## Amended Corporation Franchise or Income Tax Return

Fo	r calendar year or fiscal year beginning (mm/dd/yyyy)_		and and in	na -	(mm/dd/yyyy)				. RP
	rporation name			_	rnia corporation			EIN	
	poration name		Call	mul		nunibel	Ľ		
٨٨	ditional information					Californi	ia Cor	rotor	y of State file number
Ad			_	_		Callorni	ia 380	retar	y or State me number
0.		_							
Str	eet address (suite/room no.)	$\sim$	$\sim$					MB r	10.
Cit	Y					Stat	ie Z	IP co	ae
Foreign country name Foreign province/state/county							F	oreig	n <del>pos</del> tal code
Q	iestions. See instructions.	Yes							Yes No
A	Did this corporation file an amended return with the IRS for the same reason? $ullet$								
	Has the IRS advised this corporation that the original federal return is,	. —	If yes, enter the ma any time during the						
	was, or will be audited?	Ϋ́Η	<b>G</b> Is this return a prof			<b>—</b>			
1	If so, what was the final federal determination date(s)?	, П	H Was the corporation						
	Is this return an amended Form 100?		I During this taxable						
E	Is this return an amended Form 100W? •		Corporation owned J During this taxable	1					
			allowances) of this						
			(a)	Γ		(b)	1		(c)
Pa	rt I Income and Deductions		Originally reported/adjusted			change			Correct amount
1	Net income (loss) before state adjustments	•1	.00				.00	$\bigcirc$	.00
2	Additions to net income	<b>0</b> 2	.00				.00	$\bigcirc$	.00
3	Deductions from net income	•3	.00				.00	$\bigcirc$	.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
Pa	rt II Computation of Tax, Penalties, and Interest	Ű						0	
	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		.00		-		.00		.00
8	EZ, TTA, or LAMBRA NOL deduction. See instructions	<u> </u>	.00				.00	-	.00
9	Disaster loss deduction	~	.00	+	-		.00	-	.00
10		) 10	.00		-		.00	-	.00
11			.00	+			.00	-	.00
	Tax credits:		.00	$\downarrow$			.00		.00
	Tax after credits (not less than minimum franchise tax	<u>&gt; 12</u>	.00				.00		.00
10		13	.00				.00		.0
1/		) 14	.00	-			.00		.00
		15	.00	$\sim$				•	
		) <u>15</u> ) 16	.00				.00		.0(
		) 17	.00		-		.00		
17	· · · · · · · · · · · · · · · · · · ·	• 18	.00		-		.00	-	.00
	Total tax. Combine line 13 through line 17	<b>U</b> 10	.00	-	) (a)			-	.00
19		10			(a) (b)		.00		_
00		) 19		_				(C)	.0
	Revised balance. Add line 18, column (c), and line 19 (c)			• •			. 20		.0
	rt III Payments and Credits	lower	an a aradit)				04		04
21	Estimated tax payments (include overpayment from prior year all						21	-	.00
	Amount paid with extension of time to file tax return						22		.00
23	Payment with original tax return			• •		· · · P	23		.00
24	Withholding (Forms 592-B and/or 593). <b>a)</b> originally reported/a			-					-
<b>e</b> -	• b) net change c) correct amount						24c	-	.00
25	Other payments. See instructions						25		.00
	Total payments. Add line 21 through line 25						26		.00
27	Overpayment, if any, shown on original tax return, or as later adju						27		.00
28	Balance. Subtract line 27 from line 26					🚺	28		.00

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## Part IV Amount Due or Refund

Pa	rt V Explanation of Changes		
30	Refund. If line 28 is more than line 20, subtract line 20 from line 28. See instructions	30	00
29	Amount due. If line 20 is more than line 28, subtract line 28 from line 20. See instructions •	29	00

1 Enter name, address, California corporation number, and/or FEIN used on original tax return (if same as shown on this amended return, write "Same").							
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	0		Foreign postal code			

## 2 Explanation of changes to items in Part I, Part II, Part III, and Part IV.

Enter the line number from Side 1 for each item that is changing and give the reason for each change. Attach all supporting forms and schedules for items changed. Include federal schedules if a change was made to the federal return. Be sure to include the corporation name and California corporation number on each attachment. Refer to the forms and instructions for the taxable year that is being amended.

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	Telephone			
	Preparer's signature		Date	Check if self-	PTIN			
Paid	•			employed				
Preparer's Use Only	Firm's name (or yours, if self-employed) and address	● Firm's FEIN						
		Telephone						

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