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 no.
				California Secretary of State file number
General nature of business				
Complete this form to elect to amor This election applies to:			facility located in California over a 6	60-month period.
The amortization to begin with the: Complete Part I and Part II, and get		• • •	letion 🛛 Year following acquisit	tion or completion
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 operatio	If "No," date facility is expected to be placed in operation
		🗆 Yes 🔲 No		
s facility an addition to existing facility?	Is this a new facility?	Total cost	Amo	ortization (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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