TAXABLE YEAR

2018 Nonprofit Corporation Request for Pre-Dissolution Tax Abatement

CALIFORNIA FORM

3502

California Corporation number/California Secretary of State file number

FEIN

Name of organization as shown in the creating document

Street address (suite, room, or PMB no.)

Telephone ( )

City

State

ZIP code

Name of representative to contact regarding additional requirements or information

Telephone ( )

Representative's mailing address (suite, room, or PMB no.)

City

State

ZIP code

Questions

1 Are you currently doing business in California according to Revenue & Taxation Code Section 23101? . . . . . 1 ☐ Yes ☐ No

2 Was the organization ever tax-exempt with the California Franchise Tax Board? . . . . . 2 ☐ Yes ☐ No

3 Was the organization ever tax-exempt with the Internal Revenue Service? . . . . . 3 ☐ Yes ☐ No

4 Did the organization ever operate in California? . . . . . 4 ☐ Yes ☐ No

If Yes, list the date the operations stopped in California (mm/dd/yyyy) _____

5 Will the organization continue to operate outside of California? If yes, **STOP** do not file this form . . . . . 5 ☐ Yes ☐ No

6 Does the organization have any unusual circumstances? . . . . . 6 ☐ Yes ☐ No

If yes, attach statement explaining circumstance. See instructions.

7 Does the organization have any undistributed assets? . . . . . 7 ☐ Yes ☐ No

If yes, list description, distribution plan, and value of assets. See instructions.

Description and distribution plan	Value of asset

8 Did the organization distribute its assets? . . . . . 8 ☐ Yes ☐ No

If yes, list the description and value of the asset and the FEIN/SSN, name, telephone, and address of the recipient. See instructions.

Description	Value	FEIN/SSN	Name	Telephone	Address

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131.** To request this notice by mail, call 800.852.5711. Under penalties of perjury, I hereby declare that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete. I understand that the information in this form may be shared with other California state agencies.

Signature of officer or director	Printed name	Title	Date