



**Part I Payments** Complete this part before completing Side 1, line 20.

- 1 a Amount paid with the original return. Do not include payments of interest or penalties ..... **1a** \_\_\_\_\_  
 b Enter the serial number stamped on the face of your canceled check (if available) ..... **1b**
- 2 Additional payments made after the original return was filed:  
 Enter in the spaces below the date of the payment(s), the serial number stamped on the face of your canceled check(s) by the Franchise Tax Board, and the amount(s) of additional payment(s). If you did not receive a canceled check or made any payment(s) with a credit card, enter the payment amount(s) below and attach a copy of the statement from your financial institution showing the:
- Check number (if applicable);
  - Amount of the check or charge; **and**
  - Date the check or charge posted to your account.
- | Payment date | Serial number | Amount of payment |
|--------------|---------------|-------------------|
| _____        | _____         | \$ _____          |
| _____        | _____         | \$ _____          |
| _____        | _____         | \$ _____          |
| _____        | _____         | \$ _____          |
- Total of additional payments listed above ..... **2** \_\_\_\_\_
- 3 Total payments. Add line 1a and line 2. Enter here and on Side 1, line 20 ..... **3** \_\_\_\_\_

**Part II Explanation of Changes**

- 1 Enter name and address as shown on original return below (if same as shown on this return, write "Same"). If changing from separate returns to a joint return, enter names and addresses from original returns. \_\_\_\_\_
- 2 a If you filled in the circle for "Yes," on Side 1, question a, are you filing this Form 540X to report a final federal determination? .....  Yes  No  
 b If the answer to question 2a above is "Yes," are you filing this Form 540X to report additional tax due within six months of the final federal determination? .....  Yes  No  
 c If the answer to question 2a above is "Yes," what is the date and tax change amount of the final federal determination?  
 Date \_\_\_\_\_ Tax change amount \_\_\_\_\_
- 3 Have you been advised that your original California return has been, is being, or will be audited? .....  Yes  No
- 4 Did you file an amended return with the Internal Revenue Service on a similar basis? See General Information E .....  Yes  No
- 5 Explain your changes to income, deductions, and credits in the space provided below. Enter the line number from Side 1 for each item you are changing. Attach all supporting forms and schedules for items changed. Include federal schedules if you made a change to your federal return. Be sure to include your name and social security number on each attachment. Refer to the tax booklet for the year you are amending.

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.

**Sign Here**  
 It is unlawful to forge a spouse's signature.

Your signature \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
 ( ) \_\_\_\_\_

X \_\_\_\_\_  
 Spouse's signature (if filing joint, both must sign)

X \_\_\_\_\_ Date \_\_\_\_\_  
 Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/FEIN/PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_

Name of contact person (see instructions) \_\_\_\_\_ Daytime phone number \_\_\_\_\_ Best time to call \_\_\_\_\_  
 ( ) \_\_\_\_\_

Do not file a duplicate amended return unless one is requested. This may cause a delay in processing your amended return and any claim for refund.

**Where to File Form 540X:**

If you are due a refund or have no amount due, mail your return to:  
**FRANCHISE TAX BOARD**  
**PO BOX 942840**  
**SACRAMENTO CA 94240-0000**

If you owe, mail your return to:  
**FRANCHISE TAX BOARD**  
**PO BOX 942867**  
**SACRAMENTO CA 94267-0001**

# Instructions for Form 540X

## Amended Individual Income Tax Return

### General Information

#### Protective Claim.

If you are filing a claim for refund on Form 540X for a tax year where litigation is pending or where a final determination by the Internal Revenue Service (IRS) is pending, you must write "PROTECTIVE CLAIM" in red ink at the top of your completed Form 540X. Also, specify the pending litigation or reference the federal determination on Side 2, Part II. This will assist in the proper processing of your claim.

#### Educational Assistance Exclusion.

If you are filing Form 540X only to claim a refund related to the exclusion for employer-provided educational assistance, please attach the state copy of Form W-2c issued by your employer and write "IRC 127" in red ink at the top of your completed Form 540X.

