# AMENDMENT TRAINING 2024

TAX YEAR 2023 | TAX SEASON 2024



# AMENDING A TAX RETURN (1040-X)

## WHY FILE AN AMENDED RETURN?

#### Per the IRS:

- If you discover an error after filing your return, you may need to amend your return. The IRS may correct certain errors on a return and may accept returns without certain required forms or schedules. In these instances, there's no need to amend your return.
  - However, file an amended return if there's a change in your filing status, income, deductions, credits, or tax liability.
    - The most common reason for an amended return is the client says they received/found another W2 or 1099 after initial filing.

Note: it takes at least 20 weeks to process an amended return!

# WHEN CAN WE AMEND A RETURN?

#### Original return not processed yet?

- Getting more money back? Taxpayers should wait for the refund from their original tax return before filing an amended return. They can cash the refund check from the original return before receiving any additional refund.
- Having to pay back? Taxpayers filing an amended return because they owe more tax should file form 1040-X and pay the tax as soon as possible.

#### Original return already processed?

 Generally, to receive a credit or refund, you must file Form 1040-X within 3 years (including extensions) after the date you filed your original return or within 2 years after the date you paid the tax, whichever is later.

# CAN WE E-FILE AMENDED RETURNS?

#### **PAPER FILE:**

- 2018, 2019, and 2020 tax years.
- State return.
- The original return was filed by paper.
- The primary and/or spouse's (if applicable) SSN is different from the one provided on the original return.
- The original return was filed as a surviving spouse.
- Responding to an IRS notice & including other changes to the return not mentioned in the notice (send to address notice).

#### **ELECTRONICALLY FILE (E-FILE):**

- 2021, 2022, and 2023 tax years.
- The original federal return was e-filed and accepted.
- The tax year has been amended < three times.
- We did the original return at Ladder Up or can recreate it with all the original documents.



If the client brings in transcripts, they must be unredacted. If they are redacted, meaning the EINs are not visible, the amendment must be filed on paper.

# BEFORE YOU START

Make sure you ask all the questions on this tracker to understand why the client needs to amend.

#### **Amendment Tracker**

Note: We MUST have a copy of the original 1040 filed to process an amendment.

Last Name:
Last 4 SS:
Tax Year:
(One form per year)

#### **Case Reviewer Section:**

Original return prepared by Ladder Up:	YES	NO
If Yes, What tax site location & date was it originally	Location:	
prepared: (Hint: See bottom of page 2 of 1040 for location)	Date:	
Reason for Amendment:		
Change of Filing Status	YES	NO
Add / Remove a dependent	YES	NO
Add / Remove a tax form	YES	NO
What kind of tax form/Notes:		

#### Tax Preparer Section:

Was the return originally e-filed or paper filed?	E-FILED	PAPER FILED
Reason for filing amendment:		

#### Paper file: If any of the below are YES, the FEDERAL amendment must be PAPER FILED.

Original return was paper filed.	YES	NO
Primary Taxpayer or Spouse's SSN is different from the original		
tax return.	YES	NO
Original return was filed as surviving spouse (Prev. Widower)	YES	NO
Responding due to IRS notice/letter (send the amendment to		
address on notice).	YES	NO
Ladder Up did not prepare the original e-filed return and you are		
unable to recreate the original e-filed.	YES	NO

#### **Quality Reviewer Section:**

Steps to Complete:		
Thoroughly complete Quality Review for Amendment return.		
Refer and review Tax Preparer checklist above to determine if the	e amendment cou	uld be
e-filed or if it must be paper-filed.		
Follow Print Charts in the Amendment Intructions		
Federal Amendment:	E-File	Paper file
State Amendment:	Paper fi	le only
What location is the return saved?		

