

AMENDED CORPORATE INCOME TAX RETURN

For the calendar year or fiscal year beginning and ending dates specified below.

TAX YEAR -----

LEGAL NAME OF CORPORATION		EMPLOYER IDENTIFICATION NUMBER (EIN)
NUMBER, STREET, AND ROOM OR SUITE NUMBER		DATE OF INCORPORATION
CITY OR TOWN, STATE, AND ZIP CODE	COUNTRY	TELEPHONE NUMBER

INCOME AND DEDUCTIONS				
Line	Tax Fields	A. As Originally Reported	B. Net Change	C. Corrected Amount
1	Total Income			
2	Total Deductions			
3	Taxable Income (Subtract Line 2 from Line 1)			
4	Total Tax Liability			

PAYMENTS, CREDITS, AND TAX DUE/OVERPAYMENT				
Line	Tax Fields	A. As Originally Reported	B. Net Change	C. Corrected Amount
5	Estimated Tax Payments and Credits			
6	Tax Deposited / Paid with Original Return			
7	Total Payments and Credits (Add Lines 5 and 6)			
8	Overpayment, if any, shown on original return			
9	Tax Due (Subtract Line 7 from Line 4, Column C)			
10	Overpayment / Refund (Subtract Line 4, Column C from Line 7)			

EXPLANATION OF CHANGES
<p><i>Enter the line number from the tables above for each change, and provide a clear explanation for each adjustment.</i></p>

SIGNATURES AND AUTHORIZATION		
SIGNATURE OF OFFICER	DATE	PREPARER'S SIGNATURE (IF OTHER THAN TAXPAYER)
TITLE	PRINTED NAME OF OFFICER	PREPARER'S PTIN / EIN