

Veteran Disability Severance

Form **1040X**

(Rev. January 2018)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

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

This return is for calendar year 2017 2016 2015 2014
Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial	Last name	Your social security number
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If a joint return, spouse's first name and initial	Last name	Spouse's social security number
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Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

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

- Single Head of household (If the qualifying person is a child but not your dependent, see instructions.)
 Married filing jointly Married filing separately Qualifying widow(er)

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

- Yes No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount 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			
2 Itemized deductions or standard deduction	2			
3 Subtract line 2 from line 1	3			
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4			
5 Taxable income. Subtract line 4 from line 3	5			

Tax Liability

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

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): Disability Severance Payment	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			

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18			
19 Subtract line 18 from line 17 (If less than zero, see instructions.)	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	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				

Complete and sign this form on Page 2.

