

Form Schedule X Specifications Barcode 1 of 1

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	853	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for each change to the barcode.	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7		Taxpayer's First Name	A	11		
8		Taxpayer's Middle Initial	A	1		
9		Taxpayer's Last Name	A	35		
10		Taxpayer Suffix	A	4		
11		Taxpayer's SSN or ITIN	N	9		
12	1	Amount you owe on amended tax return	N	15		
13	2	Overpaid tax	N	15		
14	3	Add line 1 and line 2	N	15		
15	4	Refund on amended tax return	N	15		
16	5	Tax paid with original tax return	N	15		
17	6	Add line 4 and line 5	N	15		
18	7	Amount you owe	N	15		
19	8c	Penalties/Interest	N	15		
20	9	Refund subtotal	N	15		
21	10	Amount of line 9 you want applied to your 2019 estimated tax	N	15		
22	11	REFUND	N	15		
23	1a	Protective claim for refund Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
24	1b	Reservation source income adjustments Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
25	1c	Pass-through entity adjustment Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
26	1d	Federal audit and/or adjustments Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
27	1e	FTB audit contact Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark

2D SPECIFICATIONS FOR FORM SCHEDULE X

Form Schedule X Specifications Barcode 1 of 1

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28	1f	NOL carryback Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
29	1g	Error on original return Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
30	1h	Credit adjustment Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
31	1i	Earned income tax credit Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
32	1j	Disaster Loss Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
33	1k	Military HR 100 Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
34	1l	Informal Claim Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
35	1m	Other Check box	X	1	Upper X=marked check box Blank=unmarked check box	Print: Check mark
36		END OF FILE	AN	1	*EOD*	

California Explanation of Amended Return Changes

X

Attach this schedule to amended Form 540, Form 540 2EZ, or Long or Short Form 540NR

Name(s) as shown on amended tax return

Your SSN or ITIN

Part I Financial Adjustments – Reconciliation

1	Enter the amount you owe, as shown on the amended tax return	<input checked="" type="radio"/> 1	00
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	<input checked="" type="radio"/> 2	00
3	Add line 1 and line 2	<input checked="" type="radio"/> 3	00
4	Enter the refund, as shown on the amended tax return. See instructions	<input checked="" type="radio"/> 4	00
5	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	<input checked="" type="radio"/> 5	00
6	Add line 4 and line 5	<input checked="" type="radio"/> 6	00
7	AMOUNT YOU OWE. If line 3 is more than line 6, subtract line 6 from line 3. See instructions.	<input checked="" type="radio"/> 7	00
8	Penalties/Interest. See instructions: Penalties 8a _____ Interest 8b _____	<input checked="" type="radio"/> 8c	00
9	Refund subtotal. If line 6 is more than line 3, subtract line 3 from line 6.	<input checked="" type="radio"/> 9	00
10	Amount of line 9 you want applied to your 2019 estimated tax. See instructions.	<input checked="" type="radio"/> 10	00
11	REFUND. See instructions.	<input checked="" type="radio"/> 11	00

Part II Reason(s) for Amending

1 Check all that apply:

- a Protective claim for refund
- b Reservation source income adjustments
- c Pass-through entity adjustments
- d Federal audit and/or adjustments
- e FTB audit contact
- f NOL carryback
- g Error on original return
- h Credit adjustment
- i Earned income tax credit
- j Disaster Loss
- k Military HR 100
- l Informal claim
- m Other

2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

This space reserved for 2D barcode

FORM SCHEDULE X BARCODE PLACEMENT**Form Schedule X Barcode Placement Specifications**

Comments: Use Courier 12-point font, for CTP ID and Doc. ID (print line 63).

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	–	–	–	–
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-53	Blank lines	–	–	–	–
54-60	“2D BARCODE”	7	73	79	Conventional form size/style
61	Blank line	–	–	–	–
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	–	–	–	End of bottom registration mark, anchor mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, “8531184” (Side 1)

