

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

Questions. See instructions.

Yes No

- A** Did this corporation file an amended return with the IRS for the same reason? ☐ Yes ☐ No
- B** Has the IRS advised this corporation that the original federal return is, was, or will be audited? ☐ Yes ☐ No
- C** Is this amended return based on a final federal determination(s)? ☐ Yes ☐ No
If so, what was the final federal determination date(s)? _____
- D** Is this return an amended Form 100? ☐ Yes ☐ No
- E** Is this return an amended Form 100W? ☐ Yes ☐ No

- F** Is this return an amended Form 100S? ☐ Yes ☐ No
If yes, enter the maximum number of shareholders in the S corporation at any time during the taxable year. **Do not** leave blank
- G** Is this return a protective claim? ☐ Yes ☐ No
- H** Was the corporation's original return filed pursuant to a water's-edge election? ☒ Yes ☐ No
- I** During this taxable year, was 50% or more of the stock of this corporation owned by another corporation? ☐ Yes ☐ No
- J** During this taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million? ☐ Yes ☐ No

Part I Income and Deductions

		(a) Originally reported/adjusted	(b) Net change	(c) Correct amount
1 Net income (loss) before state adjustments.	<input checked="" type="radio"/> 1	.00	.00	.00
2 Additions to net income.	<input checked="" type="radio"/> 2	.00	.00	.00
3 Deductions from net income.	<input checked="" type="radio"/> 3	.00	.00	.00
4 Net income (loss) after state adjustments. Combine lines 1 through 3.	<input checked="" type="radio"/> 4	.00	.00	.00
5 Net income (loss) from Schedule R. See instructions.	<input checked="" type="radio"/> 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)	<input checked="" type="radio"/> 6	.00	.00	.00
7 Net operating loss (NOL) deduction. See instructions.	<input checked="" type="radio"/> 7	.00	.00	.00
8 EZ, LARZ, TTA, or LAMBRA NOL deduction. See instructions.	<input checked="" type="radio"/> 8	.00	.00	.00
9 Disaster loss deduction.	<input checked="" type="radio"/> 9	.00	.00	.00
10 Net income for tax purposes. Combine lines 6 through 9.	<input checked="" type="radio"/> 10	.00	.00	.00
11 Tax _____ % x line 10. See instructions.	<input checked="" type="radio"/> 11	.00	.00	.00
12 <input checked="" type="radio"/> Tax credits: _____	<input checked="" type="radio"/> 12	.00	.00	.00
13 Tax after credits (not less than minimum franchise tax plus QSub annual tax(es), if applicable).	<input checked="" type="radio"/> 13	.00	.00	.00
14 Alternative minimum tax. See instructions.	<input checked="" type="radio"/> 14	.00	.00	.00
15 Tax from Schedule D (100S) (Form 100S filers only)	<input checked="" type="radio"/> 15	.00	.00	.00
16 Excess net passive income tax (Form 100S filers only)	<input checked="" type="radio"/> 16	.00	.00	.00
17 Other adjustments to tax. See instructions.	<input checked="" type="radio"/> 17	.00	.00	.00
18 Total tax. Combine line 13 through line 17.	<input checked="" type="radio"/> 18	.00	.00	.00
19 Penalties and interest.	<input checked="" type="radio"/> 19	.00	(a) .00 (b) .00 (c) .00	.00
20 Revised balance. Add line 18, column (c), and line 19 (c)	<input checked="" type="radio"/> 20			.00

Part III Payments and Credits

21 Estimated tax payments (include overpayment from prior year allowed as a credit)	<input checked="" type="radio"/> 21	.00
22 Amount paid with extension of time to file tax return.	<input checked="" type="radio"/> 22	.00
23 Payment with original tax return.	<input checked="" type="radio"/> 23	.00
24 Withholding (Forms 592-B and/or 593). a) originally reported/adjusted _____ b) net change _____ c) correct amount _____	<input checked="" type="radio"/> 24c	.00
25 Other payments. See instructions.	<input checked="" type="radio"/> 25	.00
26 Total payments. Add line 21 through line 25.	<input checked="" type="radio"/> 26	.00
27 Overpayment, if any, shown on original tax return, or as later adjusted.	<input checked="" type="radio"/> 27	.00
28 Balance. Subtract line 27 from line 26.	<input checked="" type="radio"/> 28	.00

29 Amount due. If line 20 is more than line 28, subtract line 28 from line 20. See instructions. ● **29** _____ 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").

2 Explanation of changes to items in Part I, Part II, Part III, and Part IV.

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 <input type="checkbox"/>	● PTIN
	Firm's name (or yours, if self-employed) and address ▶ _____			● Firm's FEIN
				● Telephone