#### Client Packet for Site to File

Client Agreement form	YE	S
Efile Page, If applicable for Federal (Form 8879)	YES	NO
Amendment Tracker	YE	S

### WHAT YOU NEED

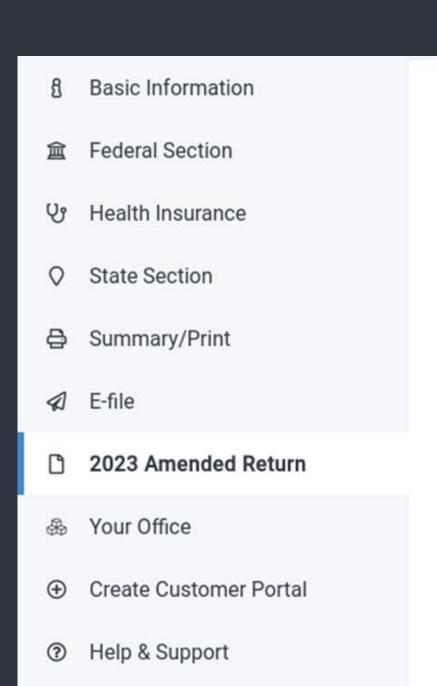
Make sure you have a copy of the original tax return filed with the IRS (or a transcript of the original tax return) **BEFORE** creating a 1040-X. (The client can call the IRS to get a copy if needed – it takes 10 days to get in the mail).

Log into your TaxSlayer account at the tax site that prepared the original return.

- If you don't have one, please ask the Site Leader to give you access to that specific tax site.
- Once you log in, print the original return if needed.
- Client Search Menu → Tools → Click on Client Status → Scroll down to Federal transmission section →
  next to Accepted is a printer icon

1	1	IT .	11 11		11	STATE	11			
SSN	FIRST	LAST	PHONE	PREPARER	STATUS	STATUS				
XXX-XX- 1234	JEFF	PICKENS	(312) 466-0771	IRS	In Progress			m	Tools 🗸	Select
XXX-XX- 1234	JOANNE	OAK	(312) 555-5555	IRS	Review	IL •••		→ ⊕ ⊕ •	Tools 🗸	Select

