_IA	California Explanation		CALIFORNIA SCI	HEDULI
	Amended Return Ch		X	
Attach this schedule to amended Form 540, Form 540 2EZ, or Form 540NR Name(s) as shown on amended tax return			Your SSN or ITIN	
Pa	rt I Financial Adjustments – Reconciliation			
1	nter the amount you owe, as shown on the amended tax return			0(
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions			0(
3	Add line 1 and line 2			00
4	Enter the refund, as shown on the amended tax return.		_	00
5			_	00
7	Add line 4 and line 5			0(
7 8			_	00
9	Refund subtotal. If line 6 is more than line 3, subtract I		_	0(
10				0(
11				0
 Pa	rt II Reason(s) for Amending			
	Check all that apply:			
•	Sheek an that approx.			
	Protective claim for refund	NOL carryback. See instructions.	k Military HR 100	
	Reservation source income adjustments	g	I Informal claim	
	Pass-through entity adjustments	Credit adjustment	m Other	
	d Federal audit and/or adjustments	i		
	e FTB audit contact	j		
2	Provide further explanation of reason(s) for amending bel	low. If needed, attach a separate sheet that includes yo	ur name and SSN or ITIN.	

This space reserved for 2D barcode