CALIFORNIA FORM

Amended Corporation Franchise or Income Tax Return

100X

_	r calendar year or fiscal year beginning (mm/dd/yyyy	′)		, and	_	-	nm/dd/yyyy)			RP		
Co	rporation name				Cal	iforni	ia corporation number	FE	EIN			
Ad	ditional information						California S	eci	retar	y of State file number		
,							James III a		· Otal	y or otate me mamber		
Str	eet address (suite/room no.)							Ы	MB n	10.		
Cit	y						State	ZIP code				
Fo	reign country name		Foreig	an province/state/cou	ıntv			F	roia	n nostal code		
Foreign country name			Foreign province/state/county				ľ			Foreign postal code		
Qı	restions. See instructions.		Yes	No						Yes No		
Α	Did this corporation file an amended return with the IRS for the same reason?	•	П	F Is this retu	ırn an an	nende	ed Form 100S?			● □□		
	Has the IRS advised this corporation that the original federal return is,	_	If yes, enter the maximum number of shareholders in the S corporation at any time during the taxable year. Do not leave blank									
	was, or will be audited?		H				e claim?					
	If so, what was the final federal determination date(s)?		Ч	H Was the c	orporatio	n's or	iginal return filed pursuant to	a w	ater's	-edge election?		
D	Is this return an amended Form 100?	•	During this taxable year, was 50% or more of the stock of this corporation owned by another corporation?									
Ε	Is this return an amended Form 100W?		Ш	1 1		-	, were gross receipts (less ref					
				allowance	s) of this	corp	oration more than \$1 million	? .		● □□		
Pa	rt I Income and Deductions			(a) Originally reported/a	djusted		(b) Net change			(c) Correct amount		
1	Net income (loss) before state adjustments	.	1		.00	•	.0	0	•	.00		
	Additions to net income		<u>©</u> 2		.00	<u> </u>	.0	00	$\overline{\bullet}$.00		
3	Deductions from net income	. [③ 3		.00	•	.0	00	•	.00		
4	Net income (loss) after state adjustments. Combine lines 1 through 3	. [• 4		.00	•	.0	00	•	.00		
5	Net income (loss) from Schedule R. See instructions	. [● 5		.00	•	.0	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	•	0.	00	•	.00		
7	Net operating loss (NOL) deduction. See instructions	lacksquare	7		.00	•	0.	00	•	.00		
8	EZ, TTA, or LAMBRA NOL deduction. See instructions	ledown	8		.00	O	.0	0	•	.00		
9	Disaster loss deduction	<u> </u>	9		.00	-	.0	00	•	.00		
10	Net income for tax purposes. Combine lines 6 through 9	lacksquare			.00	_		00	•	.00		
	Tax% x line 10. See instructions	•			.00	15		00	•	.00		
	Tax credits:	ledown	12		.00	(.0	0	•	.00		
13	Tax after credits (not less than minimum franchise tax		٠		0.0							
	plus QSub annual tax(es), if applicable)	-	13		.00	_		00	•	.00.		
	Alternative minimum tax. See instructions		17			0			•	.00.		
	Tax from Schedule D (100S) (Form 100S filers only) Excess net passive income tax (Form 100S filers only)	_	15 16			<u> </u>		$\overline{}$	•	.00.		
	Pass-through entity elective tax (Form 100S filers only)	⊢≂	17			0			•	.00		
	Other adjustments to tax. See instructions	$\overline{}$	18			Ŏ		00		.00		
	Total tax. Combine line 13 through line 18		19			Ŏ			•	.00.		
	Penalties and interest.				.00	_	()	00				
		•	20		.00	Ŏ		-	(c)	.00		
21	Revised balance. Add line 19, column (c), and line 20 (c)							21		.00		
	rt III Payments and Credits											
	Estimated tax payments (include overpayment from prior year	allo	wed	as a credit)				2		.00		
	Amount paid with extension of time to file tax return			,				-		.00		
24	Payment with original tax return							4		.00		
25	Withholding (Forms 592-B and/or 593). a) originally reported	d/a	djust	ed		_		1				
	• b) net change c) correct amount							C		.00		
	Other payments. See instructions							6		.00		
27	Total payments. Add line 22 through line 26		<u></u> .					7		.00		

(continued on Side 2)

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(continue	from Side 1)						
	ayment, if any, shown on original tax return, or as later adj					28	.00
	e. Subtract line 28 from line 27				•	29	.00
	Amount Due or Refund						
	nt due. If line 21 is more than line 29, subtract line 29 from						_ 00
31 Refun	d. If line 29 is more than line 21, subtract line 21 from line	e 29. See instructions	• • • • • • • • • • • • • • • • • • • •	31			00
Part V	Explanation of Changes						
	name, address, California corporation number, and/or FEIN	l used on original tax retu	•				led return, write "Same").
Corporatio	n name		California c	orporation	numbe	er	FEIN
Additional	nformation				Califor	rnia Se	ecretary of State file number
Street add	ess (suite/room no.)						PMB no.
City					Si	tate	ZIP code
Foreign country name Foreign province/state/county							Foreign postal code
Sign Here	Under penalties of perjury, I declare that I have filed an original to the best of my knowledge and belief, this amended return is t preparer has any knowledge.	than tax	xpayer)) is based on all information of which			
	Signature of officer	Title	D	ate		• Tele	ephone
	Preparer's signature	Date	С	heck if self	f- (• PTI	IN
Paid Proparer'	>		e	mployed [● Eire	m's FEIN
Preparer' Use Only	Firm's name (or yours, if					→ 1'111	II G I LIIV
	self-employed) and address					● Tele	ephone