	TAXABLE	YEAR	
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## **Interest Computation Under the Look-Back Method for Completed Long-Term Contracts**

CALIFORNIA FORM

3834

or contracts completed or adjusted during the alendar year 2011 or fiscal year beginning month day	year	_, and ending month_	day	year	
ame(s) as shown on your California tax return			SSN or ITIN Corpor		
ddress (number and street, PO Box, or PMB no.)		Apt. no./Ste. no.	California Secretary of	State (SOS) file numb	
ity		State 2	ZIP Code		
heck applicable box		Douto a sabia	instead tiability assess	(1.1.0)	
Individual □ Estate □ Trust □ C corporation □ S Exempt organization □ Other	corporation	Partnership	imited liability comp	any (LLC)	
you owned an interest in a pass-through entity (S corporation, estate or trust, page 2)	artnership, or LLC tre	eated as a partnership) th	at holds one or more lo	ong-term contracts to	
hich this interest computation relates, enter the name and identification number		a schedule if there is more	e than one entity.		
ame of entity		Identi	fication number		
Check this box if more than 3 prior years are involved. Attach addition	onal form(s) FTB 3	834 as needed. See C	Seneral Information	J, Miscellaneous.	
art I Regular Method	Enter dat	e of each prior year to v	I		
arti negulai metilou		computation relates	_(a)		
1 Taxable income (loss) or net income (loss) for state purposes for the	(a) Year ended	( <b>b)</b> Year ended	(c) Year ended	Total add columns (a	
prior year(s) shown on tax return (or as previously adjusted) before	mm yy	_ mm yy	mm yy	(b), and (c)	
net operating loss. If you were required to file form FTB 3834 for an					
earlier contract completion year, enter adjusted taxable income or net					
income for state purposes for the prior year(s) from form FTB 3834,					
line 3, for the most recent contract completion year that affects the					
prior year(s). Attach a copy of the prior year(s) form FTB 3834					
to this form					
2 Adjustment to income to reflect the difference between: (a) the					
amount of regular taxable income required to be allocated to post-					
February 1986 contracts completed or adjusted during the taxable year					
based on the <b>actual</b> contract price and costs; and <b>(b)</b> the amount of					
income reported for such contracts based on <b>estimated</b> contract price					
and costs. See instructions					
Adjusted taxable or net income for look-back purposes. Combine					
line 1 and line 2					
Tax on line 3 amount using tax rates in effect for the prior year(s).					
See instructions					
Tax shown on return (or as previously adjusted) for the prior year(s).					
See instructions. If you were required to file form FTB 3834 for an					
earlier contract completion year, enter the amount required to be					
reported on form FTB 3834, line 4, for the most recent contract					
completion year that affects the prior year(s)					
Increase (or decrease) in tax for the prior year(s) on which interest					
is due (or is to be refunded). Subtract line 5 from line 4					
7 Interest due on increase in tax, if any, shown on line 6.					
See instructions					
See instructions					
	7 1 ( )				
9 INTEREST TO BE REFUNDED TO YOU – If line 8, column (d) exceeds li					
See instructions				<del>'                                    </del>	
INTEREST YOU OWE - If line 7, column (d) exceeds line 8, column (d)	, enter the excess.				

## Part II Simplified Marginal Impact Method

Enter date of each prior year to which interest computation relates

			<b>(a)</b> Year ended	(b) Year ended	(c) Year ended	Total
			mm yy	mm yy	mm yy	add columns (a), (b), and (c)
1	Adjustment to re	gular taxable income to reflect the difference between:				(5), and (6)
•	•	of income required to be allocated for post-February				
		completed or adjusted during the taxable year based				
		act price and costs; and <b>(b)</b> the amount of income				
		h contracts based on <b>estimated</b> contract price and				
	•	uctions				
2		rease) in regular tax for prior year(s). Multiply line 1				
_		by the applicable regular tax rate. See instructions.				
		peginning before 1987, skip line 3 and line 4 and enter				
		ount from line 2				
2		ternative minimum taxable income to reflect the				
J	•					
		een: (a) the amount of income required to be allocated				
		y 1986 contracts completed or adjusted during the				
		ed on <b>actual</b> contract price and costs; and <b>(b)</b> the ne reported for such contracts based on <b>estimated</b>				
		·				
4		nd costs. See instructions				
4		rease) in alternative minimum tax (AMT) for prior				
		line 3 in each column by the applicable AMT rate.				
_		the force line O on line A subject outside the large of t				
อ		at from line 2 or line 4, whichever is larger. See				
		ther amount is negative.				
		ntities (except S corporations): Skip line 6 and enter				
		ount from line 5. <b>S corporations:</b> See General				
c		Corporations				
b		iling. For each column in which line 5 is a negative				
		our total tax liability for the prior year, as adjusted for				
		s of the look-back method, and after net operating				
		osses, and credit carryovers to that year. For each				
		line 5 is a positive number, leave line 6 blank and				
_		ne amount from line 5				
1		rease) in tax for the prior year(s) on which interest				
	•	e refunded). Enter the amount from line 5 or line 6,				
		aller. Treat both numbers as positive when making				
_	•	, but enter the amount as a negative number				
8		increase in tax, if any, shown on line 7.				
		ons for Part I, line 7 and line 8				
9		funded on decrease in tax, if any, shown on line 7.				
		ons for Part I, line 7 and line 8				
10		E REFUNDED TO YOU – If line 9, column (d) exceeds line are for Port I. line 9				
44		ons for Part I, line 9				9 1 1 1
"		ons for Part I, line 10				00
		Under penalties of perjury, I declare that I have examined this retu				,
	Sign here only if ou are filing this				·	
	orm separately	Your signature Date	Spouse's	/RDP's signature (if filing join	ntly, both must sign) Date L	
	tax return. See					
Ι.	instructions.	X	X		T	
	t is unlawful to orge a spouse's/	Paid preparer's signature (declaration of preparer is based on all inform	nation of which preparer has	any knowledge)	PTIN	
	DP's signature.	Firm's name (as yours if self ample : -1)	Cirm's address			
		Firm's name (or yours if self-employed)	Firm's address			