## Amended Corporation Franchise or Income Tax Return

1	0	0	X

Fo	r calendar year or fiscal year beginning (mm/dd/yyyy)		, and er	nding	ım) p	m/dd/yyyy)_			RP
	rporation name	California corporation number					number	FEIN	
				١.,					-
Ad	ditional Information				_		California Se	creta	ary of State file number
Street Address (suite/room no.)							PMB no.		
							10		
Cit	/						State	ZIP C	ode
Foi	eign country name	ountry name Foreign province/state/county F					Foreign Postal Code		
Qu	estions	Yes	No						Yes No
B C	Did this corporation file an amended return with the IRS for the same reason? It as the IRS advised this corporation that the original federal return is, was, or will be audited?		any time durin  G Is this return  H Was the corp  I During this ta	he ma ng the a prot oration xable	ximur year. ective n's or year,	m number of sl . <b>Do not</b> leave b e claim? iginal return fil	hareholders in blanked ed pursuant to ore of the stoo	the S a wat	corporation atter's-edge election?
Е	s this return an amended Form 100W?		J During this ta	ixable	year,	were gross red	eipts (less ret	ırns a	and
			allowances) o	of this	corpo	oration more th (t		<u></u>	(c)
Pa	rt I Income and Deductions		Originally reported/adjus	sted			hange		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. Combine lines 1 through 3.	4		.00			.00		.00
5	Net income (loss) from Schedule R, see instructions	5		.00			.00	)	.00
Pa	rt II Computation of Tax, Penalties, and Interest. See instruct	tions.	I						
6	Net income (loss) for state purposes (Part I, line 4 or line 5)	• 6		.00	•		.00	_	.00
7	Net operating loss (NOL) deduction. See instructions	7		.00	$\perp$		.00	_	.00
8	Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL deduction	8		.00	_		.00	_	.00
9	Disaster loss deduction	9		.00	_		.00	_	.00
10	Net income for tax purposes. Combine lines 6 through 9	10		.00	+		.00	_	.00
11		● 11 • 10		.00	$\dashv$		.00	_	.00
	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			0.0		00
1/	Alternative minimum tax. See instructions.	14		.00	$\dashv$		)0. )0.	_	.00
	Tax from Schedule D (100S) (Form 100S filers only)	15		.00	+		.00		.00
	Excess net passive income tax (Form 100S filers only)	16		.00			.00	_	.00
	Other adjustments to tax. See instructions	17		.00	$\dashv$		.00	_	.00
	· · · · · · · · · · · · · · · · · · ·	<b>● 18</b>		.00			.00		.00
	Penalties and interest.				(a)		.00		
	See instructions	19		.00			.00	(c)	.00
20	Revised balance. Add line 18, column c, and line 19 (c)						20	$\overline{}$	.00
	rt III Payments and Credits							'	
21	Estimated tax payments (include overpayment from prior year al	lowed	as a credit)				• 21		.00
22	Amount paid with extension of time to file tax return						• 22		.00
	Payment with original tax return						• 23		.00
24	Withholding (Forms 592-B and/or 593). a) originally reported/a								
	• b) net change c) correct amount							+	.00
	Other payments. See instructions							_	.00
	Total payments. Add line 21 through line 25							+	.00
	Overpayment, if any, shown on original tax return, or as later adj							+	.00
28	Balance. Subtract line 27 from line 26						• 28	-	.00

Part IV A	mount Due or Refund							
<b>29</b> Amount	due. If line 20 is more than line 28, subtract line 28 from	n line 20. See instructions .	• 29		<u> </u>			
30 Refund.	If line 28 is more than line 20, subtract line 20 from line	28. See instructions	• 30		<u>, , , , , , , , , , , , , , , , , , , </u>			
Part V Ex	xplanation of Changes							
1 Enter na	me, address, California corporation number, and/or FEIN	l used on original tax return	(if same as shown or	n this amen	ded return, write "Same").			
Corporation name California corporation num				number	ber FEIN			
Additional In	formation			California	Secretary of State file number			
Street Addre	ess (suite/room no.)				PMB no.			
City				State	ZIP Code			
Foreign cour	ntry name	Foreign province/state/coun	ty	'	Foreign Postal Code			
Enter the changed	tion of changes to items in Part I, Part II, Part III, and I e line number from Side 1 for each item that is changing I. Include federal schedules if a change was made to the attachment. Refer to the forms and instructions for the t	and give the reason for eac federal return. Be sure to in	clude the corporation					
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	(	elephone )			
Paid	Preparer's signature  ▶	Date	Check if sel employed	I	IIN			
Paid Preparer's Use Only	Firm's name (or yours, if	● FE	EIN					
	self-employed) and address			• Te	elephone			