TAXABLE YEAR

Amended Corporation Franchise or Income Tax Return

100X	
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Fo	or calendar year or fiscal year beginning (mm/dd/yyyy)_		, and e	ndin	g (n	nm/dd/yyyy)			RP
Co	prporation name			Cali	forni	a corporation nu	ımber F	EIN	
Ac	Iditional information					Ca	alifornia Sec	cretar	ry of State file number
St	reet address (suite/room no.)						F	PMB 1	no.
Ci	tv	-					State Z	IP co	ode
	,								
Fo	reign country name	Forei	gn province/state/county	/			F	oreig	n postal code
Q	uestions. See instructions.	Yes	No						Yes No
A	Did this corporation file an amended return with the IRS for the same reason?		F Is this return a	an am	ende	ed Form 100S?			
В	Has the IRS advised this corporation that the original federal return is,	_	If yes, enter th	the maximum number of shareholders in the S corporation at ring the taxable year. Do not leave blank					
	was, or will be audited?			-		e claim?			
	Is this amended return based on a final federal determination(s)?	' ப							s-edge election?
	Is this return an amended Form 100?		During this ta:	xable	year,	was 50% or more	e of the stock	of thi	s III
	Is this return an amended Form 100W?) 🗖				nother corporation			
						were gross receip oration more than			a ●□□
			(a)			(b)			(C)
Pa	art I Income and Deductions		Originally reported/adjus	sted		Net char	nge		Correct amount
1	Net income (loss) before state adjustments	•1		.00	\bigcirc		.00	\bigcirc	.00
2	Additions to net income	0 2		.00	\bigcirc		.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	۲		.00	•	.00
	Net income (loss) from Schedule R. See instructions	•5		.00	\bigcirc		.00		.00
	rt II Computation of Tax, Penalties, and Interest	-			-			-	1
6	Net income (loss) for state purposes (Part I, line 4 or line 5)	6		.00	•		.00		.00
		0 7		.00			.00	-	.00
		8		.00			.00		.00
9		9		.00			.00		.00
10		10		.00			.00		.00
		11		.00			.00		.00
12	• Tax credits: •	12		.00	_		.00		.00
	Tax after credits (not less than minimum franchise tax								
	plus QSub annual tax(es), if applicable)	13		.00	$oldsymbol{igo}$.00	•	.00
14		14		.00	$ \bigcirc $.00		.00
15	Tax from Schedule D (100S) (Form 100S filers only)	15		.00	\odot		.00		.00
16	Excess net passive income tax (Form 100S filers only)	16		.00	\bigcirc		.00	•	.00
17	Other adjustments to tax. See instructions	17		.00	\bigcirc		.00		.00
18	Total tax. Combine line 13 through line 17	18		.00	\bigcirc		.00		.00
19	Penalties and interest.				\bigcirc	(a)	.00		
	See instructions	D 19		.00	\bigcirc	(b)	.00	(C)	.00
20	Revised balance. Add line 18, column (c), and line 19 (c)						20		.00
Pa	art III Payments and Credits								
21	Estimated tax payments (include overpayment from prior year al	lowed	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/	adjust	ed						
	• 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 adj	usted					. • 27		.00
28	Balance, Subtract line 27 from line 26						• 28		00

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Part IV Amount Due or Refund

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30	Refund. If line 28 is more than line 20, subtract line 20 from line 28. See instructions	30	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 or	n this amen	ided return, write "Same").
Corporation name		California corporation	number	FEIN
Additional information			California S	Secretary of State file number
Street address (suite/room no.)				PMB no.
City			State	ZIP code
Foreign country name	Foreign province/state/county	1		Foreign postal code

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

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.

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			
	Preparer's signature		Date	Check if self-	• PTIN			
Paid				employed				
Preparer's Use Only	Firm's name (or yours, if self-employed) and address	• Firm's FEIN						
	sell-employed) and address	Telephone						
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