

Extension of Time for Payment of Taxes by a Corporation Expecting a Net Operating Loss Carryback

3593

For calendar year (yyyy) _____ or fiscal year beginning (mm/dd/yyyy), _____ and ending (mm/dd/yyyy) _____.
File this form **separately**.

Corporation/exempt organization name	California corporation number	FEIN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional information. See instructions.	California Secretary of State file number
<input type="text"/>	<input type="text"/>

Street address (suite/room no.)	PMB no.
<input type="text"/>	<input type="text"/>

City (If the corporation has a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign country name	Foreign province/state/county	Foreign postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>

- A.** This entity will file Form: 100, 100W, or 100S 109
- B.** Check the applicable box: Initial form FTB 3593 Amended form FTB 3593

1 Ending date of the taxable year of the expected net operating loss (NOL). (mm/dd/yyyy)	1	<input type="text"/>
2 Amount of expected NOL. See instructions.	2	<input type="text"/> 00
3 Reduction of previously determined tax attributable to the expected NOL carryback. Attach schedule. See instructions. . .	3	<input type="text"/> 00
4 Ending date of the taxable year immediately preceding the taxable year of the expected NOL (mm/dd/yyyy)	4	<input type="text"/>

5 Give the reasons, facts, and circumstances that cause the corporation to expect an NOL. Attach schedule, if additional space is needed.

6 Amount for which payment is to be extended:

a Enter the total tax shown on the return, plus any amount assessed as a deficiency, interest, or penalty. See instructions.	6a	<input type="text"/> 00
b Enter amounts from line 6a that were already paid or were required to have been paid, plus refunds, credits, and abatements. See instructions.	6b	<input type="text"/> 00
c Subtract line 6b from line 6a. Do not enter more than the amount on line 3 above. This is the amount of tax for which the time for payment is extended	6c	<input type="text"/> 00

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.			
	Signature of officer	Title	Date	Telephone ()
Paid Preparer's Use Only	Officer's email address (optional)			PTIN
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Firm's address	
Firm's name (or yours if self-employed)		Firm's address		