# AMENDING IN TAXSLAYER



Save & Exit Return



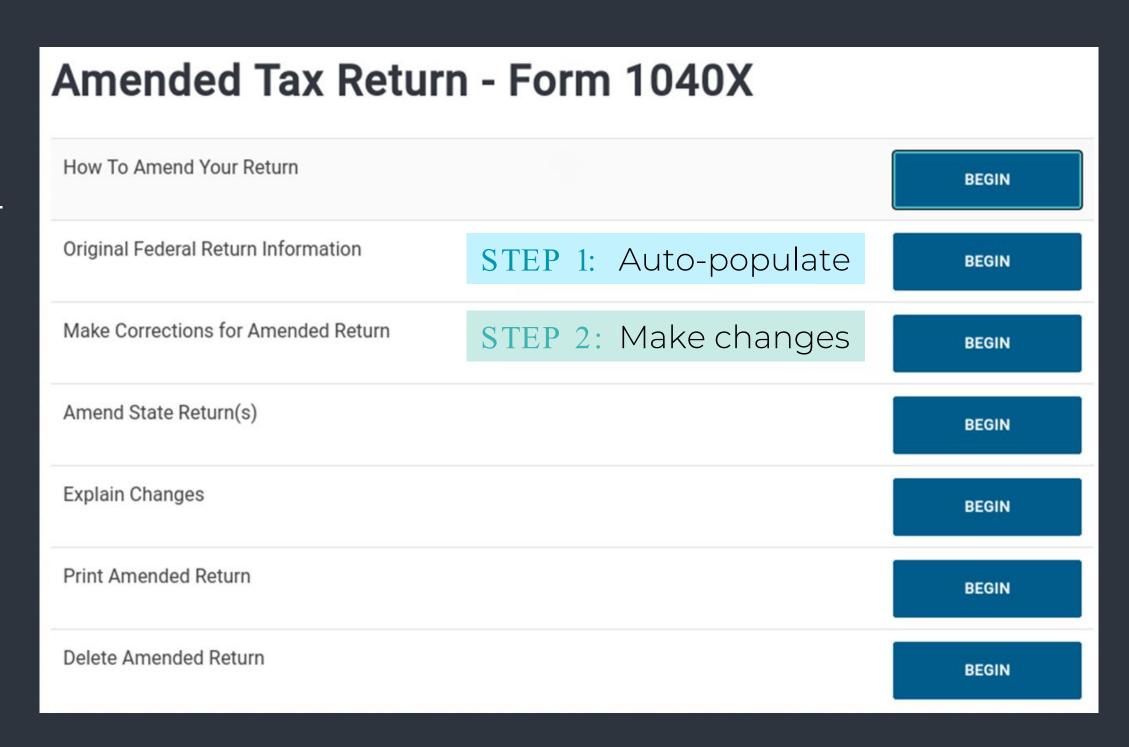
# SCENARIOI

AMENDING A RETURN PREPARED AT LADDER UP®

## AMENDING A RETURN WE PREPARED

#### Go through the steps in order:

- The original federal return information is supposed to autopopulate if the return has been accepted.
- Then make the changes and enter the explanation.



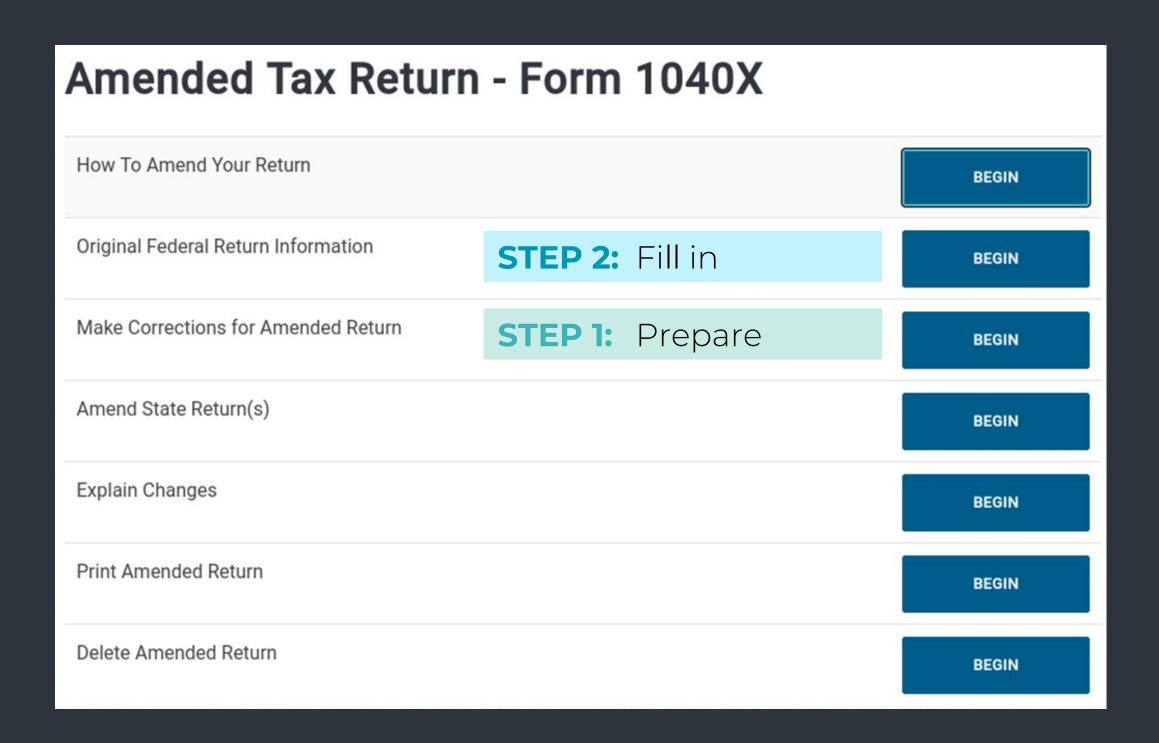
# SCENARIO 2

AMENDING A RETURN NOT PREPARED AT LADDER UP®

# AMENDING A RETURN WE DIDN'T PREPARE

#### Switch the order up:

- Create the **correct** return first.
- Then enter the original federal return information.
- No need for the "Make Corrections" step.



