Amended Corporation Franchise or Income Tax Return

100X

	r calendar year or fiscal year beginning (mm/dd/yyyy))					• •	nm/dd/yyyy)			RP	
Corporation name						California corporation number			nber	FEIN		
Add	ditional information							Cal	ifornia Se	creta	ary of State file num	nber
Street address (suite/room no.)										PMB no.		
City								State 2	ZIP code			
Foreign country name				Foreign province/state/county					Foreign postal code			
Qu	estions. See instructions.		Yes	s No	l							Yes No
A I	Did this corporation file an amended return with the IRS for the same reason?	•						ed Form 100S?				
	Has the IRS advised this corporation that the original federal return is,							m number of sharel ble year. Do not leav				
	was, or will be audited?		H	ᅡ	,	-		e claim?				
1	f so, what was the final federal determination date(s)?		_	_							r's-edge election? 💿	
	s this return an amended Form 100?	•						was 50% or more on their corporation?				
E	s this return an amended Form 100W?	•	Ш	IЦ	'			were gross receipts				
					allowances) of	this o	corp	oration more than \$	1 million?			
Da	rt I Income and Deductions			10	(a) riginally reported/adjusto	ed		(b) Net chang	ne		(c) Correct amo	nunt
1	Net income (loss) before state adjustments	1	① 1	_	- , , ,	_	•	Trot onang	.00	•		.00
	Additions to net income		<u>• 1</u>	-		_	$\overline{\bullet}$.00	+ =		.00
3	Deductions from net income		<u>●3</u>	_		_	$\overline{\bullet}$.00	$+ \approx$.00
4	Net income (loss) after state adjustments. Combine lines 1 through 3.	- 1-	<u>•4</u>			-	$\widecheck{lacktriangle}$.00	_		.00
	Net income (loss) from Schedule R. See instructions		<u>© 1</u>	_		_	$\widecheck{lacktriangle}$.00	$\overline{}$)	.00
	rt II Computation of Tax, Penalties, and Interest						_			10		
	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	•	7			.00	\overline{ullet}		.00	•		.00
8	EZ, TTA, or LAMBRA NOL deduction. See instructions	•	8			.00	\overline{ullet}		.00	•		.00
9	Disaster loss deduction	•	9			.00	•		.00	•		.00
10	Net income for tax purposes. Combine lines 6 through 9	\odot	10			.00	ledown		.00	•		.00
	Tax% x line 10. See instructions	•				.00	_		.00	•		.00
		<u> </u>	12	!		.00	<u> </u>		.00	•		.00
13	Tax after credits (not less than minimum franchise tax	$\overline{}$					$\overline{}$					
			13			.00			.00.	_		.00
		$\overline{}$	14	\neg		.00				•		.00
	` ' `	_	15			.00			.00.	_	+	.00
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	_	16 17			.00			.00.	_	+	.00
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	_	18			.00	_		.00	_	+	.00
	Total tax. Combine line 13 through line 18		19	_		.00			.00	+		.00
	Penalties and interest.	_	13			_	$\widecheck{lacktriangle}$	(a)	.00	_		.00
		(•)	20	1		.00				(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 a	allo	wed	las	a credit)				• 22			.00
	Amount paid with extension of time to file tax return				·				23			.00
	Payment with original tax return								24			.00
25	Withholding (Forms 592-B and/or 593). a) originally reported	d/ac	djust	ted.								
	• b) net change c) correct amount								● 25c			.00
	Other payments. See instructions								• 26			.00
27	Total payments. Add line 22 through line 26								27			.00

(continued on Side 2)

3631233 Form 100X 2023 **Side 1**

(continued	from Side 1)					
	yment, if any, shown on original tax return, or as later adj					.00
	e. Subtract line 28 from line 27				• 2	.00
	Amount Due or Refund					
	nt due. If line 21 is more than line 29, subtract line 29 from			_		00
31 Refund	1. If line 29 is more than line 21, subtract line 21 from line	29. See instructions	•	31 _		00
Part V	Explanation of Changes					
	ame, address, California corporation number, and/or FEIN	I used on original tax return	•			ded return, write "Same").
Corporation	n name		California co	orporation n	number	FEIN
Additional in	nformation			(California S	Secretary of State file number
Street addre	ess (suite/room no.)					PMB no.
City					State	ZIP code
Foreign cou	intry name	Foreign province/state/coun	ty			Foreign postal code
Sign Here	Under penalties of perjury, I declare that I have filed an original reto the best of my knowledge and belief, this amended return is to preparer has any knowledge.	nan taxpaye	er) is based on all information of which			
	Signature of officer	Title	Da	ate	● Te	elephone
	Preparer's signature	Date		neck if self-	.	ΓΙΝ
Paid Preparer's			en	nployed _		rm's FEIN
Use Only	Firm's name (or yours, if					IIII
	self-employed) and address				● Te	elephone