

**Amended A.S. Individual Income Tax Return**

For Tax Office use only

This return is for calendar year , or fiscal year ended

<b>Please print or type</b>	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Your social security number
	Home address (no. and street) or P.O. box if mail is not delivered to your home		Home Phone Number
	City, town or post office, state, and ZIP code. If you have a foreign address.		Business Phone Number

- A** If the name or address shown above is different from that shown on the original return, Check here
- B** Has the original return been changed or audited by the ASG Tax Office or have you been notified that it will by?  Yes  No
- C** Filing status. Be sure to complete this line. *Note: You cannot change from joint to separate returns after the due date.*
- On original return  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)
- On this return  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)
- \* If the qualifying person is a child but not your dependent.

USE PART II ON THE BACK TO EXPLAIN ANY CHANGES

		A. Original amount or as previously adjusted	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
<b>Income and Deductions</b>				
<b>1</b> Adjusted gross income .....	<b>1</b>			
<b>2</b> Itemized deductions or standard deduction .....	<b>2</b>			
<b>3</b> Subtract line 2 from line 1 .....	<b>3</b>			
<b>4</b> Exemptions. If changing, fill in Parts I and II on back .....	<b>4</b>			
<b>5</b> Taxable income. Subtract line 4 from line 3 .....	<b>5</b>			
<b>Tax Liability</b>				
<b>6</b> Tax .....	<b>6</b>			
<b>7</b> Credits .....	<b>7</b>			
<b>8</b> Subtract line 7 from line 6. Enter the result but not less than zero .....	<b>8</b>			
<b>9</b> Other taxes .....	<b>9</b>			
<b>10</b> Total tax. Add lines 8 and 9 or ASG minimum tax of AGI if larger .....	<b>10</b>			
<b>Payments</b>				
<b>11</b> American Samoa income tax withheld .....	<b>11</b>			
<b>12</b> Estimated tax payments, including amount applied from prior year's return .....	<b>12</b>			
<b>13</b> Earned income credit (Not applicable in AS) .....	<b>13</b>			
<b>14</b> Additional child tax credit from Form 8812 .....	<b>14</b>			
<b>15</b> Credits from Form 4163 or Form 2439 .....	<b>15</b>			
<b>16</b> Amount paid with Form 4868, 2688, or 2350 (applications for extension of time to file) .....	<b>16</b>			
<b>17</b> Amount of tax paid with original return plus additional tax paid after it was filed .....	<b>17</b>			
<b>18</b> Total payments. Add lines 11 through 17 in column C .....	<b>18</b>			
<b>Refund or Amount You Owe</b>				
<b>19</b> Overpayment, if any, as shown on original return or as previously adjusted by the Tax Office .....	<b>19</b>			
<b>20</b> Subtract line 19 from line 18 .....	<b>20</b>			
<b>21</b> Amount you owe. If line 10, column C, is more than line 20, enter the difference .....	<b>21</b>			
<b>22</b> If line 10, column C, is less than line 20, enter the difference .....	<b>22</b>			
<b>23</b> Amount of line 22 you want Refunded to you .....	<b>23</b>			
<b>24</b> Amount of line 22 you want applied to your estimated tax .....	<b>24</b>			

**Sign Here** 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 of which the preparer has any knowledge.

Keep a copy for your record

Your signature _____	Date _____	Spouse's signature. If a joint return, BOTH must sign. _____	Date _____
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**Paid Preparer's Use Only**

Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
Firm's name (or yours if self-employed), address, and ZIP code _____		EIN _____	Phone no. _____