#### Military Pay Exclusion.

If you were a member of the military and served in Bosnia, Herzegovina, Croatia, or Macedonia after November 20, 1995, and are filing Form 540X to claim the military pay exclusion, please attach the state copy of Form W-2c.

#### Military Compensation.

If you are filing an amended return to exclude military compensation as a result of the Servicemember's Civil Relief Act (P.L. 108-189), write "Military HR 100" in red at the top of Form 540X. In addition, please attach a copy of your military W-2, a revised Form 540NR, Schedule CA (540NR), and any other affected forms or schedules to your Form 540X. If you are amending a tax year for which the normal statute of limitations (SOL) has expired, attach a statement explaining why the SOL is still open. If the SOL is open because of military service in a combat zone or outside the United States, attach a copy of your military orders. Include a daytime phone number on the line provided on side 2 of Form 540X. For additional information, get FTB Pub. 1032, Tax Information for Military Personnel.

### A Purpose

Use Form 540X to correct your California income tax return (Form 540, Form 540A, Form 540EZ, Form 540 2EZ, TeleFile, Form 540-ADS, or Form 540NR) for tax years 1990 through 1999.

### B When to File

Generally, if you filed federal Form 1040X, Amended U.S. Individual Income Tax Return, you must file Form 540X within six months unless the changes do not affect your California tax liability. File Form 540X only after you have filed your original return. If your original return was for a refund, do not file Form 540X until you receive that refund or notice of the action taken on the return.

#### California Statute of Limitation

##### Original return was filed on or before April 15th:

Four years from the original due date of the return. If you are making a claim for refund, file an amended return within four years from the original due date of the return, or within one year from the date of overpayment, whichever period expires later.

##### Original return was filed within the extension period (April 16th - October 15th):

Four years from the date the original return was filed. If you are making a claim for refund, file an amended return within four years from the date the original return was filed, or within one year from the date of overpayment, whichever period expires later.

##### Original return was filed after October 15th:

Four years from the original due date of the return (April 15th). If you are making a claim for refund, file an amended return within four years from the original due date of the return, or within one year from the date of overpayment, whichever period expires later.

**If you are filing your amended return after the normal statute of limitation period** (four years after the due date of the original return), attach a statement explaining why the statute is still open.

**If you are filing your amended return in response to a billing notice** you received, you will continue to receive billing notices until your amended return is accepted. In addition, you must pay the assessed tax before you can claim a refund for any part of the assessed tax.

### C Information on Income, Deductions, etc.

If you have questions, such as what income is taxable or what expenses are deductible, refer to the income tax booklet for the year you are amending. Be sure to use the proper tax table or tax rate schedule to figure your corrected tax. The related schedules and forms may also help you. If you amended your federal income tax return and made changes to your medical expense deduction, charitable contributions, or miscellaneous itemized deductions, you must also make adjustments on Form 540X if you itemized your deductions for California. You must use your revised federal adjusted gross income (AGI) to compute the percentage limitations.

### D Part-Year Residents and Nonresidents

If you were a part-year resident or a nonresident of California, you must complete a corrected Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, and a corrected Schedule CA (540NR), California Adjustments — Nonresidents or Part-Year Residents (tax years 1993 and later), showing any changes to your income. (For tax years 1990, 1991, and 1992, complete a corrected Schedule SI, Nonresident or Part-Year Resident California Adjusted Gross Income.) You must write "AMENDED" at the top of Form 540NR. Then skip line 1 through line 14 of Form 540X and start with line 15. See the instructions for line 15. Attach the corrected Form 540NR and Schedule CA (540NR) to your Form 540X. Also complete and attach any other schedules that may be affected by this change, such as Schedule P (540NR), Alternative Minimum Tax and Credit Limitations — Nonresidents or Part-Year Residents.

### E Federal Notices

If you were notified of an error on your federal income tax return that changed your AGI, you may need to amend your California income tax return for that year.