# AMENDING THE STATE RETURN

## **Amended State Return**

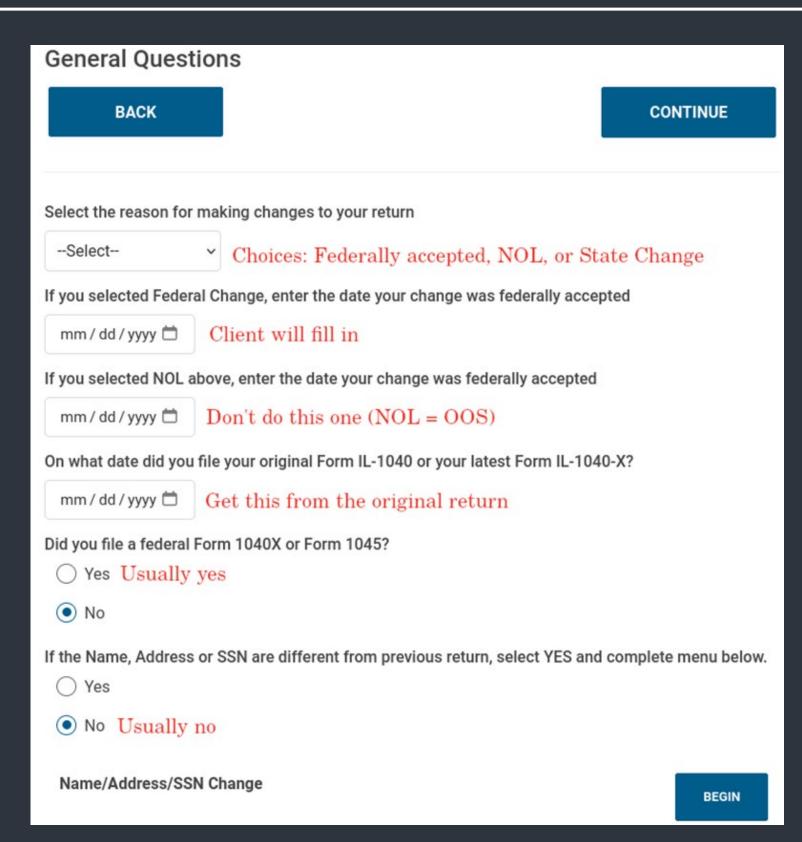
If you need to change your state residency status just delete the current return and start again. State forms differ by the type of residency you select.

State	Return Type		
Illinois	Resident	◆ Amend State	

CONTINUE

# AMENDING THE STATE RETURN

Most of your original information has been carried to your amended state return. Please print a copy of your originally accepted return and compare the values that are presented in the following menus to include any previous refunds received or payments made. Review your return before mailing in to the state. To complete a state amended return, select YES and enter the Amended Menu below. Yes ( ) No Information entered in the menus below will be for the Original Return. The corrected column will be pulled from your corrections made in the Federal and State return. General Questions BEGIN Use tax reported on your original return. You cannot change the use tax from what you originally reported. Total amount paid with original return and additional tax paid after return filed \$ Total of previous overpayments, refunds, or credit carryforward Explanation of Changes Copied from federal



### EXPLAIN WHY WE ARE AMENDING

- The IRS requires an explanation of the changes we are making.
- Keep it short and clear.

#### Examples of explanations (most common):

- Adding/removing income.
- W2, 1099s, Schedule C, etc.
- Adding/removing dependent(s).
- Changing filing status.

# AND NOW IT'S YOUR TURN!

# FINISHING THE RETURN

# E-File

Select an option below to get started.

- Original tax return
- Amended tax return

BACK

CONTINUE

The Quality Reviewer should...

- Mark the return as "E-file: Amended Tax Return".
- Print copies of forms 8879, 1040-X, and the entire corrected return for the client
- Review the new 1040 and the 1040-X with the client.
- Client MUST sign the 8879 to give Ladder Up permission to e-file the federal return.
- We can only do direct deposit for e-filed amendments. Direct debit is not available!

