

# Extension of Time for Payment of Taxes by a Corporation Expecting a Net Operating Loss Carryback

# 3593

For calendar year \_\_\_\_\_ or fiscal year beginning (mm/dd/yyyy), \_\_\_\_\_ and ending (mm/dd/yyyy) \_\_\_\_\_ .  
File this form **separately**.

Corporation/exempt organization name	California corporation number	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional information. See instructions.	California Secretary of State file number
<input type="text"/>	<input type="text"/>

Street address (suite/room no.)	PMB no.
<input type="text"/>	<input type="text"/>

City (If the corporation has a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

- A.** This entity will file Form:  100, 100W, or 100S  109
- B.** Check the applicable box:  Initial form FTB 3593  Revised form FTB 3593

<b>1</b> Ending date of the taxable year of the expected net operating loss (NOL). . . . . (mm/dd/yyyy)	<b>1</b>	<input type="text"/>
<b>2</b> Amount of expected NOL. See instructions. . . . .	<b>2</b>	<input type="text"/> 00
<b>3</b> Reduction of previously determined tax attributable to the expected NOL carryback. Attach schedule. See instructions. . .	<b>3</b>	<input type="text"/> 00
<b>4</b> Ending date of the taxable year immediately preceding the taxable year of the expected NOL . . . . . (mm/dd/yyyy)	<b>4</b>	<input type="text"/>

**5** Give the reasons, facts, and circumstances that cause the corporation to expect an NOL. Attach schedule, if additional space is needed.

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**6** Amount for which payment is to be extended:

<b>a</b> Enter the total tax shown on the return, plus any amount assessed as a deficiency, interest, or penalty. See instructions. . . . .	<b>6a</b>	<input type="text"/> 00
<b>b</b> Enter amounts from line 6a that were already paid or were required to have been paid, plus refunds, credits, and abatements. See instructions. . . . .	<b>6b</b>	<input type="text"/> 00
<b>c</b> Subtract line 6b from line 6a. Do not enter more than the amount on line 3 above. This is the amount of tax for which the time for payment is extended . . . . .	<b>6c</b>	<input type="text"/> 00

<b>Sign Here</b>	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	Title	Date	Telephone ( )
<b>Paid Preparer's Use Only</b>	Officer's email address (optional)			PTIN
	Paid preparer's signature ( <i>declaration of preparer is based on all information of which preparer has any knowledge</i> )		Firm's address	
Firm's name (or yours if self-employed)		Firm's address		