TAXABLE	YEAR

Interest Computation Under the Look-Back Method for Completed Long-Term Contracts

3834

Acideses (number and street, PO box, or PMB no.) Apt. no./Site. no. California Secretary of State (SOS) file num City State ZiP code California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num City Comporation California Secretary of State (SOS) file num (c) (California Secretary of State (SOS) file number of the entity Alaba one of the entity Alaba one one entity Comporation California Secretary of State (Soc) file number of the entity Alaba one one entity California Secretary of State (Soc) file number of the entity Alaba one one entity California Secretary of State (Soc) file number of the entity California	<u> </u>					
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City State ZiP code	Name(s) as shown on your California tax return				SSN or ITIN CA C	orporation no. FEIN
Check applicable box Individual Estate Trust C corporation S corporation Partnership Limited liability company (LLC) Exempt organization Other You covered an interest in a pass-through entity (S corporation, edate, trust, partnership), but bottle one or more long-term contracts to value individual in the contract of the entity Identification number of the entity Identification number C heck this box if more than three prior years are involved. Attach additional form(s) FTB 3834 as needed. See General Information I, Miscellaneo Part Regular Method Filing year Redetermination years T axable income (loss) or net income (loss) for state purposes for the prior year(s) shown on tax return (or as previously adjusted) before net operating loss. If you were required to file form TB 3834 for an earlier contract completion year, enter adjusted taxable income or net income for state purposes for the prior year(s) form FTB 3834, is 3, in 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 in 5, for the most recent contract completion year that affects the prior year(s). Attach a copy of the prior year(s) form FTB 3834 in 5, and the structions	Address (number and street, PO box, or PMB no.)		Apt. no./Ste.	no.	California Secretary of S	State (SOS) file number
Individual Estate Trust C corporation S corporation Partnership Limited liability company (LLC)	City			State	ZIP code	
Exempt organization	**	_				
Name of entity Identification number Identification number of the entity. Attach a schedule if there is more than one entity. Identification number		☐ S corporation	☐ Partnership		Limited liability comp	pany (LLC)
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See instructions						
8 Interest to be refunded on decrease in tax, if any, shown on line 6. See instructions	The state of the s					
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See instructions			ie excess.			
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See instructions		* **				-
	See instructions				••	_ 0

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Part II Simplified Marginal Impact Method

			Date of each prior	(d)					
1	Adjustment to	regular taxable income to reflect the difference between	(a)	(b)	(c)		Totals		
	(a) the amou	nt of income required to be allocated for post-February	Year ended	Year ended	Year en		Add columns (a),		
	1986 contrac	ts completed or adjusted during the taxable year based	mmyyyy	mmyyyy	mmyyyy		(b), and (c)		
	on actual cor	ntract price and costs; and (b) the amount of income							
	reported for s	such contracts based on estimated contract price and							
	costs. See in:	structions							
2	Increase (or o	decrease) in regular tax for prior year(s). Multiply line 1							
	in each colun	nn by the applicable regular tax rate. See instructions.							
	For prior year	s beginning before 1987, skip line 3 and line 4 and							
	enter on line	5 the amount from line 2							
3	Adjustment to	alternative minimum taxable income to reflect the							
	difference be	tween: (a) the amount of income required to be							
	allocated for	post-February 1986 contracts completed or adjusted							
	during the tax	kable year based on actual contract price and costs;							
		mount of income reported for such contracts based on							
		ntract price and costs. See instructions							
4	•	decrease) in alternative minimum tax (AMT) for prior							
		ply line 3 in each column by the applicable AMT rate.							
		ons							
5		ount from line 2 or line 4, whichever is larger. See							
		f either amount is negative.							
	-	entities (except S corporations): Skip line 6 and enter							
		amount from line 5. S corporations: See General							
		H, S Corporations				-			
6		ceiling. For each column in which line 5 is a negative							
		r your total tax liability for the prior year, as adjusted for ons of the look-back method, and after net operating							
		il losses, and credit carryovers to that year. For each							
		ich line 5 is a positive number, leave line 6 blank and							
		7 the amount from line 5							
7		decrease) in tax for the prior year(s) on which interest				-			
•		o be refunded). Enter the amount from line 5 or line 6,							
		smaller. Treat both numbers as positive when making							
		son, but enter the amount as a negative number							
8		on increase in tax, if any, shown on line 7.							
	See the instru	uctions for Part I, line 7 and line 8							
9	Interest to be	refunded on decrease in tax, if any, shown on line 7.							
		uctions for Part I, line 7 and line 8							
10		refunded to you – If line 9, column (d) exceeds line 8, co					00		
		ctions for Part I, line 9							
11	•	owe – If line 8, column (d) exceeds line 9, column (d), en					_ 00		
	See the instru	ctions for Part I, line 10							
	Sign here	To learn about your privacy rights, how we may use your infor ftb.ca.gov/forms and search for 1131 . To request this notice	mation, and the consector mail call 800 852 57	quences for not providing	g the requested	l informati	on, go to		
	nly if you are ling this form	Under penalties of perjury, I declare that I have examined this	•		l statements, a	nd to the b	est of my knowledge		
	eparately and	and belief, it is true, correct, and complete.				1_			
ta	not with your ax return. See	Your signature				Date			
	nstructions.	X Spouse's/RDP's signature (if filing jointly, both must sign)				Doto			
	t is unlawful to forge a					Date			
sp	ouse's/RDP's	X Paid preparer's signature (declaration of preparer is based or	all information of which	h preparer has anv know	vledae) PTIN				
	signature.								
_		Firm's name (or yours if self-employed)	Firm's address						
			*						