If the IRS examines and changes your federal income tax return, and you owe additional tax, report these changes to the FTB within six months. You do not need to inform the FTB if the changes do not increase your California tax liability. If the changes made by the IRS result in a refund due, you must file a claim within two years. Use Form 540X to make any changes to your California income tax returns already filed, or send copies of the changes together with your recomputation of California tax to:

ATTN: RAR/VOL  
AUDIT SECTION  
FRANCHISE TAX BOARD  
PO BOX 1998  
RANCHO CORDOVA CA 95741-1998

You must include a copy of the final federal determination, along with all underlying data and schedules that explain or support the federal adjustment. Please note that most penalties assessed by the IRS also apply under California law. If you are including penalties in a payment with your amended return, see the instructions for line 27a.

## F Children Under Age 14

If your child was required to file form FTB 3800, Tax Computation for Children Under Age 14 with Investment Income, and your taxable income has changed, review your child's return to see if you need to file an amended return. Get form FTB 3800 for more information.

## G Contacting the Franchise Tax Board

If you have not received a refund within six months of filing Form 540X, do not file a duplicate amended return for the same year. For information on the status of your refund, you may write to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0040

Or, you may call our general toll-free phone service Monday through Friday between 7 a.m. and 8 p.m.:

Within the United States . . . . . (800) 852-5711  
Outside the United States (not toll-free) . . . . . (916) 845-6500

### Asistencia bilingüe en español

Para obtener servicios en español y asistencia para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

### Assistance for Persons with Disabilities

The FTB complies with the provisions of the Americans with Disabilities Act (ADA). Persons with a hearing or speech impairment call:

From voice phone (California Relay Service) . . . . . (800) 735-2922  
From TTY/TDD (Direct line to FTB customer service) . . . . . (800) 822-6268

For all other assistance or special accommodations . . . (800) 852-5711

## H Where To Get Income Tax Forms

**By Internet** – Visit our website to get 1994 through 1999 California tax forms:

[www.ftb.ca.gov](http://www.ftb.ca.gov)

**By Phone** – If your current address is on file, call our automated toll-free phone service at (800) 338-0505, select personal income tax, then select forms request, and follow the recorded instructions to get 1997-1999 tax forms.

**By Mail** – Write to:

TAX FORMS REQUEST UNIT  
FRANCHISE TAX BOARD  
PO BOX 307  
RANCHO CORDOVA CA 95741-0307

To get California tax forms for **years prior to 1994**, call our general toll-free phone service. See General Information G, Contacting the Franchise Tax Board, for the telephone numbers.

## Specific Instructions

Please fill out Form 540X as completely as possible. Incomplete information could delay the processing of your amended return.

### Name and Address

Above your name on Side 1, fill in the boxes for the calendar year or write in your fiscal year end (month and year) of the return you are amending. Print or type your name and address as follows:

- If you are amending a joint return, list your names and social security numbers in the same order as shown on your original return.
- If you are amending from a separate return to a joint return and your spouse did not file an original return, enter your name and social security number on the first line and your spouse's name and social security number on the second line.

- If you are married, enter social security numbers for both you and your spouse whether you file joint or separate returns.

If you lease a mailbox from a private business rather than the United States Postal Service, enter the mailbox number in the field labeled "PMB no."

## Filing Status

Your filing status for California must be the same as the filing status you used on your federal income tax return. If you changed your filing status on your federal amended return, you must also change your filing status for California by filing Form 540X.

**Exception:** Married taxpayers may file either a joint return or separate returns if either spouse was:

- An active member of the United States armed forces (or any auxiliary military branch) during the year being amended; or
- A nonresident for the entire year and had no income from California sources during the year being amended.

However, if you file a joint return and if either spouse was a nonresident or part-year resident during the year being amended, you must file Form 540NR. See General Information D, Part-Year Residents and Nonresidents, for more information.