## REVIEW 1040-X

₺ **1040-X** 

Department of the Treasury-Internal Revenue Service

#### Amended U.S. Individual Income Tax Return

(Rev. February 2024) Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) or fiscal year (enter month and year ended) Your first name and middle initial Your social security number If joint return, spouse's first name and middle initial Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, didn't previously City, town, or post office. If you have a foreign address, also complete spaces below. State want \$3 to go to this fund, but now do. Checking a box below will not Foreign province/state/county Foreign country name Foreign postal code change your tax or refund. ☐ You ☐ Spouse 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 surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS 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 A. Original amount B. Net change -C. Correct reported or as amount of increase vear entered above. previously adjusted or (decrease) amount Use Part II on page 2 to explain any changes. (see instructions) explain in Part II Income and Deductions Adjusted gross income. If a net operating loss (NOL) carryback is Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C . . . . . . . . . . . . . . . Tax Liability Tax. Enter method(s) used to figure tax (see instructions): Nonrefundable credits. If a general business credit carryback is included, Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) . . . . . . . . . . . . . . Estimated tax payments, including amount applied from prior year's return 14 Refundable credits from: Schedule 8812 Form(s) 2439 4136 ■ 8863 ■ 8885 ■ 8962 or ■ other (specify): Total amount paid with request for extension of time to file, tax paid with original return, and additional Total payments. Add lines 12 through 15, column C, and line 16 . . . . . . . . . . . . . . . . . . **Refund or Amount You Owe** Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . . Subtract line 18 from line 17. (If less than zero, see instructions.) Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . . . . . If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return 21 Amount of line 21 you want applied to your (enter year): estimated tax | 23 |

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11360L

Form **1040-X** (Rev. 2-2024)

OMB No. 1545-0074

# REVIEW 1040-X

Page 2

Form 1040-X (Rev. 2-2024)

	<b>Dependents</b> s part to change any informa	tion relating to ve	our dependents	,		A. Original number		
his would in	iclude a change in the number formation for the return year e	er of dependents		•		of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
					24	providuoly adjusted		
	dependent children who lived				25			
	ved for future use	•			26			
	dependents				27			
	ved for future use				28			
	ved for future use				29			
	<b>LL</b> dependents (children and	others) claimed	on this amende	ا d returr				
	(see instructions):	others, stanned		Jarotan			(d) Check the bo	x if qualifies fo
pondonto	(eee men deneme).		(h) Casial as	a unit		N Dalationahin	(see instr	uctions):
nore In four	(a) First name	Last name	(b) Social se		(C	c) Relationship to you	Child tax credit	Credit for othe dependents
pendents,								
-								
tructions    - d check								
e $\square$								
art II	Explanation of Changes.	In the space pro	vided below te	ll ue wh	V VOI	ı are filing Form	1040-Y	
	Remember to keep a cop Under penalties of perjury, I decla and statements, and to the best of taxpayer) is based on all informati	re that I have filed an If my knowledge and b	original return, and belief, this amended	that I have I return is			_ '	
gn ere	Your signature		Date	Your occ	cupation	on		nt you an Identity N, enter it here
	Spouse's signature. If a joint return	n, <b>both</b> must sign.	Date	Spouse's	s occi	upation		nt your spouse an

Email address

Preparer's signature

Date

PTIN

For forms and publications, visit www.irs.gov/Forms.

Firm's address

Phone no.

**Paid** 

Preparer Use Only

Form **1040-X** (Rev. 2-2024)

Check if:

