

California Explanation of Amended Return Changes

X

Attach this schedule to amended Form 540, Form 540 2EZ, or Form 540NR

Name(s) as shown on amended tax return

Your SSN or ITIN

Part I Financial Adjustments – Reconciliation

1	Enter the amount you owe, as shown on the amended tax return	<input checked="" type="radio"/> 1	00
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions . . .	<input checked="" type="radio"/> 2	00
3	Add line 1 and line 2	<input checked="" type="radio"/> 3	00
4	Enter the refund, as shown on the amended tax return. See instructions	<input checked="" type="radio"/> 4	00
5	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	<input checked="" type="radio"/> 5	00
6	Add line 4 and line 5	<input checked="" type="radio"/> 6	00
7	AMOUNT YOU OWE. If line 3 is more than line 6, subtract line 6 from line 3. See instructions.	<input checked="" type="radio"/> 7	00
8	Penalties/Interest. See instructions: Penalties 8a _____ Interest 8b _____	<input checked="" type="radio"/> 8c	00
9	Refund subtotal. If line 6 is more than line 3, subtract line 3 from line 6.	<input checked="" type="radio"/> 9	00
10	Amount of line 9 you want applied to your 2020 estimated tax. See instructions.	<input checked="" type="radio"/> 10	00
11	REFUND. See instructions.	<input checked="" type="radio"/> 11	00

Part II Reason(s) for Amending

1 Check all that apply:

- | | | |
|---|--|---|
| <input checked="" type="radio"/> a <input type="checkbox"/> Protective claim for refund | <input checked="" type="radio"/> f <input type="checkbox"/> NOL carryback. See instructions. | <input checked="" type="radio"/> k <input type="checkbox"/> Military HR 100 |
| <input checked="" type="radio"/> b <input type="checkbox"/> Reservation source income adjustments | <input checked="" type="radio"/> g <input type="checkbox"/> Error on original return | <input checked="" type="radio"/> l <input type="checkbox"/> Informal claim |
| <input checked="" type="radio"/> c <input type="checkbox"/> Pass-through entity adjustments | <input checked="" type="radio"/> h <input type="checkbox"/> Credit adjustment | <input checked="" type="radio"/> m <input type="checkbox"/> Other |
| <input checked="" type="radio"/> d <input type="checkbox"/> Federal audit and/or adjustments | <input checked="" type="radio"/> i <input type="checkbox"/> Earned income tax credit | |
| <input checked="" type="radio"/> e <input type="checkbox"/> FTB audit contact | <input checked="" type="radio"/> j <input type="checkbox"/> Disaster loss | |

2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

This space reserved for 2D barcode