

Amended Corporation Franchise or Income Tax Return

100X

For calendar year _____ or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.			
Corporation name			California corporation number
Address (suite, room, or PMB no.)			FEIN
City	State	ZIP Code	

Questions <table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> A Did this corporation file an amended return with the IRS for the same reason? <input type="checkbox"/> Yes <input type="checkbox"/> No B Has the IRS advised this corporation that the original federal return is, was, or will be audited? <input type="checkbox"/> Yes <input type="checkbox"/> No C Is this amended return based on a final federal determination(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was the final federal determination date(s)? _____ D Is this return an amended Form 100? <input type="checkbox"/> Yes <input type="checkbox"/> No E Is this return an amended Form 100W? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width:50%; vertical-align: top;"> F Is this return an amended Form 100S? <input type="checkbox"/> Yes <input type="checkbox"/> No G Is this return a protective claim? <input type="checkbox"/> Yes <input type="checkbox"/> No H Was the corporation's original return filed pursuant to a water's-edge election? <input type="checkbox"/> Yes <input type="checkbox"/> No I During this taxable year, was 50% or more of the stock of this corporation owned by another corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No J During this taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A Did this corporation file an amended return with the IRS for the same reason? <input type="checkbox"/> Yes <input type="checkbox"/> No B Has the IRS advised this corporation that the original federal return is, was, or will be audited? <input type="checkbox"/> Yes <input type="checkbox"/> No C Is this amended return based on a final federal determination(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was the final federal determination date(s)? _____ D Is this return an amended Form 100? <input type="checkbox"/> Yes <input type="checkbox"/> No E Is this return an amended Form 100W? <input type="checkbox"/> Yes <input type="checkbox"/> No	F Is this return an amended Form 100S? <input type="checkbox"/> Yes <input type="checkbox"/> No G Is this return a protective claim? <input type="checkbox"/> Yes <input type="checkbox"/> No H Was the corporation's original return filed pursuant to a water's-edge election? <input type="checkbox"/> Yes <input type="checkbox"/> No I During this taxable year, was 50% or more of the stock of this corporation owned by another corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No J During this taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Part I Income and Deductions

		(a) Originally reported/adjusted		(b) Net change		(c) Correct amount
1 Net income (loss) before state adjustments.	1	.00		.00		.00
2 Additions to net income.	2	.00		.00		.00
3 Deductions from net income.	3	.00		.00		.00
4 Net income (loss) after state adjustments. Subtract line 3 from the sum of line 1 and line 2.	4	.00		.00		.00
5 Net income (loss) from Schedule R, see instructions.	5	.00		.00		.00

Part II Computation of Tax, Penalties, and Interest. See instructions.

6 Net income (loss) for state purposes (Part I, line 4 or line 5)	● 6	.00	●	.00	●	.00
7 Net operating loss (NOL) carryover deduction. See instructions.	7	.00		.00	●	.00
8 Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction	8	.00		.00	●	.00
9 Disaster loss deduction.	9	.00		.00	●	.00
10 Net income for tax purposes. Subtract the sum of line 7, line 8, and line 9 from line 6.	10	.00		.00	●	.00
11 Tax _____ % x line 10 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)	● 11	.00		.00	●	.00
12 Tax credits:	12	.00		.00	●	.00
13 Tax after credits (not less than minimum franchise tax plus QSub annual tax(es), if applicable).	13	.00		.00	●	.00
14 Alternative minimum tax. See instructions.	14	.00		.00	●	.00
15 Tax from Schedule D (100S) (Form 100S filers only)	15	.00		.00	●	.00
16 Excess net passive income tax (Form 100S filers only)	16	.00		.00	●	.00
17 Other adjustments to tax. See instructions.	17	.00		.00	●	.00
18 Total tax. Combine line 13 through line 17.	● 18	.00		.00	●	.00
19 Penalties and interest. See instructions.	19	.00	(a) (b)	.00 .00	● (c)	.00 .00
20 Revised balance. Add line 18, column c, and line 19 (c)	20		●			.00

Part III Payments and Credits

21 Estimated tax payments (include overpayment from prior year allowed as a credit)	● 21	.00
22 Amount paid with extension of time to file tax return.	● 22	.00
23 Payment with original tax return.	● 23	.00
24 Withholding (Forms 592-B and/or 593). a) originally reported/adjusted _____ ● b) net change _____ c) correct amount.	● 24c	.00
25 Other payments. See instructions.	● 25	.00
26 Total payments. Add line 21 through line 25.	● 26	.00
27 Overpayment, if any, shown on original tax return, or as later adjusted.	● 27	.00
28 Balance. Subtract line 27 from line 26.	● 28	.00

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

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
Address (suite, room, or PMB no.)			FEIN
City	State	ZIP Code	

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 ▶ _____			● FEIN _____
				● Telephone ()

If the Form 100X results in a return without payment or paid electronically (by EFT or Web Pay), mail the amended tax return to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0500**