TAXABLE	YEAR			

	Amended	nd	ividual Income Tax	Return			54	10X
iscal year f	ilers only: Enter month of	^f year	end and year (mm/yyyy)	·		Ĩ.	COMPLETE AND	SIGN SIDE
our first name		Initial	Last name	Sut	fix	Your SSN o	r ITIN	Α
f joint tax returr	n, spouse's/RDP's first name	Initia	Last name	Sut	fix	Spouse's/RI	DP's SSN or ITIN	R
dditional inform	nation (See instructions)						PBA code	
Street address /	(number and street) or PO box				Apt. no	o./ste. no.	PMB/private mailbo	RP x
City (If you have	e a foreign address, see page 2)			State	ZIP code		
Foreign country		I	Foreign province/state	/county	Foroig	n postal code		
oreigin countily	name			-	Ĭ	•		
	<u> </u>		<u> </u>					٦.,
		al tede	eral tax return has been, is being, or will	be audited?			• L Yes L	
•	tus claimed on:	1						
0		٦	ried/RDP filing jointly			Head of househ		ıg widow(
Amended	tax return ▶ 🛄 Single 🔔	Mar	ried/RDP filing jointly 📖 Married/RDF	P filing separatel	у Ш	Head of househ	old 🔲 Qualifyi	ng widow
If for the y	ear you are amending, you (d	or you	r spouse/RDP) can be claimed as a depe	ndent on someoi	ne else's	s tax return, cheo	ck this box	• L
I If claiming) head of household, enter na	me an	d relationship of qualifying person on:	Original tax retu	rn			
				Amended tax re	turn			
f amending Fo	rm 540NR, see General Inform rms 540 2EZ, 540, or 540A, se in changes on Side 3 and attac	e the i	nstructions for lines 1 through 6.	A. As originally repo adjusted by the See instruction	FTB	B. Net change. Explain on Side 3, Part II, line 5	C. Correct a	mount
1 a State w	ages. See instructions					Fait II, IIIIC J	•	
	-		ctions					
			Form 540A or Sch. CA (540).					
a Califorr	nia nontaxable interest incom	e						
b State in	come tax refund		2b					
c Unemp	loyment compensation							
d Social S	Security benefits		2d					
e Other (,		2e					
			through line 2e. See instructions 3				•	
			ne 1b and line 3. See instructions 4				•	
			andard deduction. See instructions 5				•	
6 laxable inc	come. Subtract line 5 from lir	1e 4. li	\bullet less than zero, enter -0 \bullet 6					
7 a Tax me	thod used for line 7b, columr	n C. Se	ee instructions • 7a	ΠΠ	TB 380	10 🗌 FTB 380	13	
							•	
8 Exemption	credits. See instructions						•	
9 Subtract li	ne 8 from line 7b. If less than	ı zero,	enter -09					
0 Tax from S	Schedule G-1 and form FTB 5	870A.	See instructions10				•	
			ee instructions				•	
			o, enter -0					
			ecapture, etc.). See instructions 14				•	
	alth Services Tax. See instruc Add line 13, line 14, and line 1						•	
6 Total tax. A								

