

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

## 3593

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

Corporation/exempt organization name

California corporation number

FEIN

Additional information. See instructions.

California Secretary of State file number

Street address (suite/room no.)

PMB no.

City (If the corporation has a foreign address, see instructions.)

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

**A.** This entity will file Form: ☐ 100, 100W, or 100S ☐ 109

**B.** Check the applicable box: ☐ Initial form FTB 3593 ☐ Amended form FTB 3593

- 1** Ending date of the taxable year of the expected net operating loss (NOL). . . . . (mm/dd/yyyy) **1**
- 2** Amount of expected NOL. See instructions. . . . . **2**  00
- 3** Reduction of previously determined tax attributable to the expected NOL carryback. Attach schedule. See instructions. . . **3**  00
- 4** Ending date of the taxable year immediately preceding the taxable year of the expected NOL . . . . . (mm/dd/yyyy) **4**

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

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

- a** Enter the total tax shown on the return, plus any amount assessed as a deficiency, interest, or penalty. See instructions. . . . . **6a**  00
- b** Enter amounts from line 6a that were already paid or were required to have been paid, plus refunds, credits, and abatements. See instructions. . . . . **6b**  00
- c** 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 . . . . . **6c**  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)				
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)				PTIN
	Firm's name (or yours if self-employed)		Firm's address		