TAXABLE YEAR

CALIFORNIA FORM

Amended Corporation Franchise or Income Tax Return

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Fo	r calendar year or fiscal year beginning (mm/dd/yyyy	') <u> </u>			, and en	nding	g (n	nm/dd/yyyy)			RP		
Co	rporation name					Calif	orni	a corporation nur	mber F	EIN			
Ad	ditional information							Ca	lifornia Se	creta	ry of State file num	ber	
											,		
Str	reet address (suite/room no.)	-						I	F	PMB no.			
Cit	y								State 2	ZIP code			
Fo	reign country name	F	Forei	gn provin	ce/state/county				F	oreig	gn postal code		
Qı	uestions. See instructions.		Yes	No								Yes No	
Δ	Did this corporation file an amended return with the IRS for the same reason?		П		F Is this return a	n am	ende	d Form 100S?					
1	Has the IRS advised this corporation that the original federal return is,			_				m number of share					
1	was, or will be audited?	•				-		•		ank			
1	Is this amended return based on a final federal determination(s)?	•	Ш	Ш							s-edge election?	HH	
1	Is this return an amended Form 100?	•	П					was 50% or more			•		
	Is this return an amended Form 100W?		Ħ	Ħ				nother corporation?					
			_	_				were gross receipt oration more than S					
					(a)	T		(b)			(c)		
Pa	ert I Income and Deductions			Original	lly reported/adjust	\rightarrow		Net chan	ge		Correct amo	unt	
	Net income (loss) before state adjustments	-	<u>•1</u>			$\overline{}$	$\underline{\underline{\bullet}}$.00	(<u>•</u>		.00	
2	Additions to net income	\vdash	<u>•2</u>				$\underline{\underline{\bullet}}$.00	(<u>•</u>		.00	
3	Deductions from net income	-	<u>•3</u>			.00	$\underline{\underline{\bullet}}$.00	(O)		.00	
4	Net income (loss) after state adjustments. Combine lines 1 through 3	_	<u>•4</u>				$\underline{\underline{\bullet}}$.00	•		.00	
5	Net income (loss) from Schedule R. See instructions	. (● 5			.00	$\underline{\bullet}$.00			.00	
Pa	rt 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	lacksquare				.00	<u> </u>		.00	•		.00	
8	EZ, TTA, or LAMBRA NOL deduction. See instructions	O	8			.00	<u> </u>		.00	•		.00	
9	Disaster loss deduction	\odot	9			.00	<u> </u>		.00	•		.00	
10	Net income for tax purposes. Combine lines 6 through 9	ledow	10			.00	<u> </u>		.00	•		.00	
11	Tax% x line 10. See instructions	•	11			.00	<u> </u>		.00	•		.00	
12	Tax credits:	ledown	12			.00	<u> </u>		.00	•		.00	
13	Tax after credits (not less than minimum franchise tax	_					_						
	plus QSub annual tax(es), if applicable)	<u> </u>	13				$\underline{\underline{\bullet}}$.00	_		.00	
	Alternative minimum tax. See instructions	<u> </u>	14			.00	$\underline{\underline{\bullet}}$.00	•		.00	
	Tax from Schedule D (100S) (Form 100S filers only)	<u>•</u>		+		.00			.00	•		.00	
	Excess net passive income tax (Form 100S filers only)	_	16	 		.00			.00	_		.00	
	Other adjustments to tax. See instructions		17			-	$\underline{\underline{\bullet}}$.00	_		.00	
	Total tax. Combine line 13 through line 17	•	18			.00	-	()	.00	_		.00	
19	Penalties and interest.							(a)	.00	⊣			
	See instructions					.00				(c)		.00	
	Revised balance. Add line 18, column (c), and line 19 (c)								20	•		.00	
_	rt III Payments and Credits								1				
	Estimated tax payments (include overpayment from prior year				-					-		.00	
	Amount paid with extension of time to file tax return								• 22	-		.00	
	Payment with original tax return								• 23	-		.00	
24	Withholding (Forms 592-B and/or 593). a) originally reported											22	
. -	• b) net change c) correct amount									-		.00	
	Other payments. See instructions									\vdash		.00	
	Total payments. Add line 21 through line 25									\vdash		.00	
	Overpayment, if any, shown on original tax return, or as later a	ajus	sted						• 27 • 28	-		.00	
/X	parance Sunitaci ine 27 mmi line 26								■ 7X	1		(1(1)	

Form 100X 2021 **Side 1**

Part IV A	mount Due or Refund							
29 Amount	t due. If line 20 is more than line 28, subtract line 28 from	n line 20. See instructions.	• 29		00			
30 Refund	. If line 28 is more than line 20, subtract line 20 from line	28. See instructions	● 30		_ 00			
Part V E	xplanation of Changes							
1 Enter na	ame, address, California corporation number, and/or FEIN	used on original tax return	(if same as shown or	n this amer	nded return, write "Same").			
Corporation	name		California corporation	number	FEIN			
Additional in	formation			California	Secretary of State file number			
Street addre	ss (suite/room no.)				PMB no.			
City				State	ZIP code			
Foreign cour	ntry name	Foreign province/state/count	у		Foreign postal code			
Enter th changed	Ition of changes to items in Part I, Part II, Part III, and I e line number from Side 1 for each item that is changing it. Include federal schedules if a change was made to the attachment. Refer to the forms and instructions for the t	and give the reason for eac federal return. Be sure to in	clude the corporation					
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		elephone			
Paid	Preparer's signature	Date	Check if sel employed [_	TIN			
Preparer's Use Only	Firm's name (or yours, if			● Fi	irm's FEIN			
	self-employed) and address			● Te	elephone			