You	ur name: Your SSN or ITIN:	
18 19 20	California income tax withheld. See instructions 17 Withholding (Form 592-B and/or 593). See instructions 18 Excess California SDI (or VPDI) withheld. See instructions 19 Estimated tax payments and other payments. See instructions 20 Refundable Credits. See instructions 21 Child and Dependent Care Expenses Credit (CDCE) • 22 • 24 \$	
25	California Earned Income Tax Credit (EITC). See instructions	•
26	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest.	. 26
27	Total payments. Add lines 17, 18, 19, 20, 21, 25, and 26 of column C	
28	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	. 28
29	Subtract line 28 from line 27. If line 28 is more than line 27. See instructions	• 29
30	Use tax payments as shown on original tax return. See instructions	. • 30
31	Voluntary contributions as shown on original tax return. See instructions	.● 31
32	Subtract line 30 and line 31 from line 29	③ 32
33	AMOUNT YOU OWE. If line 16, column C is more than line 32, enter the difference and see instructions	
34	Penalties/Interest. See instructions: Penalties 34a Interest 34b	_ ■ 34c
	Penalties/Interest. See instructions: Penalties 34a Interest 34b REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35	
35		
35 Pa Atta	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions ■ 35	
35 Pa Atta this	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions	
35 Pa Atta this	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions	nnot be processed without
35 Pa Atta this 1	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions Int I Nonresidents or Part-Year Residents Only ach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cars information. Exemption amount	not be processed without
35 Pa Atta this 1 2 3	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35	not be processed without 1 2 3
35 Pa Atta this 1 2 3 4	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35 Int I Nonresidents or Part-Year Residents Only ach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cars information. Exemption amount. (e) Federal adjusted gross income (e) Adjusted gross income from all sources (e)	not be processed without 1 2 3 3 4 4
35 Pa Atta this 1 2 3 4 5	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35	not be processed without 1 2 3 4
35 Pa Atta this 1 2 3 4 5 6	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35 Int I Nonresidents or Part-Year Residents Only ach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cars information. Exemption amount. Federal adjusted gross income Adjusted gross income from all sources Itemized deductions or standard deduction California adjusted gross income	not be processed without 1 2 3 4 5 6
35 Pa Atta 1 2 3 4 5 6 7	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35	Impose be processed without Impose be pro
35 Pa Atta this 1 2 3 4 5 6 7 8	REFUND. If line 16, column C is less than line 32, enter the difference. See instructions 35 art 1 Nonresidents or Part-Year Residents Only ach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cars information. Exemption amount. . Federal adjusted gross income . Adjusted gross income from all sources . Itemized deductions or standard deduction . California adjusted gross income . Tax from Schedule G-1 and form FTB 5870A . Special credits and nonrefundable renter's credit .	1 2 3 4 5 6 7 8

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Your name:

Your SSN or ITIN:

Pa	art II Explana	tion of Changes									
1		ter name(s) and address as shown on original return below (if same as shown on this tax return, write "Same"). If changing from									
	separate tax re	turns to a joint tax return, enter names and addresses from o	iginal tax returns								
2		his Form 540X to report a final federal determination? a copy of the final federal determination and all supporting s		Yes No							
3		advised that your original California tax return has been, is be		Yes No							
4											
5		n amended tax return with the Internal Revenue Service on a similar basis? See General Information E									
J	Explain in detailItem being cAmount prev	il each change made. Include:	 a separate sheet that includes your name and SSN or ITIN. Attach: Revised California tax return including all forms and schedules. Federal tax return and schedules if you made changes. Supporting documents, such as corrected W-2s, 1099s, K-1s, etc. 								
an Ur	d search for pri	ur privacy rights, how we may use your information, and the vacy notice. To request this notice by mail, call 800.852.5 f perjury, I declare that I have filed an original tax return an tements, and to the best of my knowledge and belief, this	711. d I have examined this amended tax	return, including accompanying							
	ur signature	Date		ire (if a joint tax return, both must sign)							
Х			Х								
C		Your email address (optional). Enter only one email address.	Da	ytime phone number (optional)							
3	ign Iere	Raid propagate signature (deplacation of propagar is based on all information of which propagar has any insurfadar)									
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) t is unlawful										
to fo spo	forge a ouse's/RDP's gnature.	Firm's name (or yours, if self-employed)		• PTIN							
		Firm's address		• FEIN							
	/here to File orm 540X	Do not file a duplicate amended tax return unless one is requeste If you are due a refund, have no amount due, or paid electronica mail your tax return to: If you owe, mail your return and check or money order to:	ly, Franchise tax board, po box	942840, SACRAMENTO CA 94240-0001 942867, SACRAMENTO CA 94267-0001							
		315	3153 Fo	orm 540X c1 2015 Side 3							