

Amended Corporation Franchise or Income Tax Return

100X

For calendar year or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy) RP

Corporation name, California corporation number, FEIN, Additional information, California Secretary of State file number, Street address, PMB no., City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code

Questions: A Did this corporation file an amended return with the IRS for the same reason? B Has the IRS advised this corporation that the original federal return is, was, or will be audited? C Is this amended return based on a final federal determination(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 During this taxable year, was 50% or more of the stock of this corporation owned by another corporation? J During this taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million?

Part I Income and Deductions

Table with 4 columns: Line number, (a) Originally reported/adjusted, (b) Net change, (c) Correct amount. Rows 1-5 for Net income (loss) before state adjustments, Additions to net income, Deductions from net income, Net income (loss) after state adjustments, and Net income (loss) from Schedule R.

Part II Computation of Tax, Penalties, and Interest

Table with 4 columns: Line number, (a) Originally reported/adjusted, (b) Net change, (c) Correct amount. Rows 6-20 for Net income (loss) for state purposes, Net operating loss (NOL) deduction, EZ, LARZ, TTA, or LAMBRA NOL deduction, Disaster loss deduction, Net income for tax purposes, Tax, Tax credits, Tax after credits, Alternative minimum tax, Tax from Schedule D (100S), Excess net passive income tax, Other adjustments to tax, Total tax, Penalties and interest, and Revised balance.

Part III Payments and Credits

Table with 4 columns: Line number, (a) Originally reported/adjusted, (b) Net change, (c) Correct amount. Rows 21-28 for Estimated tax payments, Amount paid with extension of time to file tax return, Payment with original tax return, Withholding, Other payments, Total payments, Overpayment, and Balance.

Part IV Amount Due or Refund

29 **Amount due.** If line 20 is more than line 28, subtract line 28 from line 20. See instructions. ● 29 _____ .00

30 **Refund.** If line 28 is more than line 20, subtract line 20 from line 28. See instructions. ● 30 _____ .00

Part V Explanation of Changes

1 Enter name, address, California corporation number, and/or FEIN used on original tax return (if same as shown on this amended return, write "Same").

Corporation name			California corporation number		FEIN	
Additional information				California Secretary of State file number		
Street address (suite/room no.)						PMB no.
City				State	ZIP code	
Foreign country name			Foreign province/state/county			Foreign postal code

2 **Explanation of changes to items in Part I, Part II, Part III, and Part IV.**

Enter the line number from Side 1 for each item that is changing and give the reason for each change. Attach all supporting forms and schedules for items changed. Include federal schedules if a change was made to the federal return. Be sure to include the corporation name and California corporation number on each attachment. Refer to the forms and instructions for the taxable year that is being amended.

Sign Here	Under penalties of perjury, I declare that I have filed an original return and 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
	Signature of officer ▶			Title	Date	● Telephone ()	
Paid Preparer's Use Only	Preparer's signature ▶			Date	Check if self-employed <input type="checkbox"/>	● PTIN	
	Firm's name (or yours, if self-employed) and address ▶ _____					● Firm's FEIN	
						● Telephone ()	