



AMENDED INDIVIDUAL TAX RETURN

SF-1040X

Enter calendar year of ending date of fiscal year of this return

YEAR

MO / DAY / YEAR

Form with sections: Part I Identification and Information, Part II INCOME, ADDITIONS AND DEDUCTIONS, Part III CREDIT AND PAYMENTS, Part IV REFUND OR BALANCE DUE. Includes fields for name, address, filing status, income, and tax calculations.

Part I Exemptions		Complete only if a change in exemptions			
		A Number originally reported	B Net Change	C Corrected number	
1	Exemptions - yourself and spouse				
2	Your dependent children who lived with you				
3	Other dependents				
4	Total exemptions (add lines 1 thru 3)				
5	Multiply the total number of exemptions claimed by \$750.00 (for 1999 thru 2008 use \$1,500.00 and \$600.00 for 1998 and prior years)				
6	Enter first names of your dependent children who lived with you, but were not claimed on original return:			Enter Number	
7	Other dependents not claimed on original return:			Enter Number	
	Name	Relationship	Number of months lived in your home	Did dependent have income of \$750.00 or more?	Did you provide more than one-half of dependent's support?
				Yes No	Yes No
				Yes No	Yes No

Part II Explanation of changes to income, deductions, and credits

Enter the line reference from pg 1 for which you are reporting a change and give the reason for each change.
Attach applicable schedules.

Instructions for filing the amended return

Lines 1 thru 11 in column A should appear the same as they were last (as originally filed, as corrected by Springfield or as last amended). Column B should contain only the amount to be added or subtracted from that particular line. Column C should contain the correct amount.

All amounts appearing in column B must be explained on pg 2, part II and must have all supporting documentation attached for verification, this includes but is not limited to the following: A copy of the Federal 1040X, IRS letter of adjustment, additional and or corrected schedules, forms, worksheets, etc.

If you need assistance in preparing your Springfield return, you may come into our office or call 269-965-8324. Office hours are 7:00 am to 6:00 pm, Monday thru Thursday. City Hall is closed on Fridays.

Sign Here

Taxpayer's signature	Date	Signature of preparer other than taxpayer	Date
Sign Here	Spouse's signature	Date	Address and phone number

Mail completed return to: City of Springfield, Income Tax Department, 601 Avenue A, Springfield, MI 49037-7774
(Make checks payable to: City of Springfield)