**California Explanation of** CALIFORNIA SCHEDULE **Amended Return Changes** X Attach this schedule to amended Form 540, Form 540 2EZ, or Long or Short Form 540NR Name(s) as shown on amended tax return Your SSN or ITIN Part I Financial Adjustments – Reconciliation 00 2 Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions . . . • 2 00 00 00 00 00 00 Penalties/Interest. See instructions: Penalties 8a \_ Interest 8b 00 00 00 11 REFUND. See instructions. იი Part II Reason(s) for Amending 1 Check all that apply: Protective claim for refund NOL carryback Military HR 100 Error on original return b Informal claim ( ) C Pass-through entity adjustments h Credit adjustment Other Federal audit and/or adjustments Earned income tax credit ● d FTB audit contact Disaster Loss 2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

This space reserved for 2D barcode