Self-employed

# **REVIEW 8879**

orm **8879** 

Rev. January 202

Department of the Treasury Internal Revenue Service

#### IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)					
Taxpayer's name		Social secur	ity numbe	er	
Spouse's name		Spouse's so	cial secu	rity numbe	r
Part I Tax Return Information — Tax Year Ending Decer	nber 31. (Ente	 er year you a	are auth	horizina	.)
Enter whole dollars only on lines 1 through 5.	inder 61,	or your your	aro aati	TOTIZITIE	<u>·/</u>
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 bla	ınk.				
1 Adjusted gross income			1 1		
2 Total tax			2		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		
4 Amount you want refunded to you			4		
5 Amount you owe	<u> </u>		5		
Part II Taxpayer Declaration and Signature Authorization	າ (Be sure you get and	keep a cop	y of yo	our retu	ırn)
to send my return to the IRS and to receive from the IRS (a) an acknowledgement or any delay in processing the return or refund, and (c) the date of any refund. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the fip asyment of my federal taxes owed on this return and/or a payment of estimated authorization is to remain in full force and effect until I notify the U.S. Treasury payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-45 pusiness days prior to the payment (settlement) date. I also authorize the finant exact to receive confidential information necessary to answer inquiries and repersonal identification number (PIN) below is my signature for the income tax reflectronic Funds Withdrawal Consent.	If applicable, I authorize the linancial institution account indicate, and the financial institutive Financial Agent to termina 37. Payment cancellation recicial institutions involved in the resolve issues related to the	Ú.S. Treasury a dicated in the tion to debit the te the authoriz quests must b e processing o payment. I fui	and its de tax prepa e entry to tation. To be receive of the ele ther ack	esignated aration so this according revoke ed no latectronic paragraphs	I Financia oftware for count. This (cancel) a ter than 2 ayment of e that the
Taxpayer's PIN: check one box only					
I authorize	to enter or generate	e my PIN 📙	nter five d	ligits, but	as my
<b>ERO firm name</b> signature on the income tax return (original or amended) I am	now authorizing.		on't enter		
I will enter my PIN as my signature on the income tax return (a if you are entering your own PIN <b>and</b> your return is filed using below.					
Your signature ►	Date ►				
Spouse's PIN: check one box only					
I authorize	to enter or generate	,			as my
ERO firm name signature on the income tax return (original or amended) I am	now outhorizing		nter five d on't enter	ligits, but all zeros	
I will enter my PIN as my signature on the income tax return (if you are entering your own PIN <b>and</b> your return is filed using below.	original or amended) I am				
Spouse's signature ►	Date ►				
Practitioner PIN Method Return		N			
Part III Certification and Authentication — Practitioner Pl	N Method Only			$\overline{}$	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN.				
-		Don't en	ter all zer	os	
certify that the above numeric entry is my PIN, which is my signature for the authorized to file for tax year indicated above for the taxpayer(s) indicated ab					

authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 32778X

Form **8879** (Rev. 01-2021)

# REVIEW IL-1040-X



state of Illinois. Electronic only, one copy.



REV 12

Step 1: Personal Information - Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

