

Year selection boxes

Amended Individual Income Tax Return

540X

Fiscal year filers only: Enter month of year end and year (mm/yyyy) BE SURE TO COMPLETE AND SIGN SIDE 3

Personal information fields: Your first name, Initial, Last name, Suffix, Your SSN or ITIN, Spouse's/RDP's first name, etc.

- a Have you been advised that your original federal tax return has been, is being, or will be audited?
b Filing status claimed on: Original tax return, Amended tax return
c If for the year you are amending, you (or your spouse/RDP) can be claimed as a dependent...
d If claiming head of household, enter name and relationship of qualifying person on:

Table with 4 columns: Description, A. As originally reported/adjusted by the FTB, B. Net change, C. Correct amount. Rows include State wages, Federal adjusted gross income, CA adjustments, Total California adjustments, Taxable income, and Total tax.

Your name:

Your SSN or ITIN:

If amending Form 540NR, see General Information D. If amending Forms 540 2EZ, 540, or 540A, see the instructions for lines 1 through 6. All filers: Explain changes on Side 3 and attach your supporting documents.

Table with 3 columns: A. As originally reported/adjusted by the FTB, B. Net change. Explain on Side 3, Part II, line 5, C. Correct amount. Rows 17-21.

Child and Dependent Care Expenses Credit (CDCE)

22 23 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
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
29 Subtract line 28 from line 27. If line 28 is more than line 27. See instructions
30 Use tax payments as shown on original tax return. See instructions
31 Voluntary contributions as shown on original tax return. See instructions
32 Subtract line 30 and line 31 from line 29
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
35 REFUND. If line 16, column C is less than line 32, enter the difference. See instructions

Part I Nonresidents or Part-Year Residents Only

Attach and enter the amounts from your revised Short or Long Form 540NR and Schedule CA (540NR). Your amended tax return cannot be processed without this information.

- 1 Exemption amount
2 Federal adjusted gross income
3 Adjusted gross income from all sources
4 Itemized deductions or standard deduction
5 California adjusted gross income
6 Tax from Schedule G-1 and form FTB 5870A
7 Special credits and nonrefundable renter's credit
8 Alternative minimum tax
9 Mental Health Services Tax
10 Other taxes and credit recapture

