

Amended Corporation Franchise or Income Tax Return

100X

For calendar year _____ or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____, RP

Corporation name		California corporation number	FEIN
Additional information		California Secretary of State file number	
Street address (suite/room no.)		PMB no.	
City	State	ZIP code	
Foreign country name	Foreign province/state/county	Foreign postal code	

Questions	Yes	No	Yes	No
A Did this corporation file an amended return with the IRS for the same reason?	<input type="checkbox"/>	<input type="checkbox"/>	F Is this return an amended Form 100S?	<input type="checkbox"/>
B Has the IRS advised this corporation that the original federal return is, was, or will be audited?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, enter the maximum number of shareholders in the S corporation at any time during the year. Do not leave blank.	<input type="checkbox"/>
C Is this amended return based on a final federal determination(s)?	<input type="checkbox"/>	<input type="checkbox"/>	G Is this return a protective claim?	<input type="checkbox"/>
If so, what was the final federal determination date(s)?	<input type="checkbox"/>	<input type="checkbox"/>	H Was the corporation's original return filed pursuant to a water's-edge election?	<input type="checkbox"/>
D Is this return an amended Form 100?	<input type="checkbox"/>	<input type="checkbox"/>	I During this taxable year, was 50% or more of the stock of this corporation owned by another corporation?	<input type="checkbox"/>
E Is this return an amended Form 100W?	<input type="checkbox"/>	<input type="checkbox"/>	J During this taxable year, were gross receipts (less returns and allowances) of this corporation more than \$1 million?	<input type="checkbox"/>

Part I Income and Deductions

		(a) Originally reported/adjusted	(b) Net change	(c) Correct amount
1 Net income (loss) before state adjustments	1	.00	.00	.00
2 Additions to net income	2	.00	.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	.00	.00
5 Net income (loss) from Schedule R. See instructions	5	.00	.00	.00

Part 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	7	.00	.00	.00
8 EZ, LARZ, TTA, or LAMBRA NOL deduction	8	.00	.00	.00
9 Disaster loss deduction	9	.00	.00	.00
10 Net income for tax purposes. Combine lines 6 through 9.	10	.00	.00	.00
11 Tax _____% x line 10. See instructions.	11	.00	.00	.00
12 Tax credits:	12	.00	.00	.00
13 Tax after credits (not less than minimum franchise tax plus QSub annual tax(es), if applicable)	13	.00	.00	.00
14 Alternative minimum tax. See instructions.	14	.00	.00	.00
15 Tax from Schedule D (100S) (Form 100S filers only)	15	.00	.00	.00
16 Excess net passive income tax (Form 100S filers only)	16	.00	.00	.00
17 Other adjustments to tax. See instructions	17	.00	.00	.00
18 Total tax. Combine line 13 through line 17	18	.00	.00	.00
19 Penalties and interest. See instructions	19	.00	.00	.00
20 Revised balance. Add line 18, column (c), and line 19 (c)	20	.00	.00	.00

Part III Payments and Credits

21 Estimated tax payments (include overpayment from prior year allowed 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/adjusted	24a	.00
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 adjusted.	27	.00
28 Balance. Subtract line 27 from line 26	28	.00