•	•		,	`	, '		. ,	
Your first name and middle initial	Your last nam	е			Year of birth	Your	social securit	ty number
Spouse's first name and middle initial	Spouse's last	name			Spouse's year of b	oirth Spou	se's social se	curity number
opeded o mot name and middle middle	Operator 5 last	Tidillo			opoulos s your or k	Jii tii Opea		ounty manner
Mailing address (See inst. if foreign address	ss)	Apartment number	City		S	tate	Zip or ı	postal code
Foreign nation if not US (do not abbreviate	)	County (Illinois only)		Email add	ress			
Charle the how if your Coolel Coourity	number(e) ne	ma(a) ar addraga lia	tod ob	ava ara dif	farant from vour n	may day salve d	filed return	
Check the box if your Social Security r						-		
Filing status: Single Married			-					
Check If someone can claim you, or you	· ·					Spous		
Check the box if this applies to you du	-	Nonresident - At			•			
notification the Internal Revenue Service	e (IRS) accepte	ed the changes.	triatro	suited iii aii	overpayment, <b>do</b> i	not me trie		
tep 2: Income							Correct	ted figures
1 Federal adjusted gross income	distribution of the con-						1	.00
<ul><li>2 Federally tax-exempt interest and of</li><li>3 Other additions. Attach Schedule</li></ul>		me					<u> </u>	<u>)0.</u> )0.
4 Total income. Add Lines 1 through							4	.00
tep 3: Base Income								
5 Social Security benefits and certain	n retirement p	olan income.						
Attach federal Form 1040 or 1040	-SR, Page 1.						5	.00
6 Illinois Income Tax overpayment in			040-SF	R, Schedu	le 1, Line 1.		•	•
Attach federal Form 1040 or 1040-		e 1.					6	<u>)0.</u> )0.
<ul><li>7 Other subtractions. Attach Schedu</li><li>8 Total subtractions. Add Lines 5 thro</li></ul>							8	.00 .00
9 Illinois base income. Subtract Lin	•	4.					9	.00
tep 4: Exemptions - See instructions	before compl	eting Step 4.						
10 a Enter the exemption amount for		•	Instru	ctions.		10	Oa	.00
<b>b</b> Check if 65 or older:							)b	
c Check if legally blind: You							0c	.00
<b>d</b> If you are claiming dependents, <b>Exemption allowance.</b> Add Lines 1			ic, Ste	ep 2, Line 1	I. Attach Sch. IL-		10 	.00.
tep 5: Net Income and tax	Toa tillough i	<u>ou.</u>						
11 Residents only: Net income. Su	htract Line 10	) from Line 9						
Nonresidents and part-year res			net inc	ome from	Schedule NR.			
Attach Schedule NR.	-	•				•	11	.00
12 Residents: Multiply Line 11 by 4							10	•
Nonresidents and part-year residents and part-year residents are considered as a second secon			IK.			1	12 13	<u>)0.</u> )0.
14 Income tax. Add Lines 12 and 13							14	
tep 6: Tax After Nonrefundable Cre								
15 Credit from Schedule CR. Attack		R.				1	15	.00
16 Property tax, K-12 education exp	ense, and vo	lunteer emergency	worke	credit fro	m Schedule ICR.			
Attach Schedule ICR.								.00
17 Credit from Schedule 1299-C. Attac			the tex	, amount ,	on Line 14		17 18	
<ul><li>18 Nonrefundable credits. Add Lines</li><li>19 Tax after nonrefundable credits</li></ul>				Camount C	on Line 14.		19	<u>.00.</u> .00.
tep 7: Other Taxes	or odbardor Er							
20 Household employment tax						:	20	.00
21 Use tax reported on your original	return. You	cannot change the	use ta	ax				
from what you originally repor			_				21	
22 Compassionate Use of Medical (		gram Act and sale o	of asse	ts by gam	ing licensee surc	_	22	
<b>23</b> Total tax. Add Lines 19, 20, 21, a	anu ZZ.						23	.00
IL-1040-X Front (R-12/23) Printed by autho	rity of the	This form is authorized as o	utlined ur	der the Illinois	Income Tax Act. Disclosu	ure of	Official Use	

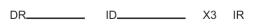
this information is required. Failure to provide information could result in a penalty.

