TAXABLE YEAR

Amended Corporation Franchise or Income Tax Return

CALIFORNIA FORM **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	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)? ● If so, what was the final federal determination date(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? ● If yes, enter the maximum number of shareholders in the S corporation at any time during the year. **Do not** leave blank ●	☐	☐
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		(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. Combine lines 1 through 3.	**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) deduction. See instructions	**7**	.00		.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 Tax _____% x line 10. See instructions.	● **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)**	.00	● **(c)**	.00
			(b)	.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

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 ☐	● PTIN
Firm's name (or yours, if self-employed) and address ▶			● FEIN –
			● Telephone ( )