

OMB No. 1545-0091

Thi	s ret	urn	is for calendar year ▶ 19 , OR fiscal year	r ended						, 19			
/be	You	ur firs	t name and initial	Last nam	е				Your	social so	ecurity number		
it or type	If a joint return, spouse's first name and initial Last name								Spous	Spouse's social security number			
ase print	Hor	me ad	dress (no. and street) or P.O. box if mail is not delivered to your home	1			Apt.	no.	Telepi	hone nur	nber (optional)		
Please	City	, tow	n or post office, state, and ZIP code. If you have a foreign address, se	e instructio	ns.					aperwor	k Reduction Act age 4.		
В	Has Filing On o On th	the g sta rigina nis re	me or address shown above is different from that soriginal return been changed or audited by the IRS atus. Be sure to complete this line. Note: You cannot return Single Married filing joint return Married filing joint return Married filing joint return Married filing person is a child but not your dependent, see instructions.	or have not chang Married filir Married filir	you ge fro	been notifi om joint to s parate return	ed that separate	it will be e returns ad of hous ad of hous	e? . s <i>after</i> is sehold sehold*	the due	Yes No e date. alifying widow(er)		
		USE	PART II ON BACK TO EXPLAIN ANY CHANG	GES		A. Original amount or as previously adjusted		Incre	change— ase or ease)—	-	C. Correct amount		
	1 2 3 4 5	Iten Sub Exe	Income and Deductions (see instructions) usted gross income (see instructions)		1 2 3 4 5	(see instruc	ctions)	explain	in Part II				
Tax Liability	6 7 8 9 10	Tax Cre Sub Oth	(see instructions). Method used in col. C	 zero .	6 7 8 9								
Payments	12 13 14 15 16	Esti yea Ear Cre Amo	leral income tax withheld and excess social securit TA tax withheld. If changing, see instructions mated tax payments, including amount applied from r's return	prior prior n prior	after	it was filed	d		. 1 . 1	6			
		Sub AM If lin Am	Refund or Amount You erpayment, if any, as shown on original return or as stract line 18 from line 17 (see instructions) OUNT YOU OWE. If line 10, column C, is more than line 10, column C, is less than line 19, enter the did ount of line 21 you want REFUNDED TO YOU . Ount of line 21 you want APPLIED TO YOUR 19	previous 19, enter	the c		id see in	struction	. 1 . 1 . 2 . 2	9 0 1			
Sign Here Keep a copy of this return for your		ору	Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, inclu and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declar taxpayer) is based on all information of which the preparer has any knowledge. Your signature Date Spouse's signature. If a joint return, BOTI								panying schedules eparer (other than		
records. Paid Preparer's			Preparer's signature Firm's name (or		Date Check if self-employed					Preparer's social security no.			
Use Only			yours if self-employed) and address		ZIP code								

	instructions.								A. Origin number exemption				C. Corr	:t
	If claim	ing more e	nging your exemp xemptions, compl exemptions, comp	lete line	s 24–30 and		, line 3	31.	reported of previous adjuste	or as sly	B. Net o	hange	number o exemption	
24	Yourse	elf and spo	use					24						
	Caution: If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself.													
) 5								25						
	Your dependent children who lived with you													
		eparation						26						
<u>?</u> 7		dependent					27 28							
8	Total n	number of e	exemptions. Add	lines 2	24 through 27									
29	Multiply the number of exemptions claimed on line 28 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.													
		Tax year	Exemption amount	Bu	ut see the ins									
		1997	\$2,650	1110	\$90,900									
		1996 1995	2,550 2,500		88,475 86,025									
		1994	2,450		83,850			29						
24 25 26 27 28 29 30	Depen	dents (chile	dren and other) n	ot clair	med on oria	inal (or adius	ited) r	eturn:				No. of		
	Dependents (children and other) not claimed on original (or adjusted)									1		childre	n on line o:	
25 26 27 28 29 30 Par				(b) Dependent's social security number. If born in the				(c) Dependent's			No. of hths lived	• lived	with	
	(a) Firs	t name	Last name			u are amending, structions.	r	elations	nip to you		our home	you	•	
					;	;						• did ı		
						1						divorce	u due to or	
												separa	tion (see tions)	
					-	1							•	
												Depend on line		
81	For tax	years befo	re 1996, if your chi	ld listed	d on line 30 d	id not live wit	h you	but is	claimed as	your	depender	1		
		nent, check												
Pai	t II E	xplanatio	on of Changes	to Inc	ome, Ded	uctions, an	nd Cr	edits						
	E	nter the li	ne number from	the fi	ront of the	form for ea	ch ite	m you	ı are cha	nging	and giv	e the r	eason for	eac
	C	hange. Att	tach only the sup n, your Form 104	oportin	ig forms an	d schedules	for the	he iter	ns chang	ed. If	you do r	ot atta	ch the red	iire
		ttachment		UN IIIa	y be return	eu. De suie	io iiic	iuue y	oui name	anu	SUCIAI S	ecurity	number c	aı
f th	chano	io rolatos ti	o a net operating	loss o	arryback or	a gonoral bi	ıcinos	c croo	lit carryba	ck at	tach the	schodu	lo or form	
hat	shows	the vear in	which the loss of	r credi	t occurred.	See instruction	ons. A	is ciec	neck here					
		· · J · ·												
														_