

Amended U.S. Individual Income Tax Return

(Rev. January 2019)

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

This return is for calendar year 2018 2017 2016 2015

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial Jennifer E.	Last name Brownson	Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. PO Box 1053	Apt. no.	Your phone number
---	----------	-------------------

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Snowflake, AZ 85937

Foreign country name	Foreign province/state/county	Foreign postal code
----------------------	-------------------------------	---------------------

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date. Full-year health care coverage (or, for 2018 amended returns only, exempt). See inst.

Single Married filing jointly Married filing separately Qualifying widow(er)

Head of household (if the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

Income and Deductions

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	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 only). If changing, complete Part I on page 2 and enter the amount from line 29	4a 0		0
b Qualified business income deduction (2018 amended returns only)	4b 0		0
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5 0		0

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions):	6 0	0	0
7 Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7 1717	1161	2878
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 0	0	0
9 Health care: individual responsibility (see instructions)	9		
10 Other taxes	10		
11 Total tax. Add lines 8, 9, and 10	11 0	0	0

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12		
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16	17		0

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		0
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		0
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		0
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22 Amount of line 21 you want refunded to you	22		
23 Amount of line 21 you want applied to your (enter year): estimated tax 23	23		

Complete and sign this form on page 2.

