

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, 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, C. Correct amount. Rows 17-21: California income tax withheld, Withholding, Excess California SDI, Estimated tax payments, Refundable Credits.

Child and Dependent Care Expenses Credit (CDCE)

22 23 24 \$

Table with 3 columns: A, B, C. Rows 25-35: California Earned Income Tax Credit, Tax paid with original tax return, Total payments, Overpaid tax, Subtract line 28, Use tax payments, Voluntary contributions, Subtract line 30, AMOUNT YOU OWE, Penalties/Interest, REFUND.

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.

Table with 3 columns: A, B, C. Rows 1-10: 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, Special credits, Alternative minimum tax, Mental Health Services Tax, Other taxes and credit recapture.

Your name:

Your SSN or ITIN:

Part II Explanation of Changes

1 Enter 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 returns to a joint tax return, enter names and addresses from original tax returns.

2 Are you filing this Form 540X to report a final federal determination? Yes No
If "Yes," attach a copy of the final federal determination and all supporting schedules and data.

3 Have you been advised that your original California tax return has been, is being, or will be audited? Yes No

4 Did you file an amended tax return with the Internal Revenue Service on a similar basis? See General Information E Yes No

5 Explanation and Attachments. Explain your changes below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

Explain in detail each change made. Include:

- Item being changed.
- Amount previously reported and corrected amount.
- Reason the change was needed.

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.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have filed an original tax return and I have examined this amended tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended tax return is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

X

X

Your email address. Enter only one email address.

Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

FEIN

Where to File Form 540X

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

If you are due a refund, have no amount due, or paid electronically, mail your tax return to:

**FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**

If you owe, mail your return and check or money order to: