TAXABLE YEAR

| | Amended | Individual Income | e Tax R | eturn | | 54 | 0X |
|--------|---|---|-----------------|---|--|---|------------|
| Fis | scal year filers only: Enter month | of year end year | | | BE SURE TO C | OMPLETE AND S | IGN SIDE 2 |
| You | ur first name | Initial Last name | | | Your SSN or ITIN | | Р |
| | | | | | | | |
| If jo | pint return, spouse's/RDP's first name | Initial Last name | | | Spouse's/RDP's SS | N or ITIN | |
| | | | | | | | AC |
| Ad | dress (number and street, PO Box, or PM | B no.) | | | Apt. no./Ste. no. | | |
| | | | | | | | A |
| Cit | У | | | | State ZIP Code | | R |
| | | | | | | | |
| a b | Filing status claimed: On original return ► Single On this return ► Single On this return | ginal federal tax return has been, is bei Married/RDP filing jointly | /RDP filing sep | parately O Head | of household Qu | ualifying widow(er ualifying widow(e | r) |
| C | If for the year you are amending, you | ı (or your spouse/RDP) can be claime | d as a depende | nt on someone els | e's tax return, fill in t | his circle | ● ○ |
| d | If claiming head of household, enter | name and relationship of qualifying pe | erson on: Or | iginal return | | | _ |
| | | | An | nended return | | | - |
| If a | amending Form 540NR , see General Infor amending Forms 540 2EZ, 540, or 540A , filers: Explain changes on Side 2 and att | see the instructions for lines 1 through | | A. s originally reported/ djusted by the FTB See instructions | B. Net change Explain on Side 2, Part II, line 5 | C. Correct am | ount |
| | | | | | | | |
| 1 | a State wages. See instructions | | 1a | | | ●1a | |
| | b Federal adjusted gross income. Se | ee instructions | 1b | | | 1b | |
| 2 | CA adjustments. Get specific instruct | ions on Form 540A or Sch. CA (540). | | | | | |
| | a California nontaxable interest inco | me | 2a | | | 2a | |
| | b State income tax refund | | 2b | | | 2b | |
| | c Unemployment compensation | | 2c | | | 2c | |
| | d Social Security benefits | | | | | 2d | |
| | e Other (list) | | 2e | | | 2e | |
| | Total California adjustments. Combin | - | | | | • 3 | |
| | California adjusted gross income. Co | | | | | • 4 | |
| | California itemized deductions or Cali | | | | | • 5 | |
| 6 | Taxable income. Subtract line 5 from | line 4. If less than zero, enter -0 | ● 6 | | | 6 | |
| 7 | a Tax method used for line 7b, colu | | _ | | 00 O FTB 3803 | ↑ 71- | |
| 0 | Exemption credits. See instructions. | | | | | ● 7b ● 8 | |
| | • | | | | | 9 | |
| | Subtract line 8 from line 7b. If less th Tax from Schedule G-1 and form FTB | | | | | ●10 | |
| | | | | | | | |
| | Add line 9 and line 10 | | | | | 11 | |
| | Special Credits and Nonrefundable Co | | | | | ●12 12 | |
| | Subtract line 12 from line 11 | | | | | 13 | |
| | Other taxes (alternative minimum tax | | | | | ●14 ●15 | |
| | Mental Health Services Tax, see instr | | 15 | | | ●15 | |
| 10 | Total tax. Add line 13, line 14, and lin | | 46 | | | 016 | |
| 17 | | ctions | | | | ●16 ■17 | |
| | California income tax withheld. See in | | | | | ■ 17 ■ 10 | |
| | Real estate and other withholding (Fo | | | | | ■ 18 ■ 10 | |
| | Excess California SDI (or VPDI) within | | | | | ■ 19 ■ 20 | |
| | Estimated tax payments and other pa Refundable Credits. See instructions. | | | | | ■ 20 ■ 21 | |
| | Seminanie Lieniis See instrictions | | | | | | |

| You | ır name: | | Your SSN or ITIN: | | | | | | |
|---------------|---|---|--|--|--|--|--|--|--|
| 26a | Enter the amou | ınt from Side 1, line 26 | | 26a | | | | | |
| 27 | Overpaid tax, if | Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions | | | | | | | |
| 28 | Subtract line 2 | 7 from line 26a. If line 27 is more th | 27 is more than line 26a, see instructions | | | | | | |
| 29 | Use tax payme | nts as shown on original tax return. | See instructions | | | | | | |
| 30 | Voluntary cont | ributions as shown on original tax r | eturn. See instructions | | | | | | |
| 31 | Subtract line 29 | 9 and line 30 from line 28 | | | | | | | |
| 32 | AMOUNT YOU | OWE. If line 16, column C is more | than line 31, enter the difference | | | | | | |
| | | | | | | | | | |
