

Federal Tax Information
Confidential Information Omitted
from
Minutes Exhibit

This document contained federal tax information, which is confidential and cannot be publically disclosed pursuant to section 6103(a) of the Internal Revenue Code, and is therefore omitted from these minutes.

For more information contact the Board of Equalization's Board Proceedings Division: telephone (916) 322-2270, email MeetingInfo@boe.ca.gov.

2000 Amended Individual Income Tax Return

540X

Fiscal year filers only: Enter the month and year end: 12/00

BE SURE TO COMPLETE AND SIGN SIDE 2

TERESA A BENJAMIN
DAVID A BENJAMIN

CA

a Have you been advised that your original federal return has been, is being, or will be audited? Yes No

b Filing status claimed.

On original return: Single Married filing joint return Married filing separate return Head of household Qualifying widow(er)
On this return: Single Married filing joint return Married filing separate return Head of household Qualifying widow(er)

c If at the time you filed the return you are amending, your parent (or someone else) claimed you as a dependent on his/her return, check this box

d If claiming head of household, enter name and relationship of qualifying person on:

Original return

Amended return

Note: If you are amending Form 540NR, see General Information D before continuing. If you are amending Form 540 2EZ, see the instructions for lines 1 through 6.

Table with columns: A As originally reported/adjusted by FTB. See instructions; B Net change: Explain on Side 2; C Correct amount. Rows include State Wages, Federal AGI, California adjustments, Total California adjustments, California adjusted gross income, California itemized deductions, Taxable income, Tax method used, Exemption credits, Tax from Schedule G-1, California income tax withheld, Excess California SDI, Estimated tax payments, Penalties/Interest, and REFUND.

Your name: TERESA A. & DAVID A. BENJAMIN

Your SSN: [REDACTED]

Part I Payments Complete this part before completing Side 1, line 23.

1a Amount paid with the original return. Do not include payments of interest or penalties 1a _____

b Enter the serial number stamped on the face of your canceled check (if available) 1b [REDACTED]

2 Additional payments made after the original return was filed:

Enter in the spaces below the date of the payment(s), the serial number stamped on the face of your canceled check(s) by the Franchise Tax Board, and the amount(s) of additional payment(s). If you did not receive a canceled check or make any payment(s) with a credit card, enter the payment amount(s) below and attach a copy of the statement from your financial institution showing the:

- Check number (if applicable);
- Amount of the check or charge; and
- Date the check or charge posted to your account.

Payment date	Serial number	Amount of payment
		\$
		\$
		\$
		\$

Total of additional payments listed above 2 _____

3 Total payments. Add line 1a and line 2. Enter here and on Side 1, line 23 3 _____

Part II Explanation of Changes

1 Enter name and address as shown on original return below (if same as shown on this return, enter 'Same'). If changing from separate returns to a joint return, enter names and addresses from original returns.

DAVID BENJAMIN, [REDACTED]

2a If you checked 'Yes,' on Side 1, question a, are you filing this Form 540X to report a final federal determination? Yes No

b If the answer to question 2a above is 'Yes,' are you filing this Form 540X to report additional tax due within six months of the final federal determination? Yes No

c If the answer to question 2a above is 'Yes,' what is the date and tax change amount of the final federal determination?
Date _____ Tax change amount _____

3 Have you been advised that your original California return has been, is being, or will be audited? Yes No

4 Did you file an amended return with the Internal Revenue Service on a similar basis? See General Information E Yes No

5 Explain your changes to income, deductions, and credits in the space provided below. Enter the line number from Side 1 for each item you are changing. Attach all supporting forms and schedules for items changed. Include federal schedules if you made a change to your federal return. Be sure to include your name and social security number on each attachment. Refer to the tax booklet for the year you are amending.

ADDING WIFE'S INFORMATION TO THE RETURN

Under penalties of perjury, I declare that I have filed an original return and that 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.

Sign Here

It is unlawful to forge a spouse's signature.

Your signature
 [Signature]
 Spouse's signature (if filing joint, both must sign)
 [Signature]

Daytime phone number

[REDACTED]

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

12/23/07
Paid Preparer's SSN/FEIN/PTIN

Self-Prepared

Firm's name (or yours if self-employed) Firm's address

Name of contact person (see instructions) Daytime phone number Best time to call

Do not file a duplicate amended return unless one is requested. This may cause a delay in processing your amended return and any claim for refund.

Where to File Form 540X:

If you are due a refund or have no amount due, mail your return to:
**FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0000**

If you owe, mail your return to:
**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001**

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