, use \$10.00 Enter the result here and on page 1.	Otherwise, mul on line 28. For the re than \$75,000, ne number of exe (2,050; for tax ye	tiply \$2,300 by the tax year 1991, if the see the instructions. emptions claimed on ar 1989, use \$2,000.	29					
	Dependents (children and other							l	
	(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		(e) No. of months live in your hom				
							live with yo	u due to	Г
							(see instruc		L
							No. of othe		Г
							dependents line 30 .		
ar	If your child listed on line 30 dichere	es to Income, l m page 1 for ead I schedules for	Deductions, and C chitem you are char items changed. If y	Credits nging ar ou don	nd give tl	ne reason f Form 1040	or each cha	▶ ange. Atta	ch
_ า∈ t :	change pertains to a net opera shows the year in which the loss	ting loss carryba	ck or a general busin	ess cre	dit carrvl	oack, attach	the schedu		
_									_
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Part III	Presidential Election Campaign Fund						
	Checking below will not increase your tax or reduce your refund.						