| | | | Interest 33b | | | | | | |
| 34 | REFUND. If lin | e 16, column C is less than line 31, | enter the difference. See instructions | 34 <u> </u> | | | | | |
| _ | | dents or Part-Year Residents Only | | | | | | | |
| | | | ur revised Short or Long Form 540NR. Your amended tax re | turn cannot be processed without this | | | | | |
| | | | Short or Long Form 540NR and Schedule CA (540NR). | | | | | | |
| | Exemption amount from Short or Long Form 540NR, line 11 | | | | | | | | |
| | Federal adjusted gross income from Short or Long Form 540NR, line 13 | | | | | | | | |
| | | | rt or Long Form 540NR, line 17 | | | | | | |
| | | | hort or Long Form 540NR, line 18 | | | | | | |
| | California adjusted gross income from Short or Long Form 540NR, line 32 | | | | | | | | |
| | | Tax from Schedule G-1 and form FTB 5870A from Long Form 540NR, line 41 | | | | | | | |
| 7 | Special credits (from Long Form 540NR, lines 58, 59, or 60) and nonrefundable renter's credit from Short and | | | | | | | | |
| _ | Long Form 540NR, line 61 (Combine) | | | | | | | | |
| | Alternative minimum tax from Long Form 540NR, line 71 | | | | | | | | |
| | | Mental Health Services Tax (taxable years 2005 and after) from Long Form 540NR, line 72 | | | | | | | |
| 10 | Other taxes and | Other taxes and credit recapture from Long Form 540NR, line 73 | | | | | | | |
| Pa | rt II Explana | tion 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? | | | | | | | | |
| | If "Yes," attach a copy of the final federal determination and all supporting schedules and data. Have you been advised that your original California tax return has been, is being, or will be audited? | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | Did you file an amended tax return with the Internal Revenue Service on a similar basis? See General Information E | | | | | | | | |
| 5 | | | ges below. Attach a separate sheet if needed (see instruction | s). | | | | | |
| | | il each change made. Include: | Attach: | to all officers all factors and a should be | | | | | |
| | Item being c Amount prev | nangea. riously reported and corrected amou | | including all forms and schedules. ou made a change to your federal tax return. | | | | | |
| | | change was needed. | | change, such as corrected W-2s, 1099s, K-1s, | | | | | |
| | | • List of supporting documents you have attached. escrow statements, court documents, contracts, etc. | | | | | | | |
| | Be sure to include your name and SSN or ITIN on each attachment. Refer to the tax booklet for the year you are amending. | | | | | | | | |
| | De sure to include your name and son or trin on each attachment. Here to the lax bookiet for the year you are amending. | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 0 | • | | I have filed an original tax return and that I have examined this amended | tax return including accompanying schedules and | | | | | |
| 5 | ign | Your signature | edge and belief, this amended tax return is true, correct, and complete. Spouse's/RDP's signature (if filing jointly, both must s | ign) Daytime phone number (optional) | | | | | |
| H | ere | | | () | | | | | |
| | s unlawful X X | | Date | | | | | | |
| to fo | orge a | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | | | | | | |
| | use's/RDP's ature. | r and proparer 3 signature (deciaration of p | FIIIN | | | | | | |
| oigii | aturo. | Firm's name (or yours if self-employed) | Firm's address | ● FEIN | | | | | |
| | | o manno (or youro ii ooii ompioyeu) | i iiii o dadiiood | I LIIV | | | | | |
| \ A/1- | novo to File | Do not file a dunlicate amended tay re | eturn unless one is requested. This may cause a delay in processing | your amended tay return and any claim for refund | | | | | |
| | nere to File rm 540X | If you are due a refund, have no amo | | g your amended tax return and any claim for retuing. | | | | | |
| ΓUI | 1111 34UX | mail your tax return to | | BOX 942840, SACRAMENTO CA 94240-0002 | | | | | |
| | | If you owe, mail your return and che | | BOX 942867, SACRAMENTO CA 94267-0001 | | | | | |
| | | | | | | | | | |
| Sid | de 2 Form 5 | 40X c1 2011 | 3152113 | | | | | | |