CALIFORNIA FORM

Amended Corporation Franchise or Income Tax Return

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_	or salendar year or fiscal year beginning (mm/dd/yyyy)_			, and er	ndin	g (m	nm/dd/yyyy)_				RP
Co	prporation name				Calif	forni	a corporation	number	F	EIN	
									+		
Ac	Iditional information							California	Se	cretar	ry of State file number
		_			_						
St	reet address (suite/room no.)	_	>>	\sim					F	PMB r	10.
					_	_		1-			
Ci	У							State	4	ZIP co	_i de
_		F		:/- -					\		
FO	reign country name	Fore	ign prov	vince/state/county					ľ	-oreig	in p ost al code
_	- One instructions	V	- N -				-/ \				V N-
'	uestions. See instructions.	_	S No	F Is this return a	n om	anda	d Form 10000				Yes No ● □□
	Did this corporation file an amended return with the IRS for the same reason? Has the IRS advised this corporation that the original federal return is,		Ш				m number of sh				
	was, or will be audited?			any time durin	g the	taxa	ble year. Do not	leave blanl	k		·····• <u>—</u>
	Is this amended return based on a final federal determination(s)? $\dots \dots \dots \bullet$			G Is this return a	-						s-edge election?
	If so, what was the final federal determination date(s)? Is this return an amended Form 100?			I During this tax			* T				·
1	Is this return an amended Form 100W?	F	lH	corporation ov	vned	by ar	nother corporati	on?	7		● 🔲 🔲
		_	_	J During this tax			were gross rece oration more tha				
				(a)		оогр	oration more the		,,,,,		(c)
Pa	art I Income and Deductions		Origin	nally reported/adjust	ted		Net ch	,	L		Correct amount
1	Net income (loss) before state adjustments	1			.00	\overline{ullet}			.00	0	.00
2	Additions to net income	• 2		74	.00	<u>•</u>			.00	•	.00
3	Deductions from net income	O 3			.00				.00	•	.00
4	Net income (loss) after state adjustments. Combine lines 1 through 3.	O 4			.00	•			.00	•	.00
5	Net income (loss) from Schedule R. See instructions	O 5			.00	\odot			.00	$ \bullet $.00
Pa	art II Computation of Tax, Penalties, and Interest										
6				-	.00	•			.00		.00
7	_' ` ` ' /	\leftarrow	_			=			.00		.00
8		_			.00	\bigcirc			.00		.00.
9			_	_	_	$\underline{\underline{\bullet}}$.00		.00.
10	· · ·	4	_			<u>•</u>			.00		.00.
11		11				<u> </u>			.00	_	.00.
12) 12	!		.00	<u> </u>			.00	•	.00.
13	Tax after credits (not less than minimum franchise tax	13			00				00		00
11	plus QSub annual tax(es), if applicable)) 14			.00	\bigcirc			.00.	_	.00
	Tax from Schedule D (100S) (Form 100S filers only)	15	:		.00						.00
) 16			.00				.00.	•	.00
		17			_	$\overline{}$.00		.00
	· · · · · · · · · · · · · · · · · · ·	18			.00					•	.00
	Penalties and interest.	- 10			_	$\widecheck{lacktriangle}$	(a)		.00		
		19)		.00					(C)	.00
20	Revised balance. Add line 18, column (c), and line 19 (c)										.00
	art III Payments and Credits										
21	Estimated tax payments (include overpayment from prior year allo	owed	l as a c	redit)				•	21		.00
22	Amount paid with extension of time to file tax return							•	22		.00.
23	, ,							•	23		.00
24	Withholding (Forms 592-B and/or 593). a) originally reported/a										
	• b) net change c) correct amount										.00
	Other payments. See instructions								25		.00.
	Total payments. Add line 21 through line 25								26		.00.
	Overpayment, if any, shown on original tax return, or as later adju	ısted							27		.00.
20	Ralanca Cubtract line 27 from line 26								20	1	00

Form 100X 2020 **Side 1**

Part IV Ar	nount Due or Refund						
29 Amount	due. If line 20 is more than line 28, subtract line 28 from	n line 20. See instructions	● 29	_ 00			
30 Refund.	If line 28 is more than line 20, subtract line 20 from line	28. See instructions	● 30	_ 00			
Part V Ex	planation of Changes						
1 Enter na	me, address, California corporation number, and/or FEIN	used on original tax return (i	f same as shown on this	amended return, write "Same").			
Corporation r	name		California corporation numb	per FEIN			
Additional info	ormation		Calife	ornia Secretary of State file number			
Street addres	ss (suite/room no.)		\$1	PMB no.			
City				State ZIP code			
Foreign coun	try name	Foreign province/state/county	('0'	Foreign postal code			
Enter the changed	tion of changes to items in Part I, Part II, Part III, and I is line number from Side 1 for each item that is changing . Include federal schedules if a change was made to the tattachment. Refer to the forms and instructions for the t	and give the reason for each federal return. Be sure to inclu	ide the corporation name				
		-01					
			<u> </u>				
	.0	40					
Sign	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						
Here	preparer has any knowledge. Signature of officer	Title	Date	Telephone			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-	● PTIN			
	>		employed	Firm's FEIN			
	Firm's name (or yours, if			- I IIII STEIN			
	self-employed) and address ▶			● Telephone			