TAXABLE YEAR

🗌 Yes 🗌 No

3580

Attach to your California tax return.

Name(s) as shown on your California t	ax return				SSN or ITIN	CA Corporation	10. 🗆 F
				Cali	fornia Secre	etary of State file num	ber
General nature of business							
Complete this form to elect to amo This election applies to:			facility located in California over	a 60-m	onth period	l.	
The amortization to begin with the: Complete Part I and Part II, and get		• • •	oletion 🗌 Year following acqu	isition o	r completic	on	
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 operation		If "No," date facility is expected to be place operation		placed in
		🗆 Yes 🗆 No					
s facility an addition to existing facility?	Is this a new facility?	Total cost	· /	Amortization (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 believe 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)			
Certification by the State Water Resources Control Board (Water Pollution)			
Signature and title	Date		

Comments

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