TAXABLE YEAR

□Yes □No

3580

Attach to your California tax return.

| raadh to your damorria tax rotan              |                         |                           |   |  |          |
|---|-------------------------|---------------------------|---|--|----------|
| Name(s) as shown on your California           | ax return               |                           |   | SSN or ITIN CA Corporation no.                             |          |
|   |                         |                           |   |  |          |
|   |                         |                           |   | California Secretary of State file numb                    | ber      |
|   |                         |                           |   | ,  |          |
| General nature of business                    |                         |                           |   |  |          |
|   |                         |                           |   |  |          |
| Complete this form to elect to amor           | tize the cost of a cer  | tified pollution control  | facility located in California over a           | 60-month period.   |          |
| This election applies to: 🗌 Air p             | ollution 🗌 Wate         | r pollution               |   |  |          |
| The amortization to begin with the:           | Month followi           | ng acquisition or comp    | letion 🛛 Year following acquisi                 | tion or completion   |          |
| Complete Part I and Part II, and get          |                         | • • •                     | 5   |  |          |
| 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 | on If "No," date facility is expected to be p<br>operation | laced in |
|   |                         | □Yes □No                  |   |  |          |
| Is 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 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)                                   |      |
| Certification by the State Water Resources Control Board (Water Pollution)                       |      |
| Signature and title  | Date |
|  |      |

Comments

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