

1990

California Corporation Franchise or Income Tax Return

100

For income year beginning			MONTH	DAY	YEAR	, and ending			MONTH	DAY	YEAR
<b>Affix Preaddressed Label</b>											
California corporation number				Federal employer identification number							
Corporation name											
Address											
City				State				ZIP code			
<b>A</b> Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized <input type="checkbox"/> IRC Section 338 sale If a box is checked, enter date _____											
<b>B</b> Is income included in a combined report of a unitary group? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate: <input type="checkbox"/> wholly within California <input type="checkbox"/> within and outside of California											
<b>C</b> Is this corporation to be treated as a credit union? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>D</b> Is this corporation is to be treated as a Real Estate Mortgage Investment Conduit (REMIC) for California purposes? .... <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>E</b> Did this bank or corporation, in whole or in part, determine its income pursuant to a water's-edge election? If yes, attach Form 100-WE ..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>F</b> Does this corporation or bank and its related entities have either 1) property, payroll or sales in foreign countries that exceeds \$10,000,000; or 2) total assets everywhere that exceed \$250,000,000? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>G</b> Did this corporation or its subsidiary(ies) have a change in control or ownership, or acquire ownership or control of any other legal entity this year? (Do not leave blank) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>H</b> Principal business activity code (Do not leave blank); ..... <input type="checkbox"/> _____											
<b>I</b> Check here if claiming enterprise zone or program area tax benefits: ... <input type="checkbox"/>											
<b>J</b> Check here if claiming technological property contribution tax benefits: <input type="checkbox"/>											
<b>K</b> Date incorporated: _____ • Where? _____											

State Adjustments	1	Net income (loss) before state adjustments. See instructions	1		
	2	Amount deducted for foreign or domestic tax based on income or profits	2		
	3	Amount deducted for tax under the provisions of the Bank and Corporation Tax Law	3		
	4	Interest on government obligations	4		
	5	Net capital gain from Schedule D, line 10	5		
	6	Depreciation in excess of amount allowed under California law. Attach form FTB 3885	6		
	7	Amortization in excess of amount allowed under California law. Attach form FTB 3885	7		
	8	Other additions. Attach schedule(s)	8		
	9	Total. Add lines 1 through 8	9		
	10	Intercompany dividends (Schedule H)	10		
	11	Other dividends (Schedule H)	11		
	12	Water's-edge dividend deduction. Attach form FTB 2411	12		
	13	Capital gain from federal Form 1120 or 1120A, line 8	13		
	14	Contributions	14		
	15	Net interest deduction for enterprise zone/program area investment	15		
	16	Other deductions. Attach schedule(s)	16		
	17	Total. Add lines 10 through 16	17		
	18	Net Income (loss) after state adjustments. Subtract line 17 from line 9	18		

If all income is derived from California sources, transfer the amount from line 18 to line 19. If income is derived from sources both within and outside of California, complete Schedule R and transfer the amount from Schedule R, line 24 to line 19 below.

Call. Net Income	19	Net income (loss) for state purposes. If net loss, see instructions	19		
	20	Net operating loss carryover deduction. See instructions	20		
	21	Net income for tax purposes. Subtract line 20 from line 19	21		
Taxes	22	Tax. _____% x line 21 (not less than minimum franchise tax, if applicable)	22		
	23	Tax credits. See instructions	23		
	24	<b>Balance.</b> Subtract line 23 from line 22 (not less than minimum franchise tax, if applicable).	24		
	25	Alternative minimum tax. Attach Schedule P (100). See General Instruction I	25		
	26	<b>Total tax.</b> Add line 24 and line 25	26		
Pay-ments	27a	Overpayment from prior year allowed as a credit	27a		
	27b	1990 estimated tax payments	27b		
	27c	Amount paid with application for extension of time to file return	27c		
	27d	Dissolving/Withdrawing (not applicable if formed after 1971). See Gen. Instr. N	27d		
Amount Due or Refund	28	<b>Tax due.</b> Subtract line 27 from line 26. Pay this amount with this return or complete line 32 and line 33	28		
	29	<b>Overpayment.</b> Subtract line 26 from line 27	29		
	30	Amount of line 29 to be credited to 1991 estimated tax	30		
	31	Amount of line 29 to be refunded	31		
	32	Penalties and interest. See General Instructions L and M <input type="checkbox"/> Check box if estimate penalty was computed using Exception C or Exception D and attach form FTB 5806.	32		
	33	<b>Total amount due.</b> Add line 28 and line 32. Pay this amount with this return	33		