You cannot change from joint to separate returns after the original due date of the return. **Note:** Married taxpayers who filed separate returns but were eligible to file a joint return may change to a joint return.

## Column A

Enter the amounts from your original return. However, if you previously amended that return or if the FTB examined or adjusted your return, enter the adjusted amounts.

## Column B

Enter the net increase (+) or net decrease (-) for each line you are changing. Show all decreases in parentheses. Explain each change in Part II and attach any related schedule or form. If you need more space, attach a statement. Be sure to include your name and social security number on any attachments.

## Column C

Add the increase (+) in column B to column A, or subtract the decrease (-) in column B from column A. For any amount you do not change, enter the amount from column A in column C.

## Line 1 through Line 6

**Residents:** Be sure to complete line 1a, line 1b, line 3, line 4, line 5, and line 6 in column A and line 6 in column C even if you are not amending amounts on line 1a through line 5.

**Exception:** Form 540 2EZ filers should get and complete a Form 540EZ, Form 540A, or Form 540 with your correct information and write "Amended" at the top of it. Skip line 1 through line 14 of Form 540X and start with line 15. See the instructions for line 15. Attach the corrected return to your Form 540X.

**Nonresidents or part-year residents:** See General Information D before you make any entries on Form 540X.

### Line 1a – State Wages

On line 1a, column A, enter your state wages from your Form 540, line 12; or Form 540-ADS, line 12; or Form 540A, line 12a; or Form 540EZ, line 12a. If you used TeleFile, enter your total state wages from all Form(s) W-2, box 17. If you are amending state wages, attach Copy 2 of any additional or corrected Form(s) W-2 that you received after you filed your original return.

### Line 1b – Federal AGI

On line 1b, column A, enter your federal AGI from your Form 540, Form 540A, Form 540EZ, or Form 540-ADS.

If you filed federal Form 1040X or received an adjustment notice from the IRS, refigure your federal AGI and enter the revised amount in column C. Explain the adjustment in Part II.

If you are amending your federal AGI as the result of filing federal Form 1040X, you must attach a copy of the signed and dated federal Form 1040X (including all revised schedules) that you filed with the IRS.

### Line 2a through Line 2e – California Adjustments

On line 2a through line 2e, show adjustments to your federal AGI based on differences between California and federal law. If you enter an amount on line 2e, attach Schedule CA (540 or 540NR) showing the changes made.

### Line 3 – Total California Adjustments

Combine line 2a through line 2e. Enter the result on line 3, column A through column C.

### Line 4 – California AGI

Combine line 1b and line 3 for column A through column C.

### Line 5 – California Itemized Deductions or Standard Deduction

If you claim the California standard deduction, enter the amount allowed for your filing status.

If you change the amount of your California itemized deductions, or if you change from the standard deduction to itemized deductions, attach Schedule CA (540 or 540NR) and a federal Schedule A, Itemized Deductions.

## Line 7 through Line 15

### Line 7a – Tax Method Used

Enter in column A and column C the method used in figuring your tax.

#### If you used:

#### Then enter:

<b>Tax Table or Tax Rate Schedule</b> . . . . .	TT
<b>Form FTB 3800</b> , Tax Computation for Children Under Age 14 With Investment Income . . . . .	FTB 3800
<b>Form FTB 3803</b> , Parents' Election to Report Child's Interest and Dividends . . . . .	FTB 3803

### Line 7b – Tax

Enter in column A your tax from your original return, from the notice of tax change you received from the FTB, or from your latest amended return.

Using the tax table or tax rate schedule for the taxable year you are amending, enter in column C the amount of tax for the taxable income shown on line 6, column C. Be sure to use the correct tax for your filing status.

### Line 8 – Exemption Credits

If you are changing the amount of your exemption credits, refer to the income tax booklet for the year you are amending. Also, explain any change in exemption credits in Part II.

### Line 10 – Tax from Schedule G-1 and form FTB 5870A

If you are changing the amount of your tax on lump-sum distributions or tax on accumulation distribution of trusts, you must complete and attach Schedule G-1, Tax on Lump-Sum Distributions, or form FTB 5870A, Tax on Accumulation Distribution of Trusts.

