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Amended Individual Income Tax Return

540X

Fiscal year filers only: Enter the month and year end:

BE SURE TO COMPLETE AND SIGN SIDE 2

Your first name	Initial	Last name	Your social security number	P AC A R RP
If joint return, spouse's first name	Initial	Last name	Spouse's social security number	
Present home address — number and street, PO Box, or rural route			Apt. no. PMB no.	
City, town, or post office			State ZIP Code	

- a** Have you been advised that your original federal return has been, is being, or will be audited? ☐ Yes ☐ No
- b Filing status claimed.**
 On original return ☐ Single ☐ Married filing joint return ☐ Married filing separate return ☐ Head of household ☐ Qualifying widow(er)
On this return ☒ Single ☐ Married filing joint return ☐ Married filing separate return ☐ Head of household ☐ Qualifying widow(er)
- c** If at the time you are amending, you (or your spouse, if married) can be claimed as a dependent on someone else's tax return, fill in this circle ☒ ☐
- d** If claiming head of household, enter name and relationship of qualifying person on: Original return _____ Amended return _____

Note: If you are amending Form 540NR, see General Information D before continuing. If you are amending Forms 540 2EZ or 540TEL, see the instructions for lines 1 through 6.

	A. As originally reported/ adjusted by FTB. See instructions	B. Net change: Explain on Side 2	C. Correct amount
1 a State Wages. See instructions 1a			<input checked="" type="radio"/> 1a
b Federal AGI. See instructions 1b			1b
2 CA adjustments. See specific instructions on Form 540A or Sch. CA (540 or 540NR).			
a California nontaxable interest income 2a			2a
b State income tax refund 2b			2b
c Unemployment compensation 2c			2c
d Social Security benefits 2d			2d
e Other (list) _____ .. 2e			2e
3 Total California adjustments. Combine line 2a through line 2e. See instructions . 3			<input checked="" type="radio"/> 3
4 California adjusted gross income. Combine line 1b and line 3. See instructions . 4			<input checked="" type="radio"/> 4
5 California itemized deductions or California standard deduction. See instructions 5			<input checked="" type="radio"/> 5
6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0- <input checked="" type="radio"/> 6			6

7 a Tax method used for Column C. See instructions <input type="radio"/> TT <input type="radio"/> FTB 3800 <input type="radio"/> FTB 3803 <input checked="" type="radio"/> 7a		
b Tax. See instructions 7b		<input checked="" type="radio"/> 7b
8 Exemption credits. See instructions 8		<input checked="" type="radio"/> 8
9 Subtract line 8 from line 7b. If less than zero, enter -0- 9		9
10 Tax from Schedule G-1 and form FTB 5870A. See instructions 10		<input checked="" type="radio"/> 10
11 Add line 9 and line 10 11		11
12 Special credits and nonrefundable renter's credit. See instructions 12		<input checked="" type="radio"/> 12
13 Subtract line 12 from line 11 13		13
14 Other taxes (alternative minimum tax, credit recapture, etc.). See instructions .. 14		<input checked="" type="radio"/> 14
15 Total tax. Add line 13 and line 14. If amending Form 540NR, see instructions ... 15		<input checked="" type="radio"/> 15
16 California income tax withheld. See instructions 16		<input checked="" type="radio"/> 16
17 California real estate or nonresident withholding. See instructions 17		<input checked="" type="radio"/> 17
18 Excess California SDI (or VPD) withheld. See instructions 18		<input checked="" type="radio"/> 18
19 Estimated tax payments and other payments. See instructions 19		<input checked="" type="radio"/> 19
20 Child and Dependent Care Expenses or Other Refundable Credits. See inst. 20		<input checked="" type="radio"/> 20

☒ **21** ☒ **22** ☒ **23** \$

- 24** Tax paid with original return plus additional tax paid after it was filed. Complete Side 2, Part I before entering amount here ☒ **24**
- 25** Total payments. Add lines 16, 17, 18, 19, 20, and 24 of column C **25**

Your SSN:

Part I Payments Complete this part before completing Side 1, line 24.

- Check number (if applicable);
- Amount of the check or charge; **and**
- Date the check or charge posted to your account.

Total of additional payments listed above **2** _____

Part II Explanation of Changes

5 Explain your changes to income, deductions, and credits in the space provided below. If additional space is needed, attach a schedule. Enter the line number from Side 1 for each item you are changing. Attach all supporting forms and schedules for items changed. Include federal schedules if you made a change to your federal return. Be sure to include your name and social security number on each attachment. Refer to the tax booklet for the year you are amending.

Sign Here

FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001