**Schedule A Taxes Deducted** Use additional sheet(s) if necessary.

(a) Nature of Tax	(b) Taxing Authority	(c) Amount

**Total Taxes Deducted** .....

**Schedule D Capital Gains and Losses**

**PART I Short-Term Capital Gains and Losses — Assets Held One Year or Less** Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis, plus expense of sale	(f) Gain (loss) ((d) less (e))
1					
2 Short-term capital gain from installment sales from form FTB 3805E, line 22 or line 30 .....					2
3 Net short-term capital gain (loss). Combine line 1 and line 2 .....					3

**PART II Long-Term Capital Gains and Losses — Assets Held More Than One Year** Use additional sheet(s) if necessary.

4					
5 Enter gain from Schedule D-1, line 7 or line 9 .....					5
6 Long-term capital gain from installment sales from form FTB 3805E, line 22 or line 30 .....					6
7 Net long-term capital gain (loss). Combine lines 4 through 6 .....					7
8 Enter excess of net short-term capital gain (line 3) over net long-term capital loss (line 7) .....					8
9 Net capital gain. Enter excess of net long-term capital gain (line 7) over net short-term capital loss (line 3) .....					9
10 Total of lines 8 and 9. Enter here and on Form 100, Side 1, line 5 .....					10

**Note:** If losses exceed gains, carry forward losses to 1991.

**Schedule E Compensation of Officers** Complete only if total receipts are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	(d) Percent of stock owned	(e) Amount of compensation
1		%	%	
		%	%	
		%	%	
		%	%	
		%	%	
2 Total compensation of officers .....				
3 Less: Compensation of officers claimed in cost of goods sold schedule and elsewhere on return .....				( )
4 Compensation of officers .....				

**Questions**

- L** Date business began in California or date income was first derived from California sources \_\_\_\_\_
- M** Accounting method used \_\_\_\_\_
- N** Location of principal accounting records \_\_\_\_\_
- O** Has the IRS redetermined your income tax liability for any prior year(s) which has not previously been reported to California? \_\_\_\_  Yes  No  
If yes, furnish a copy of the Revenue Agent's Report under separate cover.
- P** First return? Check appropriate box(es).  
 New business or successor to previously existing business operated as a:  
 sole proprietorship  partnership  joint venture  corporation  other  
(attach statement showing name, address and FEIN of previous business)
- Q** Enter corporation "doing business as" name \_\_\_\_\_
- R** Was the corporation's income included in a consolidated federal return? .....  Yes  No
- S** Is this corporation a regulated investment company for California purposes? .....  Yes  No

- T** At any time during the income year, was more than 50% of voting stock:  
**a** of the corporation owned by any single interest? .....  Yes  No  
**b** of another corporation owned by this corporation? ....  Yes  No  
**c** of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? .....  Yes  No  
If **a**, **b** or **c** is "yes" furnish statement of ownership indicating pertinent names, addresses, and percentages of stock owned. If the owner(s) is an individual, provide the social security number.
- U** Have all required information returns (federal Forms 1099) been filed with the Franchise Tax Board? .....  N/A  Yes  No
- V** Corporation headquarters are:  Within California  
 Outside of California, within the U.S.  Outside of the U.S.
- W** Corporation is:  Apportioning U.S. income to California  
 Apportioning worldwide income to California  Not apportioning income  
 Electing to file on a water's-edge basis and is affiliated with a bank or corporation which is not electing to file on a water's-edge basis

Please Sign Here	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. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer ▶	Title	Date	Telephone ( )
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN/FEIN
	Firm's name (or yours, if self-employed) and address ▶	FEIN ▶	Telephone ▶ ( )	

**Schedule C Tax Credits** If the corporation completed Schedule P (100), do not complete this schedule.

1 Jobs credit (FTB 3524)		6 Research credit (FTB 3523)	
2 Enterprise zone hiring/sales and use tax credit (FTB 38052)		7 Orphan drug credit (FTB 3528)	
3 Program area hiring/sales and use tax credit (FTB 38052)		8 Low-income housing credit (FTB 3521)	
4 Employer child care program credit (FTB 3501)		9 Other (attach form, schedule or statement)	
5 Employer child care contribution credit (FTB 3501)		10 Total. Enter here and on Side 1, line 23	

**Schedule F Computation of Net Income** For California computation (Gen. Instr. H), disregard the reference to federal schedules.

