

PART I. – EXEMPTIONS

1. Number of exemptions claimed on original return _____ →
2. Number of exemptions claimed on this return _____ →
3. Difference _____ →

NOTE: Explain any increase in exemptions in lines 4, 5 and 6 below. For decreases in exemptions, no entries need be made on lines 4, 5 and 6; explain this decrease in Part II below.

4. **Additional Exemptions for Yourself – and Spouse** (Check only those boxes not checked on original return)
- | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|---|
| | Regular | 65 or over | Blind | |
| { Yourself ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | } Enter number of boxes checked _____ → |
| { Spouse ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

5. Enter first names of your dependent children who lived with you, but were not claimed on original return
- Enter number _____ →

6. Other dependents not claimed on original return	(a) NAME Enter figure 1 in the last column to right for each name listed (if more space is needed, attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year also write "B" or "D"	(d) Did dependent have income of \$1500 or more?	(e) Amount YOU furnished for dependent's support. If 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.	
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							→
							→

PART II. – EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS, AND CREDITS. SHOW COMPUTATIONS IN DETAIL. ATTACH APPLICABLE SCHEDULES.