

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 146th 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

OMB No. 1545-0074

(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

Last name

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, didn't previously want \$3 to go to this fund, but now do. Checking a box below will not 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 year entered above.

Use Part II on page 2 to explain any changes.

A. Original amount
reported or as
previously adjusted
(see instructions)**B. Net change—**
amount of increase
or (decrease)—
explain in Part II**C. Correct
amount****Income and Deductions**

- 1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐
- 2 Itemized deductions or standard deduction
- 3 Subtract line 2 from line 1
- 4a Reserved for future use
- b Qualified business income deduction
- 5 Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C

1
2
3
4a
4b
5**Tax Liability**

- 6 Tax. Enter method(s) used to figure tax (see instructions):
- 7 Nonrefundable credits. If a general business credit carryback is included, check here ☐
- 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-
- 9 Reserved for future use
- 10 Other taxes
- 11 Total tax. Add lines 8 and 10

6
7
8
9
10
11**Payments**

- 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)
- 13 Estimated tax payments, including amount applied from prior year's return
- 14 Earned income credit (EIC)
- 15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):

12
13
14
15

- 16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed
- 17 Total payments. Add lines 12 through 15, column C, and line 16

16
17**Refund or Amount You Owe**

- 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS
- 19 Subtract line 18 from line 17. (If less than zero, see instructions.)
- 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference
- 21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return
- 22 Amount of line 21 you want refunded to you
- 23 Amount of line 21 you want applied to your (enter year):

18
19
20
21
22

estimated tax 23

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change—amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you	25		
26 Reserved for future use	26		
27 Other dependents	27		
28 Reserved for future use	28		
29 Reserved for future use	29		
30 List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.
Attach any supporting documents and new or changed forms and schedules.

Sign Here

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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			