

**AMENDED  
Income Tax Form**

**\*\*\*\* A COPY OF THE ORIGINAL MUST ACCOMPANY THIS AMENDED RETURN\*\*\*\***

Year Being Amended \_\_\_\_\_

Social Security  
or Federal I.D.# \_\_\_\_\_

Type of Return \_\_\_\_\_

Name \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Reason for Amendment (including calculations) \_\_\_\_\_

- |   |          |
|---|----------|
| 1. INCOME .....   | 1. _____ |
| 2. ADDITIONS TO INCOME .....                              | 2. _____ |
| 3. SUBTRACTIONS FROM INCOME .....                         | 3. _____ |
| 4. IRA DEDUCTIONS .....                                   | 4. _____ |
| 5. ADJUSTED INCOME (add line 1 & 2, Subtract 3 & 4) ..... | 5. _____ |
| 6. EXEMPTIONS .....                                       | 6. _____ |
| 7. TAXABLE INCOME (Line 5 less line 6) .....              | 7. _____ |
| 8. TAX .....  | 8. _____ |

Original Tax Paid \_\_\_\_\_

Original Tax Refunded \_\_\_\_\_

Additional Amount to be Refunded \_\_\_\_\_

Additional Amount Owed \_\_\_\_\_

Interest - .0002493 per day. \_\_\_\_\_

Penalty - 1% per month not to exceed  
25% of tax owed or a combined  
minimum of \$2.00 \_\_\_\_\_

**TOTAL TAX DUE** \_\_\_\_\_

**\*\*\*\* A COPY OF THE ORIGINAL MUST ACCOMPANY THIS AMENDED RETURN\*\*\*\***

I declare, under perjury, that the information on this return and attachments is true and complete

I authorize the CITY to discuss my  
claim and attachments with my  
preparer

DO NOT discuss  
claim with my preparer

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_

I declare, under penalty of perjury that this return is  
based on all information of which I have knowledge.  
**PREPARER'S SIGNATURE & ADDRESS**

Phone (     ) \_\_\_\_\_