1040X

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

► Go to www irs nov/Form1040X for instructions and the latest information

OMB No. 1545-0074

(Rev. Ja	nuary 2019) ► Go to www.irs.gov/Form10	<i>40X</i> for instructions an	d the	latest information	Č.		
This r	etum is for calendar year 📝 2018 🗌 2017 📗	2016 2015					
Other	year. Enter one: calendar year or fiscal y	ear (month and year e	endec	d):			
Your fire	st name and initial	Last name	Your social security number				
Jennif	er E.	Brownson					
If a joint	return, spouse's first name and initial	Last name	Spouse's social security number				
Current PO Bo	home address (number and street). If you have a P.O. box, see instr x 1053	Apt. no.			Your phone number		
City, to	vn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces belo	w. See	instructions.	20		
Snowf	ake, AZ 85937	***					
Foreign	country name	Foreign province/stat	e/coun	ity	For	eign postal	code
chang from a ✓ Sin	ded return filing status. You must check one box eing your filing status. Caution: In general, you can't conjoint return to separate returns after the due date. Gle Married filing jointly Married filing sead of household (If the qualifying person is a child but	change your filing stat	fying	2018 amende widow(er)			rage (or, for empt). See inst.
	ad of flousefiold (if the qualifying person is a child but	. not your dependent,	3001	A. Original amount	B. Net ch	ango	
Incor	Use Part III on the back to explain any ne and Deductions	changes		reported or as previously adjusted (see instructions)	amount of or (decre explain in	increase ase)—	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL		22.50		3		V. W. L. W.
250	included, check here		1	386			386
2	Itemized deductions or standard deduction		2	12,000			12,000
3	Subtract line 2 from line 1		3	0			0
4a	Exemptions (amended returns for years before 2018 complete Part I on page 2 and enter the amount from		4a	0			0
b	Qualified business income deduction (2018 amended		4b	0			0
5	Taxable income. Subtract line 4a or 4b from line 3.	1929.					
	or less, enter -0	E E E 3 3 30 C	5	0			0
Tax L	iability						
6	Tax. Enter method(s) used to figure tax (see instruct	ions):					111
7		de de aberde bene North	7	0		0	0
7 8	Credits. If a general business credit carryback is included, check here Subtract line 7 from line 6. If the result is zero or less, enter -0			1717		1161	2878 0
9	Health care: individual responsibility (see instruction	3)	8		<u> </u>	U	
10	Other taxes	3)	10				
11	Total tax. Add lines 8, 9, and 10		11	0		0	0
Paym		- NO 101 NO 1020 - NO 1020				35	
12	Federal income tax withheld and excess social secutax withheld. (If changing, see instructions.)		12				
13	Estimated tax payments, including amount applie		1225112				
alal.	return		13				
14	Earned income credit (EIC)		14		1		
15	Refundable credits from: Schedule 8812 Fo	orm(s) 2439					
	ather (enecify):	4.000 (100 (100 (100 (100 (100 (100 (100	15				
16	Total amount paid with request for extension of tim		1	inal return, and a	dditional		
	tax paid after return was filed					16	
17	Total payments. Add lines 12 through 15, column C,	and line 16			3 3	17	0
	nd or Amount You Owe						
18	Overpayment, if any, as shown on original return or		11200			18	0
19	Subtract line 18 from line 17. (If less than zero, see i					19	0
20	Amount you owe. If line 11, column C, is more than					20	0
21	If line 11, column C, is less than line 19, enter the di					21	
22	Amount of line 21 you want refunded to you				1 1	22	
23	Amount of line 21 you want applied to your (enter ye	ear): estim	ated	tax 23	1040 000 1		

Form 1	040X (Rev. 1-2019)							Page 2
Par	Exemption	s and Dependents	ř					
you re			ing to exemptions (to This would include a					
AUTION	other applicable lin	nes. m 1040 or, for amend	led returns for years b	24, 28, and 29 blank. Fill in all returns for years before 2018,			B. Net change	C. Correct number or amount
108108		100 to 1000	the Form 1040X instru			adjusted		
24	dependent, you ca 2018 return, leave	an't claim an exempti line blank	omeone can claim on for yourself. If ame	ending your	24			
25		hildren who lived with		25				
26			ith you due to divorce o		26			
27			1 1 1 2 1 1		27			
28	Total number of ex 2018 return, leave		24 through 27. If ame		28			
29	amount shown in amending. Enter the amending your 20	the instructions fo he result here and on 18 return, leave line b	med on line 28 by the r line 29 for the ye line 4a on page 1 of lank	ar you are this form. If	29			
30	List ALL depender	nts (children and other	s) claimed on this am	ended return	. If mo	re than 4 depend	lents, see inst. a	ınd ✓ here ► 🗌
Deper	ndents (see instruction	is):				(d) √if q	ualifies for (see ins	structions):
(a) First name Last name		(b) Social security number	(c) Relation to you		Child tax cred		dit for other dependents 018 amended returns only)	
_		N. II. T. B. B. COURT OF BUTCHES AND A STATE OF THE STATE	Constante Man Material					
Part		I Election Campai						
		crease your tax or red						
			\$3 to go to the fund, I Ir spouse did not prev		¢2 +0	as to the fund b	ut nove do co	
Part			e space provided bel					
ıaıı		ment alment ducti themen their Affili alter Cinciniscus	ts and new or change			il desirui nationamente en en en en en en	1040%.	
Under statem oased	penalties of perjury, I dents, and to the best of		n original return and that ief, this amended return					
Your s	ignature		Date	Your occupation	n			
Spous	e's signature. If a joint ret	urn, both must sian.	Date	Spouse's occu	pation			
0.50	Preparer Use On		, , , , , , , , , , , , , , , , , , , 	-p-2000 0 000d				

Date

Check if self-employed

Firm's name (or yours if self-employed)

Phone number

Firm's address and ZIP code

Preparer's signature

PTIN

Print/type preparer's name

EIN