TAXABLE YEAR CALIFORNIA FORM **Amended Individual Income Tax Return** 540X BE SURE TO COMPLETE AND SIGN SIDE 2 Fiscal year filers only: Enter the month and year end: Last name Your social security number Your first name Spouse's social security number If joint return, spouse's first name Initial Last name AC Present home address — number and street, PO Box, or rural route Apt. no. PMB no. Α City, town, or post office State ZIP Code RP Have you been advised that your original federal return has been, is being, or will be audited? 🔾 Yes 🔾 No а Filing status claimed. O Qualifying widow(er) On original return ► ○ Single ○ Married filing joint return O Married filing separate return O Head of household ▶ ○ Single ○ Married filing joint return ○ Married filing separate return ○ Head of household O Qualifying widow(er) 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 O C If claiming head of household, enter name and relationship of qualifying person on: Original return _ Note: If you are amending Form 540NR, see General Information D before continuing. If В. C.

you are amending Forms 540 2EZ or 540TEL, see the instructions for lines 1 through 6.	As originally reported/ adjusted by FTB. See instructions	Net change: Explain on Side 2	Correct amount
a State Wages. See instructions			● 1a
b Federal AGI. See instructions			1b
CA adjustments. See specific instructions on Form 540A or Sch. CA (540 or 540NR).			
a California nontaxable interest income			2a
b State income tax refund			2b
c Unemployment compensation			2c
d Social Security benefits			2d
e Other (list) 2e			2e
Total California adjustments. Combine line 2a through line 2e. See instructions . 3			● 3
California adjusted gross income. Combine line 1b and line 3. See instructions . 4			● 4
California itemized deductions or California standard deduction. See instructions 5			● 5
Taxable income. Subtract line 5 from line 4. If less than zero, enter -0 ● 6			6
a Tax method used for Column C. See instructions	OTT OFTB 380	00 O FTB 3803	● 7a
b Tax. See instructions			● 7b
Exemption credits. See instructions			● 8
Subtract line 8 from line 7b. If less than zero, enter -0			9
Tax from Schedule G-1 and form FTB 5870A. See instructions			● 10
Add line 9 and line 10			11
Special credits and nonrefundable renter's credit. See instructions			● 12
Subtract line 12 from line 11 13			13
Other taxes (alternative minimum tax, credit recapture, etc.). See instructions 14			● 14
Total tax. Add line 13 and line 14. If amending Form 540NR, see instructions 15			● 15
Total tax. And fille to and fille 14. If afficinging Form 6401411, 500 filoarabilotis 10			
California income tax withheld. See instructions			■ 16
California real estate or nonresident withholding. See instructions			■ 17
Excess California SDI (or VPDI) withheld. See instructions			■ 18
Estimated tax payments and other payments. See instructions			■ 19
Child and Dependent Care Expenses or Other Refundable Credits. See inst 20			■ 20
of the art Depondent out Expenses of Other Herandable of outs 20	-		1—
• 21 • 22	⊥ ■ 23 \$		
Tax paid with original return plus additional tax paid after it was filed. Complete Side 2			■ 24
Total payments. Add lines 16, 17, 18, 19, 20, and 24 of column C			
Total paymonio. Add iiilos 10, 17, 10, 10, 20, alid 24 01 coldiiii 0			. 20
		F	E40V or 0000 514
or Privacy Act Notice, get form FTB 1131. 540X03103		Form	540X c1 2003 Si

Voi	ır name:				Voi	ır SSN:					-	
		f any, as shown on original return	or as proviously	, adjusted by ETR S					2 6			•
		6 from line 25. If line 26 is more t										
		nts as shown on original return. S										
		ributions as shown on original re										
	-	8 and line 29 from line 27										
		OWE . If line 15, column C is mo										
01		ctions				■ 31						
32		est. See instructions: Penalties 3							——. ■ 32c			
UL	r charics/interv	ost. Oco motraotiono. I chartes o	Lu	III.UII	JSt 0211				_ 020			
33	REFUND. If lin	e 15, column C is less than line 3	O. enter the diffe	rence. See instruction	ons	■ 33						
_		ts Complete this part before com										
1		id with the original return. Do not			nalties				1a			
	•	erial number stamped on the face		•								
		ax Board (if available)			11	b						
2		ments made after the original retu				-			_			
		aces below the date of the payme		number stamped on	the face of \	our canceled ch	neck(s) b	v the Fr	anchis	e Tax B	oard, a	nd
		of additional payment(s). If you d										
	, ,	ch a copy of the statement from y				,		·		•		,
		ber (if applicable);		ŭ								
		the check or charge; and										
		eck or charge posted to your acc	ount.									
		Payment date		rial number		Amount	of paym	ent		_		
					\$							
					\$							
					\$					_		
	Total of add	ditional payments listed above .								2		
3		s. Add line 1a and line 2. Enter he										
_		tion of Changes		,								
1		and address as shown on origina	l return below (i	f same as shown on	this return	write "Same") I	f changir	na from				
•		ns to a joint return, enter names a				•						
	coparato rotari	io to a joint rotarn, ontor names a		om original rotarno								_
2	a If you filled	in the circle for "Yes," on Side 1,	question a, are y	you filing this Form	540X to reno	ort a final federal	l determi	nation?			○ Yes	— ○ No
_											0 100	0 110
		er to question 2a above is "Yes," are you filing this Form 540X to report additional tax due within six months of the final President One One										
											O 100	O 110
	Date	wer to question 2a above is "Yes," what is the date and tax change amount of the final federal determination? Tax change amount										
3		advised that your original Califor										—— ○ No
4		amended return with the Internal										
5												
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 ch												
	to your federal	return. Be sure to include your n	ame and social s	security number on e	each attachm	nent. Refer to the	e tax boo	klet for	the year	ar you	are ame	nding.
_												
		Under penalties of perjury, I declare					eturn inclu	ding acco	mpanyi	ng sche	dules and	
S	ign	statements and to the best of my kn	owledge and belief,			'	Doutimo	nhono ni	ımbor (o	ntional\		
ŭ	ere	Your signature		Spouse's signati	are (ii iiling joint	tly, both must sign)	Daytime	phone nu	iniber (o	ptional)		
П	CIC						()			
	unlawful to e a spouse's	X		X	12.1		Date	+	+	DNI/DT''		
	ie a spouse's nature.	Paid preparer's signature (declaration	ot preparer is base	d on all information of v	vhich preparer	nas any knowledg	(e)	Paid preparent	arer's SS	in/PTIN		
-							•					
		Firm's name (or yours if self-employed)		Firm's address			_	FEIN		$\neg \neg$		
							•					
Wł	nere to File	Do not file a duplicate amended r	eturn unless one	is requested. This ma	y cause a del	lay in processing	your ame	nded re	turn an	d any c	laim for	refund.
	rm 540X:	If you are due a refund or have r	no amount due, n	=								
		If you owe, mail your return and	check or money	order to: F	RANCHISE TA	AX BOARD, PO B	OX 9428	67, SAC	RAME	NTO C/	A 94267	7-0001