TAXABLE YEAR CALIFORNIA FORM Amended Individual Income Tax Return 540X Fiscal year filers only: Enter month of year end and year (mm/yyyy) BE SURE TO COMPLETE AND SIGN SIDE 3 Suffix Your SSN or ITIN Your first name nitia Last name If joint tax return, spouse's/RDP's first name Last name Suffix Spouse's/RDP's SSN or ITIN Additional information (See instructions) PBA code Apt. no./ste. no. PMB/private mailbox Street address (number and street) or PO box State ZIP code City (If you have a foreign address, see page 2) Foreign country name Foreign province/state/county Foreign postal code Have you been advised that your original federal tax return has been, is being, or will be audited?..... Filing status claimed on: Married/RDP filing jointly L Married/RDP filing separately Single Head of household Qualifying widow(er) $oxedsymbol{oxed}$ Married/RDP filing jointly $oxedsymbol{oxed}$ $oldsymbol{ol}}}}}}}}}$ Sinale L \rfloor Qualifying widow(er) Head of household If for the year you are amending, you (or your spouse/RDP) can be claimed as a dependent on someone else's tax return, check this box....... If claiming head of household, enter name and relationship of qualifying person on: Original tax return Amended tax return B. C. If amending Form 540NR, see General Information D. Net change. As originally reported/ Correct amount If amending Forms 540 2EZ, 540, or 540A, see the instructions for lines 1 through 6. adjusted by the FTB Explain on Side 3, All filers: Explain changes on Side 3 and attach your supporting documents. See instructions Part II, line 5 2 CA adjustments. Get specific instructions on Form 540A or Sch. CA (540). State income tax refund Other (list) 3 Total California adjustments. Combine line 2a through line 2e. See instructions 3 California adjusted gross income. Combine line 1b and line 3. See instructions 4 California itemized deductions or California standard deduction. See instructions . . 5 6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0-.

Total tax. Add line 13, line 14, and line 15.

9

10

Υοι	ir name: Your SSN or ITIN:		
18 19 20	California income tax withheld. See instructions Withholding (Form 592-B and/or 593). See instructions Excess California SDI (or VPDI) withheld. See instructions Estimated tax payments and other payments. See instructions Refundable Credits. See instructions.	18 • 19 • 20	
	Child and Dependent Care Expenses Credit (CDCE)		
	● 22 ● 23	● 24 \$	
25	California Earned Income Tax Credit (EITC). See instructions	25	•
26	Tax paid with original tax return plus additional tax paid after it was filed. Do	not include penalties and interest	■ 26
27	Total payments. Add lines 17, 18, 19, 20, 21, 25, and 26 of column C		. • 27
28	Overpaid tax, if any, as shown on original tax return or as previously adjuste	d by the FTB. See instructions	■ 28
29	Subtract line 28 from line 27. If line 28 is more than line 27. See instruction	3	. • 29
30	Use tax payments as shown on original tax return. See instructions		● 30
31	Voluntary contributions as shown on original tax return. See instructions		• 31
32	Subtract line 30 and line 31 from line 29		. • 32
33	AMOUNT YOU OWE. If line 16, column C is more than line 32, enter the diff and see instructions		<u> </u>
34	Penalties/Interest. See instructions: Penalties 34a	Interest 34b	■ 34c
	Penalties/Interest. See instructions: Penalties 34a		
35			
35 Pa	REFUND. If line 16, column C is less than line 32, enter the difference. See	nstructions	00
35 Pa	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and	nstructions	00
Atta	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and s information.	Schedule CA (540NR). Your amended tax return ca	nnot be processed without
Para Atta	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and information. Exemption amount	schedule CA (540NR). Your amended tax return ca	nnot be processed without 1
Par Atta this	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and s information. Exemption amount. Federal adjusted gross income	Schedule CA (540NR). Your amended tax return ca	nnot be processed without 1 2 3
35 Pa Atta this 1 2 3 4	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only ach and enter the amounts from your revised Short or Long Form 540NR and s information. Exemption amount	Schedule CA (540NR). Your amended tax return ca	nnot be processed without 1 2 3 4
35 Pa Atta this 1 2 3 4 5	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and is information. Exemption amount	Schedule CA (540NR). Your amended tax return ca	nnot be processed without 1 2 3 4 5
35	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and is information. Exemption amount. Federal adjusted gross income Adjusted gross income from all sources Itemized deductions or standard deduction California adjusted gross income	Schedule CA (540NR). Your amended tax return ca	nnot be processed without 1 2 3 4 5 6
35 Pa Atta this 1 2 3 4 5 6 7	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only ach and enter the amounts from your revised Short or Long Form 540NR and s information. Exemption amount	Schedule CA (540NR). Your amended tax return ca	nnot be processed without 1 2 3 4 5 6 7
35 Pa Atta this 1 2 3 4 5 6 7 8	REFUND. If line 16, column C is less than line 32, enter the difference. See art I Nonresidents or Part-Year Residents Only tach and enter the amounts from your revised Short or Long Form 540NR and is information. Exemption amount	Schedule CA (540NR). Your amended tax return ca	nnot be processed without 1 3 4 5 6 7 8

Your name: Your SSN or ITIN: Part II Explanation of Changes 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. 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? Did you file an amended tax return with the Internal Revenue Service on a similar basis? See General Information E Explanation and Attachments. Explain your changes below. If needed, attach a separate sheet that includes your name and SSN or ITIN. Explain in detail each change made. Include: Attach: Item being changed. · Revised California tax return including all forms and schedules. · Amount previously reported and corrected amount. · Federal tax return and schedules if you made changes. · Reason the change was needed. • Supporting documents, such as corrected W-2s, 1099s, K-1s, etc. To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have filed an original tax return and I have examined this amended tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended tax return is true, correct, and complete. Your signature Spouse's/RDP's signature (if a joint tax return, both must sign) Χ Χ Your email address (optional). Enter only one email address. Daytime phone number (optional) Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) It is unlawful to forge a PTIN Firm's name (or yours, if self-employed) spouse's/RDP's signature. Firm's address FEIN Do not file a duplicate amended tax return unless one is requested. This may cause a delay in processing your amended tax return and any claim for refund. Where to File If you are due a refund, have no amount due, or paid electronically, Form 540X mail your tax return to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 If you owe, mail your return and check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001