CAL	IFORNIA	FORM

TAXABLE YEAR	Interest Comput	tation Undor the Look D	ook
		tation Under the Look-B pleted Long-Term Contr	
For the filing year be	ginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	8

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For	the filing year beginning (mm/dd/yyyy), and ending	g (mm/dd/yyyy)	S	ee instr	uctions.	
Nar	ne(s) as shown on your California tax return				SSN or ITIN CA C	orporation no. FEIN
Add	dress (number and street, PO box, or PMB no.)		Apt. no./Ste	. no.	California Secretary of	State (SOS) file number
City	/		1 1	State	ZIP code	_
	eck applicable box Individual	· 	Partnership		Limited liability comp	
this	interest computation relates, enter the name and identification number of the			more tha		g-term contracts to which
IVai	ne of entity			lue	nuncation number	
	Check this box if more than three prior years are involved. Attach	additional form(s) F	TB 3834 as n	eeded.	See General Informat	ion J, Miscellaneous.
P	art I Regular Method	Filing year	Redetermination years		ination years	
1	Taxable income (loss) or net income (loss) for state purposes for the prior year(s) shown on tax return (or as previously adjusted)	Year ended	Year er mmyyy	nded	(b) Year ended mmyyyy	(c) Totals add columns (a) and (b)
2	before 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					
3	February 1986 contracts completed or adjusted during the taxable year based on the actual contract price and costs; and (b) the amount of income reported for such contracts based on estimated contract price and costs. See instructions					
4	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)					
6	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					
	Interest due on increase in tax, if any, shown on line 6. See instructions					
8	Interest to be refunded on decrease in tax, if any, shown on line 6. See instructions					
9	INTEREST TO BE REFUNDED TO YOU – If line 8, column (c) exceeds See instructions					
10	INTEREST YOU OWE - If line 7, column (c) exceeds line 8, column (c), enter the excess.				
	See instructions					, , , , , , , , , , , , , , , , , , ,

Part II Simplified Marginal Impact Method

			· · ·	year to which interest		(d)			
1		egular taxable income to reflect the difference between	(a) Year ended	(b) Year ended	(c) Year ended	Totals			
	` '	of income required to be allocated for post-February	mmyyyy	mmyyyy	mmyyyy	add columns (a), (b), and (c)			
		completed or adjusted during the taxable year based		,,,,,,		(2), 2.12 (0)			
		ract price and costs; and (b) the amount of income							
		ch contracts based on estimated contract price and							
2		ructions				-			
2		by the applicable regular tax rate. See instructions.							
		beginning before 1987, skip line 3 and line 4 and							
		the amount from line 2							
3		alternative minimum taxable income to reflect the				-			
J	•	veen: (a) the amount of income required to be							
		ost-February 1986 contracts completed or adjusted							
		ble year based on actual contract price and costs;							
		ount of income reported for such contracts based on							
		tract price and costs. See instructions							
4		crease) in alternative minimum tax (AMT) for prior							
	•	ly line 3 in each column by the applicable AMT rate.							
	See instruction	S							
5	Enter the amou	nt from line 2 or line 4, whichever is larger. See							
	instructions if e	either amount is negative.							
	Pass-through 6	entities (except S corporations): Skip line 6 and enter							
		nount from line 5. S corporations: See General							
		S Corporations				-			
6		eiling. For each column in which line 5 is a negative							
		your total tax liability for the prior year, as adjusted for							
		ns of the look-back method, and after net operating							
		losses, and credit carryovers to that year. For each							
		ch line 5 is a positive number, leave line 6 blank and							
enter on line 7 the amount from line 5					_				
1		crease) in tax for the prior year(s) on which interest							
is due (or is to be refunded). Enter the amount from line 5 or line 6, whichever is smaller . Treat both numbers as positive when making									
this comparison, but enter the amount as a negative number									
Ü		tions for Part I, line 7 and line 8							
9		efunded on decrease in tax, if any, shown on line 7.							
		tions for Part I, line 7 and line 8							
10		BE REFUNDED TO YOU – If line 9, column (d) exceeds I		er the excess.					
		ions for Part I, line 9				00			
11	INTEREST YOU	OWE – If line 8, column (d) exceeds line 9, column (d)	, enter the excess.						
	See the instruct	tions for Part I, line 10				00			
_		To learn about your privacy rights, how we may use your inform	mation, and the conseque	ences for not providing th	ne requested information	go to fth ca gov and			
	ign here only if ou are filing this	search for privacy notice . To request this notice by mail, call 8	300.852.5711.						
form separately and not with your tax return. See instructions.		Under penalties of perjury, I declare that I have examined this	Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.						
		Variable Data and Table 1 To 1 T							
		Your signature Date Spouse's/RDP's signature (if filing jointly, both must sign) Date							
	t is unlawful to rge a spouse's/	X Paid preparer's signature (declaration of preparer is based on all inform	nation of which preparer has	any knowledge)	PTIN				
	DP's signature.	Train proparers signature (deciaration of preparer is based off all fillotti	auon oi willon preparei Ilas	ary knowieuge)					
_		Firm's name (or yours if self-employed)	Firm's address		1 1 1	1 1 1 1 1			
		()	2 2 200						