Veteran Disability Severance



Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return > 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			
If a joint return, spouse's first name and initial			Last name				Spouse's social security number			
l Current home address (number and street). If you have a P.O. box, see instru			uctions. Apt. no.			Your phone number				
City, tov	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 provinc					ty		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. Single Head of household (If the qualifying person is a child but not your dependent, see instructions.) Married filing separately Qualifying widow(er) Use Part III on the back to explain any changes I						If all members of your household have full- year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions. Yes No A. Original amount B. Net change-				
Incon	ne and Deductions		inges		or as previously adjusted (see instructions)	amount of increase or (decrease)— explain in Part III		C. Correct amount		
1 2 3 4	Adjusted gross income. If a net operating loss (included, check here	 	and enter the	1 2 3 4						
5	Taxable income. Subtract line 4 from line 3			5						
	iability									
6	Tax. Enter method(s) used to figure tax (see instruction	ons)	:	6						
7	Credits. If a general business credit carryback i		ncluded, check	7						
8	Subtract line 7 from line 6. If the result is zero or less			8						
9 10	Health care: individual responsibility (see instructions Other taxes	,		9 10						
11	Total tax. Add lines 8, 9, and 10			11						
Paym	ents									
12	Federal income tax withheld and excess social securitax withheld. (If changing , see instructions.)			12						
13	Estimated tax payments, including amount applied return			13						
14 15	Earned income credit (EIC)	orm(s		14 15						
16	Total amount paid with request for extension of time tax paid after return was filed									
							-	-		
	nd or Amount You Owe									
18	Overpayment, if any, as shown on original return or as previously adjusted by the							-		
19 00	Subtract line 18 from line 17 (If less than zero, see instructions.) Amount you owe. If line 11, column C, is more than line 19, enter the different									
20 21	Amount you owe. If line 11, column C, is more than lin If line 11, column C, is less than line 19, enter the dif									
21	Amount of line 21 you want refunded to you				•					
23	Amount of line 21 you want applied to your (enter year				1 1	•	. 22			

Form 1040X (Rev. 1-2018)

Part I Exemptions

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.					A. Original number of exemptions or amount reported or as previously adjusted		let change	C. Correct number or amount	
24	Yourself and spouse dependent, you can't	24							
25	Your dependent child	25							
26	Your dependent children	26							
27	Other dependents .	27							
28	Total number of exem	28							
29	Multiply the number o amount shown in the amending. Enter the re	29							
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.								
	(a) First name	Last name (b) Dependent's so security number			(c) Dependent's relationship to you		(d) Check box if qualifying child for child tax credit (see instructions)		
Par	III Presidential E	lection Campaign Fun	d						
	0	se your tax or reduce you							
	Check here if you didn't	previously want \$3 to go	to the fund, but now do.						
	Check here if this is a jo	int return and your spous	e did not previously want §	\$3 to	go to the fund, b	ut no	w does.		

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

Attach any supporting documents and new or changed forms and schedules.

Veterans disability severance payment claim using the simplified method for the calendar year of the original severance payment.

Verification of Disability Severance Payment is attached.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here								
Your signature	Date	Your occupa	ition	_				
•								
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation						
Paid Preparer Use Only								
Preparer's signature Date		Firm's name (or yours if self-employed)						
Print/type preparer's name		Firm's addres		ess and ZIP code				
	Check if self-	employed						
PTIN			Phone number	EIN				

For forms and publications, visit IRS.gov.