### Line 12 – Special Credit and Nonrefundable Renter's Credit

If you are changing the amount of your allowable credits, refer to the income tax booklet for the year you are amending.

If you are making a change to the amount of a credit that originally required completing a credit form, complete the credit form using the revised figures and attach it to your Form 540X. Also be sure to complete and attach other schedules that may be affected by this change, such as Schedule P (540 or 540NR), Alternative Minimum Tax and Credit Limitations.

**Other State Tax Credit:** If you are amending your return because of a change in the amount of taxes you paid to another state, complete and attach Schedule S, Other State Tax Credit. Also attach a copy of the return and schedules filed with the other state.

**Nonrefundable Renter's Credit:** If you are amending your return to claim this credit for the first time or changing the amount of your credit, write "Nonrefundable renter's credit" in Part II and be sure to provide an explanation of the change.

### Line 14 – Other Taxes

Include any additional taxes from:

- Schedule P (540 or 540NR), Alternative Minimum Tax and Credit Limitations;
- Form FTB 3501, Employer Child Care Program/Contribution Credit;
- Form FTB 3518, Employer Ridesharing Credits;
- Form FTB 3535, Manufacturers' Investment Credit;
- Form FTB 3805P, Additional Taxes Attributable to IRAs, Other Qualified Retirement Plans, Annuities, Modified Endowment Contracts, and MSAs;
- Form FTB 3805Z, Enterprise Zone Deduction and Credit Summary;
- Form FTB 3806, Los Angeles Revitalization Zone Deduction and Credit Summary;
- Form FTB 3807, Local Agency Military Base Recovery Area Deduction and Credit Summary; or
- Form FTB 3808, Manufacturing Enhancement Area Credit Summary; or
- Form FTB 3809, Targeted Tax Area Deduction and Credit Summary.

Also include any interest on deferred tax from installment obligations under IRC Sections 453 and 453A.

Attach the schedules or forms you used to compute other taxes.

### Line 15 – Total Tax

If you are amending a Form 540, California Resident Income Tax Return, add line 13 and line 14. Enter the result on line 15. If you are amending a Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, enter the amount from Form 540NR, line 46.

If you are amending a Form 540 2EZ, California Resident Income Tax Return, for tax year 1999, enter the amount from your corrected Form 540EZ, line 23; Form 540A, line 23; or Form 540, line 37.

## Line 16 through Line 21

### Line 16 – California Income Tax Withheld

If you are changing the amount of California income tax withheld, attach Copy 2 of any additional or corrected Form(s) W-2 that you received since you filed your original return. Beginning with tax year 1993, if you are changing the amount of "tax withheld at source," attach copy B of any additional or corrected Form 592-B, Nonresident Withholding Tax Statement, that you received since you filed your original return. For years prior to 1993, use Form 591, Report of Tax Withheld at Source, or Form 598-B, Report of Tax Withheld on Foreign and Domestic Nonresident Partners.

### Line 17 – Excess California State Disability Insurance (SDI) or Voluntary Plan Disability Insurance (VPDI)

If you are changing this amount, attach Copy 2 of any additional or corrected Form(s) W-2 that you received since you filed your original return.

### Line 18 – Renter's Credit (tax years prior to 1993 only)

**Caution:** Due to a tax law change, renter's credit was eliminated and may not be claimed on returns for 1993, 1994, 1995, 1996, and 1997. If you are claiming this credit for the first time for a year prior to 1993, or changing the amount of your credit, complete and attach Schedule H (540 or 540NR). **Note:** In 1998 the renter's credit provision was amended so that it is no longer refundable. If you are filing a 1998 or 1999 amended return to claim the nonrefundable renter's credit, do not use line 18. Instead, use line 12.

