

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
3 Reduction of previously determined tax attributable to the expected NOL carryback. Attach schedule. See instructions. 3
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
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
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

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. Signature of officer, Title, Date, Telephone.
Paid Preparer's Use Only: 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