

Limited Liability Company
Return of Income

2023

568

For calendar year 2023 or fiscal year beginning [] and ending []
(m m / d d / y y y y) (m m / d d / y y y y) RP

Limited liability company name (type or print) [] A California Secretary of State (SOS) file number []

Additional information [] B FEIN []

Street address (suite, room, PO box) [] PMB no. []

City (If the LLC has a foreign address, see instructions.) [] State [] ZIP code []

Foreign country name [] Foreign province/state/county [] Foreign postal code []

E Check accounting method (1) [] Cash (2) [] Accrual (3) [] Other (attach explanation)
F Date business started in CA (m m / d d / y y y y) []
G Enter total assets at end of year. See instructions. \$ []

H Check the applicable box (1) [] Initial return (2) [] FINAL RETURN (3) [] Amended return (4) [] Protective claim

I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. [] Yes [] No
(2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. [] Yes [] No
(3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? If yes to both questions, answer yes. [] Yes [] No
(Yes requires filing of BOE-100-B statement, penalties may apply- see instructions.)

Table with 17 rows and 3 columns: Description, Line Number, Amount. Includes items like Total income, Limited Liability Company fee, 2023 annual tax, Total tax and fee, Tax and fee due, and Overpayment.

Enclose, but do not staple, any payment.



		Whole dollars only	
18	Amount of line 17 to be credited to 2024 tax or fee ●	18	00
19	Refund. If the total of line 18 is less than line 17, subtract the total from line 17 ●	19	00
20	Penalties and interest. See instructions ●	20	00
21	Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result. ●	21	00

- J** Principal business activity code (**Do not** leave blank) ● _____
Business activity _____ Product or service _____
- K** Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members ●
- L** Is this LLC an investment partnership? See General Information O ● Yes No
- M** (1) Is this LLC apportioning or allocating income to California using Schedule R? ● Yes No
(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? . . . ● Yes No
- N** Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? . . . ● Yes No
- P** (1) Does the LLC have any foreign (non-U.S.) nonresident members? ● Yes No
(2) Does the LLC have any domestic (non-foreign) nonresident members? ● Yes No
(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ● Yes No
- Q** Are any members in this LLC also LLCs or partnerships? ● Yes No
- R** Is this LLC under audit by the IRS or has it been audited in a prior year? ● Yes No
- S** Is this LLC a member or partner in another multiple member LLC or partnership? ● Yes No
If "Yes," complete Schedule EO, Part I.
- T** Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ● Yes No
- U** (1) Is this LLC a business entity disregarded for tax purposes? ● Yes No
(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ● Yes No
(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? Yes No
- V** Has the LLC included a Reportable Transaction, or Listed Transaction within this return?
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction. ● Yes No
- W** Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ● Yes No
- X** Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ● Yes No
- Y** Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ● Yes No
If "Yes," attach schedule of trusts and federal identification numbers.
- Z** Does this LLC own an interest in a business entity disregarded for tax purposes? ● Yes No
If "Yes," complete Schedule EO, Part II.
- AA** Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ● Yes No
- BB** Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ● Yes No

(continued on Side 3)

(continued from Side 2)

CC (1) Is the LLC deferring any income from the disposition of assets? (see instructions) Yes No

(2) If "Yes," enter the year of asset disposition.

DD Is the LLC reporting previously deferred Income from: (see instructions) Installment Sale IRC §1031 IRC §1033 Other

EE "Doing business as" name. See instructions:

FF (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? Yes No

(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): _____

GG (1) Has this LLC previously operated outside California? Yes No

(2) Is this the first year of doing business in California? Yes No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? Yes No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? Yes No

JJ Check if the LLC: (1) Aggregated activities for IRC Section 465 at-risk purposes

(2) Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? Yes No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) (3) Amount last remitted \$ _____

Single Member LLC Information and Consent — Complete only if the LLC is disregarded.	<input type="checkbox"/> Federal TIN/SSN
Sole Owner's name (as shown on owner's return)	FEIN/CA Corp no./CA SOS File no.

