

**AMENDED CORPORATE INCOME TAX RETURN**  
For Calendar Year \_\_\_\_\_ or Fiscal Year Beginning \_\_\_\_\_, Ending \_\_\_\_\_

Tax Year

Legal Name of Corporation		Employer Identification Number (EIN)	State of Incorporation
Number, Street, and Room or Suite Number		Date of Incorporation	Business Activity Code
City or Town	State / Province	ZIP / Postal Code	Telephone Number

**A. FILING STATUS AND METHOD**

C-Corporation   
  S-Corporation   
  Financial Institution   
  Insurance Company

**Method of Accounting:**

Cash   
  Accrual   
  Other

**B. INCOME AND DEDUCTIONS**

Line	Tax Categories	Col A. As Originally Reported / Adjusted	Col B. Net Change (Increase / Decrease)	Col C. Corrected Amount
1	Gross Receipts or Sales			
2	Cost of Goods Sold			
3	<b>Gross Profit</b> (Subtract Line 2 from Line 1)			
4	Dividends and Interest			
5	Other Income / Capital Gains			
6	<b>Total Income</b> (Add Lines 3 through 5)			
7	Compensation of Officers			
8	Salaries and Wages			
9	Other Deductions			
10	<b>Total Deductions</b> (Add Lines 7 through 9)			
11	<b>Taxable Income</b> (Subtract Line 10 from Line 6)			
12	<b>Total Tax Liability</b>			

**C. PAYMENTS, CREDITS, AND TAX DUE**

13	Estimated Tax Payments and Credits			
14	Tax Paid with Original Return (and subsequent assessments)			
15	<b>Total Payments and Credits</b> (Add Lines 13 and 14)			
16	Refund received from original filing (if applicable)			
17	<b>Net Payments</b> (Subtract Line 16 from Line 15)			
18	<b>Tax Due</b> (If Line 12, Col C is larger than Line 17, Col C, enter difference)			
19	<b>Overpayment / Refund</b> (If Line 17, Col C is larger than Line 12, Col C, enter difference)			

**D. EXPLANATION OF CHANGES**

Provide a detailed explanation for each change reported above. Reference specific line numbers.

**E. SIGNATURE AND AUTHORIZATION**

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 Officer	Date	Title
Signature of Paid Preparer	Date	PTIN