

Amended Corporation Franchise or Income Tax Return

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

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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. 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

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 (b) .00	.00	● (c)	.00
20 Revised balance. Add line 18, column (c), and line 19 (c)	20	●		.00		.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

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

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 ()