

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.
 ► Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2022 **or fiscal year** (enter month and year ended)

Your first name and middle initial <u>SUSIE B</u>	Last name <u>SAMPLE</u>	Your social security number <u>550-55-1111</u>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. <u>123 THIS CIRCLE</u>		Apt. no. Your phone number <u>805-111-1111</u>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. <u>SAN LUIS OBISPO, CA 93401</u>		
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 married filing jointly to married filing separately after the return due date.

Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.
 Use Part III on page 2 to explain any changes.

	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
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Income and Deductions

1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1	30700	(700)	30000
2 Itemized deductions or standard deduction	2	12950		12950
3 Subtract line 2 from line 1	3	17750	(700)	17050
4a Reserved for future use	4a			
b Qualified business income deduction	4b			
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5	17750	(700)	17050

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): <u>TABLE</u>	6	1928	(84)	1844
7 Nonrefundable 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	1928	(84)	1844
9 Reserved for future use	9			
10 Other taxes	10			
11 Total tax. Add lines 8 and 10	11	1928	(84)	1844

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	2700		2700
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			2700

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		772	
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19		1928	
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		84	
22 Amount of line 21 you want refunded to you	22		84	
23 Amount of line 21 you want applied to your (enter year):	23	estimated tax		

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25		
26 Your dependent children who didn't live with you due to divorce or separation	26		
27 Other dependents	27		
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

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

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

LINE 1 - CA 1099MISC FOR MCTR IS NOT TAXABLE AND WAS REPORTED AS INCOME ON THE ORIGINAL RETURN

Sign Here	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.				
	▶ _____ Your signature	_____ Date	TEST CLIENT Your occupation		
	▶ _____ Spouse's signature. If a joint return, both must sign.	_____ Date	Spouse's occupation		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SLO-SUSAN KNOWLES				S70016620
	Firm's name ▶ NSBC UNITED WAY FINANCIAL LITERACY	Firm's address ▶ 800 S COLLEGE DR AH COLLEGE, ROOM S-101 SANTA MARIA CA 9		Firm's EIN ▶	Phone no. (805) 922-0329