

# 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, 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.				
See instructions	<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

