

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 (suite/room no.), PMB no., City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code

Questions. See instructions. Yes No. 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 3 columns: (a) Originally reported/adjusted, (b) Net change, (c) Correct amount. Rows 1-5: Net income (loss) before state adjustments, Additions to net income, Deductions from net income, Net income (loss) after state adjustments, Net income (loss) from Schedule R.

Part II Computation of Tax, Penalties, and Interest

Table with 3 columns: (a) Originally reported/adjusted, (b) Net change, (c) Correct amount. Rows 6-21: Net income (loss) for state purposes, Net operating loss (NOL) deduction, EZ, 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, Pass-through entity elective tax, Other adjustments to tax, Total tax, Penalties and interest, Revised balance.

Part III Payments and Credits

Table with 3 columns: (a) Originally reported/adjusted, (b) Net change, (c) Correct amount. Rows 22-27: Estimated tax payments, Amount paid with extension of time to file tax return, Payment with original tax return, Withholding, Other payments, Total payments.

(continued on Side 2)

(continued from Side 1)

28 Overpayment, if any, shown on original tax return, or as later adjusted	● 28	.00
29 Balance. Subtract line 28 from line 27	● 29	.00

Part IV Amount Due or Refund

30 Amount due. If line 21 is more than line 29, subtract line 29 from line 21. See instructions.	● 30	.00
31 Refund. If line 29 is more than line 21, subtract line 21 from line 29. See instructions.	● 31	.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