TAXABLE YEAR

□Yes □No

Attach to your California tax return	۱.				
Name(s) as shown on your California t	ax return				SSN or ITIN CA Corporation no. FEIN
General nature of business					
Complete this form to elect to amor This election applies to:			facility located in California ove	r a 60-m	nonth period.
The amortization to begin with the: Complete Part I and Part II, and get			letion 🗌 Year following acqu	uisition (or completion
Part I Pollution Control Facility	1				
Date purchased or construction completed	Useful life of facility	Is facility in operation?	If "Yes," date facility was placed in ope	ration	If "No," date facility is expected to be placed in operation
Is facility an addition to existing facility?	Is this a new facility?	Total cost	<u> </u>	Amortizat	ion (monthly)

\$

Part II Description of Facility and/or Components

(Include trade or technical name, model number, manufacturer's name, address, etc.)

□Yes □No

\$

I certify to the best of my knowledge and belief that the above information is true and correct.		
Signature and title	Date	
Part III Certification (See instructions)	·	
Certification by the State Air Resources Board (Air Pollution)		
\Box Certification by the State Water Resources Control Board (Water Pollution)		
Signature and title	Date	

Comments

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