

Your first name and middle initial	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

**Special Notice:** Parts A through E of this form are for calculation only; your total refund OR amount due is shown on Part E. You must complete all parts of this form in order to correctly calculate your total refund OR amount due.

**PART A Combined Due or Overpayment**

1	Amount from Form 1040CM Part A, line 3 . . . . .	1
2	Amount paid on original return or previous amendment (see instructions) . . . . .	2
3	Amount refunded on original return or previous amendment (see instructions) . . . . .	3
4	Amount due on this amendment (see instructions) . . . . .	4
5	Amount of overpayment balance on this amendment (see instructions) . . . . .	5
6	Overpayment applied to 2023 estimated tax . . . . .	6
7	Net overpayment. Subtract line 6 from line 5 . . . . .	7

**PART B Additional Child Tax Credit**

1	Amount from line 1 of the amended return . . . . .	1
2	Amount from line 1 of the original return or previous amendment . . . . .	2
3	Balance due. If line 2, Part B, is greater than line 1, subtract line 1 from line 2 . . . . .	3
4	Additional ACTC refund. If line 1, Part B, is greater than line 2, subtract line 2 from line 1 . . . . .	4
5	Tentative overpayment. Enter the sum of line 7, Part A, and line 4, Part B . . . . .	5
6	Tentative due. Enter the sum of line 4, Part A, and line 3, Part B . . . . .	6
7	Tax due offset. Enter the lesser of line 5 or line 6 of Part B . . . . .	7
8	Overpayment balance after offset. Subtract line 7 from line 5 . . . . .	8
9	Balance due after offset. Subtract line 7 from line 6 . . . . .	9

**PART C Earned Income Tax Credit**

1	Amount from line 1 of the amended return . . . . .	1
2	Amount from line 1 of the original return or previous amendment . . . . .	2
3	Balance due. If line 2, Part C, is greater than line 1, subtract line 1 from line 2. . . . .	3
4	Additional EITC refund. If line 1, Part C, is greater than line 2, subtract line 2 from line 1 . . . . .	4
5	Tentative overpayment. Enter the sum of line 8, Part B, and line 4, Part C . . . . .	5
6	Tentative due. Enter the sum of line 9, Part B, and line 3, Part C . . . . .	6
7	Tax due offset. Enter the lesser of line 5 or line 6 of Part C . . . . .	7
8	Overpayment balance after offset. Subtract line 7 from line 5 . . . . .	8
9	Balance due after offset. Subtract line 7 from line 6 . . . . .	9

**PART D American Opportunity Tax Credit**


1	Amount from line 1 of the amended return . . . . .	1
2	Amount from line 1 of the original return or previous amendment . . . . .	2
3	Balance due. If line 2, Part D, is greater than line 1, subtract line 1 from line 2 . . . . .	3
4	Additional AOTC refund. If line 1, Part D, is greater than line 2, subtract line 2 from line 1 . . . . .	4
5	Tentative overpayment. Enter the sum of line 8, Part C and line 4, Part D. . . . .	5
6	Tentative due. Enter the sum of line 9, Part C, and line 3, Part D . . . . .	6
7	Tax due offset. Enter the lesser of line 5 or line 6 of Part D . . . . .	7
8	Overpayment balance after offset. Subtract line 7 from line 5. . . . .	8
9	Balance due after offset. Subtract line 7 from line 6 . . . . .	9


**PART E Due or Overpayment**

<b>1</b> Total overpaid. Enter the amount from line 8, Part D . . . . .	<b>1</b>	
<b>2</b> Total tax due. Enter the amount from line 9, Part D . . . . .	<b>2</b>	

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 about which the preparer has any knowledge.

**Sign Here**

 \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_  
 Your signature

 \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_  
 Spouse signature. If a joint return, **both** must sign

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.