

FORM 1120X	AMENDED STATE CORPORATE INCOME TAX RETURN For Calendar Year _____ or Fiscal Year Beginning _____ Ending _____	State Agency Use Only
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PART I: CORPORATE IDENTIFICATION & INFORMATION

Legal Name of Corporation		Federal Employer Identification Number (FEIN)	
Mailing Address (Number, Street, Apt. or Suite No.)		State Corporation Number	
City, Town, or Post Office	State	ZIP Code	
Contact Person Name & Title		Telephone Number	

PART II: FILING STATUS & REASON FOR AMENDING

A. Check original return type:

Form 1120
 Form 1120S
 Combined/Consolidated
 Other

B. Reason(s) for filing this amended return:

Federal Audit Adjustment
 Net Operating Loss (NOL) Carryback
 State Audit Adjustment
 To report Change in Federal Taxable Income
 Correction of Errors
 Other

PART III: FINANCIAL ADJUSTMENTS

No.	Tax Computation Item	Column A As Originally Reported	Column B Net Change (Increase/Decrease)	Column C Corrected Amount
1	Federal Taxable Income (before NOL / Special Deductions)			
2	State Additions to Federal Taxable Income			
3	State Subtractions from Federal Taxable Income			
4	State Apportionable Income (Line 1 plus Line 2 minus Line 3)			
5	Apportionment Percentage (if applicable)			
6	State Taxable Income (Line 4 multiplied by Line 5, or allocated amount)			
7	Gross Income Tax Liability			
8	Nonrefundable Tax Credits			
9	Net Income Tax (Line 7 minus Line 8. Cannot be less than minimum tax)			
10	Estimated Tax Payments & Prior Year Overpayments Credited			
11	Tax Paid with Original Return and Post-Filing Payments			
12	Total Payments & Credits (Add Lines 10 and 11 Column C)			
13	Refunds Received from Original Return and Prior Adjustments			
14	Net Payments (Line 12 minus Line 13)			

No.	Tax Computation Item	Column A As Originally Reported	Column B Net Change (Increase/Decrease)	Column C Corrected Amount
15	Tax Due / Balance Owed (If Line 9 Col C is greater than Line 14, enter difference)			
16	Interest and Penalties Due			
17	Total Amount Due (Add Line 15 and Line 16)			
18	Overpayment / Refund Claimed (If Line 14 is greater than Line 9 Col C)			

PART IV: DETAILED EXPLANATION OF CHANGES

Provide a detailed explanation below for each change reported in Part III. Attach supporting schedules or federal forms (e.g., federal Form 1120X, revenue agent reports) as necessary.

PART V: SIGNATURES AND DECLARATIONS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Authorized Officer _____ Officer Signature	Title _____ Title	Date (MM/DD/YYYY) _____ Date
Signature of Paid Preparer (Other than Officer) _____ Paid Preparer Signature	Preparer PTIN / EIN _____ ID Number	Date (MM/DD/YYYY) _____ Date