

Amended Corporation Franchise or Income Tax Return

For calendar year _____ or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

California corporation number		Federal employer identification number (FEIN)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Corporation name					
Address				PMB no.	
City		State		ZIP Code	
Questions					
A Did this corporation file an amended return with the IRS for the same reason?		Yes <input type="checkbox"/> No <input type="checkbox"/>		C Is this amended return based on a final federal determination(s)? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B Has the IRS advised this corporation that the original federal return is, was, or will be audited?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, what was the final federal determination date(s)?	
D Is this return an amended Form 100?					
E Is this return an amended Form 100W?					
F Is this return an amended Form 100S?					
G Is this return a protective claim?					
H Was the corporation's original return filed pursuant to a water's-edge election?					
I Was 50% or more of the stock of this corporation owned by another corporation during this taxable year?					
J During this taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million?					

Part I Income and Deductions

		(a) Originally reported/adjusted	(b) Net change	(c) Correct amount
1	Net income (loss) before state adjustments	1		
2	Additions to net income	2		
3	Deductions from net income	3		
4	Net income (loss) after state adjustments. Subtract line 3 from the sum of line 1 and line 2	4		
5	Net income (loss) for state purpose from Schedule R. Apportioning corporations, see instructions	5		

Part II Computation of Tax, Penalties, and Interest. See instructions.

6	Net income (loss) for state purposes (from Part I, line 4 or line 5)	6		
7	Net operating loss (NOL) carryover deduction. See instructions	7		
8	Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction	8		
9	Disaster loss deduction	9		
10	Net income for tax purposes. Subtract the sum of line 7, line 8, and line 9 from line 6	10		
11	Tax _____% x line 10 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)	11		
12	Tax Credits:	12		
13	Tax after credits (not less than minimum franchise tax, plus QSub annual tax(es) if applicable)	13		
14	Alternative minimum tax. See instructions	14		
15	Tax from Schedule D (100S) (Form 100S filers only)	15		
16	Excess net passive income tax (Form 100S filers only)	16		
17	Other adjustments to tax. See instructions	17		
18	Total tax. Combine line 13 through line 17	18		
19	Penalties and Interest. See instructions	19	(a)	(c)
20	Revised balance. Add line 18 and line 19 (c)	20	(b)	

Part III Payments and Credits

21	Estimated tax payments (include overpayment from prior year allowed as a credit)	21	
22	Amount paid with extension of time to file tax return	22	
23	Payment with original tax return	23	
24	Other payments. Explain:	24	
25	Total payments. Add line 21 through line 24	25	
26	Overpayment, if any, shown on original tax return, or as later adjusted	26	
27	Balance. Subtract line 26 from line 25	27	

Part IV Amount Due or Refund

28	Amount due. If line 20 is more than line 27, subtract line 27 from line 20. See instructions	28	
29	Refund. If line 27 is more than line 20, subtract line 20 from line 27	29	

