

## **Pdftax Software License Agreement**

This license agreement is between E-Gov Access, Inc. and the user of Pdftax software ("Consumer"). By using the software, Consumer agrees to the terms of this License Agreement. Questions should be sent to E-Gov Access, Inc., 1743 NE 146<sup>th</sup> ST, Shoreline, WA 98155.

### **1. Limited License**

E-Gov Access, Inc. grants Consumer a limited and non-exclusive license to use the software. Consumer may not resell, repackage, redistribute or otherwise use Pdftax software without express written permission from E-Gov Access, Inc.

### **2. Disclaimer of Warranty**

**E-GOV ACCESS, INC. MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING PDFTAX SOFTWARE. E-GOV ACCESS, INC. SPECIFICALLY DISCLAIMS ANY WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE AND ANY WARRANTIES OF MERCHANTABILITY, EXPRESS OR IMPLIED.**

### **3. Exclusion of Consequential Damages.**

Consumer's sole remedy for any alleged breaches of warranty herein is limited to returning the software to E-Gov Access, Inc. within 30 days of purchase for a full refund less shipping and handling charges. In no event will E-Gov Access, Inc. be liable for any consequential damages. Customer agrees that E-Gov Access, Inc's maximum liability under any circumstances is equal to the purchase price of this software.

4. The ultimate responsibility for any tax returns prepared using Pdftax software remains with the Consumer. E-Gov Access, Inc. has no responsibility or liability for Consumer's failure to enter all required information accurately, Consumer's willful or fraudulent omission or inclusion of information on a tax return, Consumer's wrongful classification of description of information on a tax return, or Consumer's failure to file a timely return.

5. Any litigation arising from this agreement shall be litigated in Washington State according to Washington State law.

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial Last name Your social security number

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

Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

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 a joint return to separate returns after the due date.

- Single Head of household (If the qualifying person is a child but not your dependent, see instructions.) Married filing jointly Married filing separately Qualifying widow(er)

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

- Yes No

Use Part III on the back to explain any changes

Income and Deductions

Table with 3 columns: Description, A. Original amount or as previously adjusted, B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 1-5.

Tax Liability

Table with 3 columns: Description, A. Original amount or as previously adjusted, B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 6-11.

Payments

Table with 3 columns: Description, A. Original amount or as previously adjusted, B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 12-15.

Table with 3 columns: Description, A. Original amount or as previously adjusted, B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 16-17.

Refund or Amount You Owe

Table with 3 columns: Description, A. Original amount or as previously adjusted, B. Net change—amount of increase or (decrease)—explain in Part III, C. Correct amount. Rows 18-23.

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b>		
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b>	Other dependents . . . . .	<b>27</b>		
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b>		
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b>		
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

**Remember to keep a copy of this form for your records.**

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**

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

**Paid Preparer Use Only**

▶  
 Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Firm's name (or yours if self-employed) \_\_\_\_\_  
 Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_  
 Check if self-employed  
 PTIN \_\_\_\_\_ Phone number \_\_\_\_\_ EIN \_\_\_\_\_