# REVIEW IL-1040-X

Page 2

24 To	tal tax. Enter the amount fror	n Line 23.					24 _	.0
25 Illin 26 Est	ayments and Refundable Conois Income Tax withheld. Att timated payments from Forms	ach Schedule IL-\		cluding any ov	erpaym	ent applied from		.0
27 Pas 28 Pas 29 Ear	or year return. ss-through withholding. Attac ss-through entity tax credit. At rned Income Credit from Sche tal amount paid with original r	ttach Schedule K- edule IL-E/EIC, St	1-P or K-1-1 tep 4, Line 9	Attach Sch			26 <sub>-</sub> 27 <sub>-</sub> 28 <sub>-</sub> 29 <sub>-</sub> 30 <sub>-</sub>	.0 .0 .0 .0
	tal amount paid with original r tal payments and refundabl				ea. See	instructions.	30 <sub>-</sub> 31 <sub>-</sub>	.0
<b>32</b> If Lir	corrected Total Overpayment ne 31 is greater than Line 24, so ne 24 is greater than Line 31, so	subtract Line 24 fro	m Line 31.				_	.0
p 10: 7 34 Ove De 35 Ov 36 Am	Adjusted Refund or Amount repayment, if any, as shown of a partment. Do not include interpayment. If Line 32 is great anount from Line 35 you want reference.	t You Owe on your original For rest you received. ater than Line 34, refunded to you. I	orm IL-1040 See instructionsubtract Linch	, Line 31, or a ctions. e 34 from Line eceive my ref	es adjust e 32. und by		34 <sub>-</sub> 35 <sub>-</sub> 36 <sub>-</sub>	.0 .0 .0
	a direct deposit - Comp  Routing number	lete the information	in below ii y	Checki		Savings		
	Account number							
37 Sul 38 Am Lin	b ☐ paper check. btract Line 36 from Line 35. The nount you owe. If you have the 32 from Line 34. If you have the (zero), enter the amount from the series of the series	an amount on Li /e an amount on	ne 32 and t	his amount is	less tha	n Line 34, subtra	3 are	.0
<b>p 11: A</b> <b>A</b> Ched	Amended Information ck the box that identifies why **Federal change accepted	you are making thon// Month Day Yea		**NOL accep	ted on _ N	our federal fina	_ State	instructions.
p 11: A A Chec B On w C Did y	ck the box that identifies why	you are making thon / / Month Day Yea ginal Form IL-1040 or Form 1045? If "	ar o or your lat Yes," you m	**NOL accep est Form IL-1 oust attach a c	ted on _ N 040-X? opy to th	//nonth Day Yea	alization. See State  Month Da	instructions. change
P 11: A A Chec B On w C Did y D Expl:	ck the box that identifies why  **Federal change accepted of  what date did you file your origon  you file a federal Form 1040X	you are making the con / / / / / / /	ar O or your late Yes," you maked return. A	**NOL accep est Form IL-1 just attach a c attach a separ	ted on _ N 040-X? opy to the ate shee	// Month Day Yea is form. See inst	Alization. See State  Month Date  tructions.	instructions. e change  / Year  Year  No
The control of the co	ck the box that identifies why  **Federal change accepted of  what date did you file your orig  you file a federal Form 1040X  lain, in detail, the reason(s) fo  Signature  s a joint return, both you and y	you are making the con / / / / / / /	ar O or your late Yes," you maked return. A	**NOL acceptest Form IL-1 aust attach a cepartach a separtach and to the best	ted on	// Month Day Yea is form. See inst	Alization. See State  Month Date  tructions.	instructions. e change  / Year  Year  No  nd complete.
B On w C Did y D Explain p 12: 3 If this is Under p	ck the box that identifies why  **Federal change accepted of  what date did you file your orig  you file a federal Form 1040X  lain, in detail, the reason(s) for  Signature  s a joint return, both you and y  penalties of perjury, I state tha	you are making the con / / / / / / /	er D or your late Yes," you med return. A	**NOL acceptest Form IL-1  Just attach a cuttach a separate and to the best produced and the best prod	ted on	//nonth Day Yea	Alization. See State T Month Datructions.	instructions. change  / Year  Year  No  No  nd complete.  Paid Preparer's PTI
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IL-1040-X Back (R-12/23)



# WHAT TO PRINT?

Ladder Up advises printing all the schedules, not just the changed ones, to make sure you don't miss anything.

E-File Print
Chart

Paper Return Chart

Tax Form s	Total	IRS	State	Taxpayer
1040-X*	2		1	1
1040 (with "As Amended" written across the top)	1			1
Any federal forms changed or added*	2		1	1
State voucher (if any)	1		1	
Any required State forms	2		1	1

Tax Form s	Total	IRS	State	Taxpayer
1040-X*	3	1	1	1
1040 (with "As Amended" written across the top)	1			1
Any federal forms changed or added*	3	1	1	1
State voucher (if any)	1		1	
Any required State forms	2		1	1

# ASSEMBLING A PAPER RETURN (IRS)

Assemble any schedules and forms behind Form 1040-X in the order of the "Attachment Sequence No." shown in the upper-right corner of the schedule or form. If you have supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Don't attach a copy of your original return, correspondence, or other items unless required to do so.

#### Attach to the front of Form 1040-X:

- A copy of any Form W-2 or Form W-2c that supports changes made on this return;
- A copy of any Form W-2G or Form 1099-R that supports changes made on this return, but only if tax was withheld.

If you owe tax and you don't want to pay electronically, enclose (don't attach) your check or money order in the envelope with your amended return.



# QUESTIONS?

THANK YOU FROM LADDER UP®