### Line 19 – Estimated Tax Payments

Enter the estimated tax payments you claimed on your return, including any payment made with form FTB 3519, Payment Voucher for Automatic Extension for Individuals (or form FTB 3502, Application for Automatic Extension of Time to File Individual Income Tax Return for tax years prior to 1991).

---

**Line 20 – Tax Paid with Original Return**

You must complete Side 2, Part I before completing line 20. Enter on line 20 the amount actually paid as shown on the "amount you owe" line on your original return. Also, include any additional payments made on assessments of tax that resulted from examination of your original return. Do not include payments of interest or penalties.

**Line 22 through Line 28****Line 22 – Overpaid Tax**

Enter the amount of refund received from your original return. Also, include the amount of payment that was applied to another year and any additional overpaid tax you received as a result of an examination of your original return.

Do not include any interest you received on any refund.

**Line 23 – Subtotal**

If line 22 is more than line 21:

1. Enter the difference as a positive number on line 23.
2. Enter the total voluntary contribution amount from your original return, if any, on line 24.
3. Skip line 25.
4. Add line 15 (column C), line 23, and line 24. Enter the result on line 26.

**Line 24 – Voluntary Contributions**

Enter total voluntary contributions as shown on your original return. If you did not make a voluntary contribution on your original return, enter -0-.

**Line 26 – Amount You Owe**

Make a check or money order payable to the "Franchise Tax Board" for the full amount you owe. Write your social security number and the tax year you are amending on your check or money order and attach it to Form 540X, Side 1.

You may also pay by credit card if you prefer to do so. Call (800) 338-0505, select personal income tax, then select general information, and enter code number 610 when instructed.

Mail Form 540X to:

FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0001

**Note:** Interest is due on the amount on line 26 from the original due date of the return to the date of payment. See line 27b for more information.

**Installment Payments**

If you cannot pay the full amount that you owe with your amended return, you may ask to make monthly installment payments. You will be charged interest and may be charged a late payment penalty even if your request to pay in installments is granted. To limit interest and penalty charges, pay as much of the tax as possible with your amended return. To ask for an installment agreement, use form FTB 3567, Installment Agreement Request. To order the form by phone, call (800) 338-0505, select personal income tax, then select forms request, and enter code 949 when instructed.

**Line 27a – Penalties**

If you are including penalties with your payment, enter the amount of penalties on line 27a. Also, attach a statement to your return that shows the following information for each type of penalty included on line 27a: type of penalty (description); the Internal Revenue Code (IRC) or California Revenue & Taxation Code (R&TC) section that provides for assessment of the penalty (if possible); and a schedule showing how you computed the penalty.

**Line 27b – Interest**

If you owe additional tax (line 26) and are including interest with your payment, enter the interest on line 27b. If you do not include interest with your payment or include only a portion of it, the FTB will figure the interest and bill you for it.

**Line 27c – Total Interest and Penalties**

Add line 27a and line 27b. Enter the total on line 27c.

**Line 28 – Refund**

If you are entitled to a refund greater than the amount claimed or allowed on your original return, your Form 540X should show only the additional amount due to you. This amount will be refunded separately from the amount allowed on your original return. The FTB will figure any interest owed to you and include it in your refund.

Mail Form 540X to:

FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CA 94240-0000

**Note:** Even after you receive a refund check, the FTB may request additional information to substantiate your claim.

**Part II****Explanation of Changes**

For each change you make to a line on Side 1, provide the line number and your detailed explanation of reasons for the change. Attach all supporting forms and schedules for items changed. Include federal forms and schedules if you made a change to your federal return.

**Sign Your Return**

Sign your return in the space provided. Please provide the name and the phone number of the person to contact if we have any questions about your amended return. Also include the best time of day to call. This information will allow us to provide better service in processing your amended return.

**Paid Preparer's Information**

If you pay a person to prepare your Form 540X, that person must sign and complete the area at the bottom of Side 2, including an identification number (social security number/PTIN, or FEIN). A paid preparer must give you two copies of your Form 540X, one copy to file with the Franchise Tax Board and one to keep for your records.