	1 a Gross receipts or gross sales	b Less returns and allowances	Balance ▶	1c
	2 Cost of goods sold. Attach federal Schedule A (Calif. Schedule V)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Dividends. Attach federal Schedule C (Calif. Schedule H)			4
	5 a Interest on obligations of the United States and U.S. instrumentalities			5a
	b Other interest. Attach schedule			5b
Income	6 Gross rents			6
	7 Gross royalties			7
	8 Capital gain net income. Attach federal Schedule D (Form 1120) (Calif. Schedule D)			8
	9 Ordinary gain (loss). Attach federal Form 4797 (Calif. Schedule O-1)			9
	10 Other income. Attach schedule			10
	11 Total income. Add lines 3 through 10			
Deductions	12 Compensation of officers. Attach federal Schedule E (Calif. Schedule E)	12		
	13 Salaries and wages (not deducted elsewhere)	13		
	14 Repairs	14		
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes (Calif. Schedule A)	17		
	18 Interest	18		
	19 Contributions. Attach schedule	19		
	20 Depreciation. Att. fed. Form 4562 (Ca. FTB 3885)	20		
	21 Less depreciation claimed elsewhere on return	21a	21b	
	22 Depletion. Attach schedule	22		
	23 Advertising	23		
	24 Pension, profit-sharing, etc., plans	24		
25 Employee benefit plans	25			
26 Other deductions. Attach schedule	26			
27 Total deductions. Add lines 12 through 26			27	
28 Net income before state adjustments. Subtract line 27 from line 11. Enter here and on Side 1, line 1			28	

**Schedule H Dividend Income** Use additional sheet(s) if necessary. See line 10 and line 11 Specific Line Instructions.

(a) Payer	(b) Common or preferred stock	(c) Dividend received	(d) Unitary (Yes/No)	(e) Allowable intercompany dividend deduction (Side 1, line 10)	(f) Deductible %	(g) Deductible dividend	(h) Limitation %	(i) Allowable other dividend deduction (Side 1, line 11)
Total. Add columns (e) and (i). Enter here and on Side 1, line 10 and line 11								

**Schedule V Cost of Goods Sold**

1 Inventory at beginning of year	1
2 Purchases	2
3 Cost of labor	3
4 a Additional IRC Section 263A costs. Attach schedule	4a
b Other costs. Attach schedule	4b
5 Total. Add lines 1 through 4b	5
6 Inventory at end of year	6
7 Cost of goods sold. Subtract line 6 from line 5.	7

Method of inventory valuation ▶ \_\_\_\_\_

Was there any substantial change in the manner of determining quantities, costs or valuations between opening and closing inventory? . . . .  Yes  No

If "Yes," attach an explanation. Enter California seller's permit number (if any) ▶ \_\_\_\_\_

Check if the LIFO inventory method was adopted this income year for any goods. If checked, attach federal Form 970 . . . . .

If the LIFO inventory method was used for this income year, enter percentage (or amounts) of closing inventory under LIFO \_\_\_\_\_

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? . . . . .  Yes  No

**Schedule L Balance Sheets**

	Beginning of income year		End of income year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )	( )	( )	( )
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s)				
6 Loans to stockholders/officers. Attach schedule				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)				
9 a Buildings and other fixed depreciable assets				
b Less accumulated depreciation	( )	( )	( )	( )
10 a Depletable assets				
b Less accumulated depletion	( )	( )	( )	( )
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )	( )	( )	( )
13 Other assets. Attach schedule(s)				
<b>14 Total assets</b>				
<b>Liabilities and stockholders' equity</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule(s)				
18 Loans from stockholders				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule(s)				
21 Capital stock: a Preferred stock				
b Common stock				
22 Paid-in or capital surplus. Attach reconciliation				
23 Retained earnings — Appropriated. Attach schedule				
24 Retained earnings — Unappropriated				
25 Less cost of treasury stock	( )	( )	( )	( )
<b>26 Total liabilities and stockholders' equity</b>				

**Schedule M - 1 Reconciliation of income per books with income per return**

This schedule does not have to be completed if the amount on Schedule L, line 14, column (d), is less than \$25,000.

1 Net income per books		7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax		a Tax-exempt interest \$ _____	
3 Excess of capital losses over capital gains			
4 Taxable income not recorded on books this year (itemize)		8 Deductions in this return not charged against book income this year (itemize)	
5 Expenses recorded on books this year not deducted in this return (itemize)		a Depreciation ..... \$ _____	
a Depreciation ..... \$ _____		b State tax refunds ... \$ _____	
b State taxes ..... \$ _____			
c Travel and entertainment \$ _____		9 Total. Add line 7 and line 8	
6 Total. Add lines 1 through 5		10 Net income per return. Subtract line 9 from line 6.	

**Schedule M - 2 Analysis of unappropriated retained earnings per books (Schedule L, line 24)**

This schedule does not have to be completed if the amount on Schedule L, line 14, column (d), is less than \$25,000.

1 Balance at beginning of year		5 Distributions: a Cash	
2 Net income per books		b Stock	
3 Other increases (itemize)		c Property	
		6 Other decreases (itemize)	
4 Total. Add lines 1 through 3		7 Total. Add line 5 and line 6	
		8 Balance at end of year. Subtract line 7 from line 4.	