| Complete this part only if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed |
|---|
| from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if    |
| amending your 2018 or later return)   |

| annenun  | ig your zoro or ia | ter return).              |  |  |               |   |                         |           |
|--|--------------------|---------------------------|--|--|---------------|---|-------------------------|-----------|
| For amended 2018 or later returns only, le Fill in all other applicable lines.  Note: See the Forms 1040 and 1040-SR, for the tax year being amended. See also |                    | y, leave lines 24, 28, a  |  |  |               | B. Net change   | C. Correct              |           |
|  |                    |                           |  |  |               | amount reported or<br>as previously   | B. Net change           | or amount |
|  | for the tax year b | eing amended. See a       | lso the Form 1040-X ir                               | nstructions.                             |               | adjusted  |                         |           |
| 24   | Yourself and spo   | ouse. Caution: If some    | eone can claim you as                                | а  |               |   |                         |           |
|  | •                  | -                         | ion for yourself. If amer                            | •  |               |   |                         |           |
|  | •                  |                           | nk   |  | 24            |   |                         |           |
| 25 Your dependent children who lived with you  |                    |                           |  |  | 25            |   |                         |           |
| Your dependent children who didn't live with you due to divorce or separation Other dependents   |                    |                           |  |  | 26            |   |                         |           |
|  |                    |                           |  |  | 27            |   |                         |           |
| 28   |                    |                           |  |  |               |   |                         |           |
|  |                    |                           |  |  | 28            |   |                         |           |
| 29   |                    |                           | med on line 28 by the                                |  |               |   |                         |           |
|  |                    |                           | ne 29 for the year you a<br>n line 4a on page 1 of t |  |               |   |                         |           |
|  |                    | · 2018 or later return, l |  |  | 29            |   |                         |           |
| 30   | • • •              |                           | claimed on this amended                              |  |               | n 4 denendents s  | ee inst and <b>√</b> he | re 🕨      |
|  |                    |                           |  | T (1010111111111111111111111111111111111 | Ctila         |   |                         |           |
| Dependents (see instructions):  (a) First name  Last name  |                    | (b) Social security       | (c) Relationship                                     |  |               | (d) ✓ if qualifies for (see instructions):  Child tax credit Credit for other dependents (amended 2018 or later returns only) |                         |           |
|  |                    | number                    |  |  | Child tax cre |   |                         |           |
| (α)  | Tilotilanic        | Last Harric               | Hamber   | to you                                   |               |   | (                       |           |
|  |                    |                           |  |  |               | <del>                                     </del>  |                         |           |
|  |                    |                           |  |  |               | <u> </u>  |                         |           |
|  |                    |                           |  |  |               |   |                         |           |
|  |                    |                           |  |  |               |   |                         |           |
| Part II  | Presidentia        | l Election Campaig        | n Fund   | •  |               |   |                         |           |
|  |                    | rease your tax or redu    |  |  |               |   |                         |           |
|  | •                  |                           | 3 to go to the fund, but                             | t now do.                                |               |   |                         |           |
| =  | •                  |                           | r spouse did not previo                              |  | 3 to a        | o to the fund bu  | t now does              |           |
| Part III   |                    |                           | e space provided be                                  |  |               |   |                         |           |
| rail III   |                    |                           | ts and new or changed                                |  |               |   | <u> </u>                |           |
|  | - Allacit ally     | TO 7EDO                   | is and new or changed                                | i ioiiiis aiiu si                        | cried         | uico.   |                         |           |

## 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

| <b>)</b>  |                    | SYSTEM ANALYST Your occupation HOUSE WIFE |                     |                                   |  |  |  |  |
|---|--------------------|---|---------------------|-----------------------------------|--|--|--|--|
| Your signature  | Date               |   |                     |                                   |  |  |  |  |
| <b>•</b>  |                    |   |                     |                                   |  |  |  |  |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date               | Spouse's occupation                       |                     |                                   |  |  |  |  |
| Paid Preparer Use Only  |                    |   |                     |                                   |  |  |  |  |
| AFSAR UDDIN   | 02/21/2021         | EASTERN TAX SERVICE LLC                   |                     |                                   |  |  |  |  |
| Preparer's signature  | Date               | Firm's name (or yours if self-employed)   |                     |                                   |  |  |  |  |
| AFSAR UDDIN   |                    | 1910                                      | 5 WHISTLE GATE TERR | ACE                               |  |  |  |  |
| Print/type preparer's name                                    | name               |   |                     | Firm's address and ZIP code 20841 |  |  |  |  |
| P00149531   | X Check if self-em | ployed                                    | 301-515-8116        | 61-1661759                        |  |  |  |  |
| PTIN  |                    |   | Phone number        | EIN                               |  |  |  |  |