Street Address, City, State, and ZIP Code _____

- What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:
 - (1) Individual
 - (2) C Corporation
 - (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
 - (4) Estate/Trust
 - (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature _____ Date _____

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of authorized member or manager <input type="checkbox"/>	Date	Telephone
	Authorized member or manager's email address (optional)		

Paid Preparer's Use Only	Paid preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name (or yours, if self-employed) and address <input type="checkbox"/>			Firm's FEIN
			Telephone	

May the FTB discuss this return with the preparer shown above (see instructions)? Yes No

Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases less cost of items withdrawn for personal use	2		00
3	Cost of labor	3		00
4	Additional IRC Section 263A costs. Attach schedule	4		00
5	Other costs. Attach schedule	5		00
6	Total. Add line 1 through line 5	6		00
7	Inventory at end of year	7		00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Schedule B, line 2.	8		00
9 a	Check all methods used for valuing closing inventory:			
	(1) <input type="checkbox"/> Cost (2) <input type="checkbox"/> Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) <input type="checkbox"/> Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) <input type="checkbox"/> Other. Specify method used and attach explanation _____			
b	Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 <input type="checkbox"/>			
c	Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
d	Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule B Income and Deductions

Caution: Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales \$ _____ b Less returns and allowances \$ _____ c Balance ●	1c		00
	2 Cost of goods sold (Schedule A, line 8) ●	2		00
	3 GROSS PROFIT. Subtract line 2 from line 1c ●	3		00
	4 Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule ●	4		00
	5 Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule. ●	5		00
	6 Total farm profit. Attach federal Schedule F (Form 1040). ●	6		00
	7 Total farm loss. Attach federal Schedule F (Form 1040). ●	7		00
	8 Total gains included on Schedule D-1, Part II, line 17 (gain only) ●	8		00
	9 Total losses included on Schedule D-1, Part II, line 17 (loss only) ●	9		00
	10 Other income. Attach schedule ●	10		00
	11 Other loss. Attach schedule ●	11		00
	12 Total income (loss). Combine line 3 through line 11. ●	12		00
Deductions	13 Salaries and wages (other than to members) ●	13		00
	14 Guaranteed payments to members ●	14		00
	15 Bad debts. ●	15		00
	16 Deductible interest expense not claimed elsewhere on return ●	16		00
	17 a Depreciation and amortization. Attach form FTB 3885L \$ _____			
	b Less depreciation reported on Schedule A and elsewhere on return \$ _____ c Balance ●	17c		00
	18 Depletion. Do not deduct oil and gas depletion ●	18		00
	19 Retirement plans, etc. ●	19		00
	20 Employee benefit programs ●	20		00
	21 Other deductions. Attach schedule. ●	21		00
	22 Total deductions. Add line 13 through line 21. ●	22		00
23 Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12 ●	23		00	

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member – reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0- _____

Schedule K Members' Shares of Income, Deductions, Credits, etc.

		(a) Distributive share items	(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law		
Income (Loss)	1	Ordinary income (loss) from trade or business activities.	1 ●		●		
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2 ●		●		
	3 a	Gross income (loss) from other rental activities	3a ●		●		
	b	Less expenses. Attach schedule.	3b				
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a.	3c ●		●		
	4	Guaranteed payments a Services.	4a				
	b	Capital	4b				
	c	Total	4c ●		●		
	5	Interest income	5 ●		●		
	6	Dividends.	6 ●		●		
	7	Royalties	7 ●		●		
8	Net short-term capital gain (loss). Attach Schedule D (568)	8 ●		●			
9	Net long-term capital gain (loss). Attach Schedule D (568)	9 ●		●			
10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a ●		●			
b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b ●		●			
11 a	Other portfolio income (loss). Attach schedule	11a ●		●			
b	Total other income. Attach schedule	11b ●		●			
c	Total other loss. Attach schedule	11c ●		●			
Deductions	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12 ●		●		
	13 a	Cash contributions.	13a ●		●		
	b	Noncash contributions.	13b ●		●		
	c	Investment interest expense.	13c ●		●		
	d 1	Total expenditures to which IRC Section 59(e) election may apply	13d1 ●		●		
	2	Type of expenditures	13d2				
	e	Deductions related to portfolio income	13e ●		●		
f	Other deductions. Attach schedule	13f ●		●			
Credits	15 a	Withholding on LLC allocated to all members	15a		●		
	b	Low-income housing credit	15b		●		
	c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c		●		
	d	Credits related to other rental activities. Attach schedule.	15d		●		
	e	Nonconsenting nonresident members' tax paid by LLC	15e		●		
	f	Other credits. Attach schedule	15f		●		
Alternative Minimum Tax (AMT) Items	17 a	Depreciation adjustment on property placed in service after 1986.	17a		●		
	b	Adjusted gain or loss	17b		●		
	c	Depletion (other than oil and gas)	17c		●		
	d	Gross income from oil, gas, and geothermal properties	17d		●		
	e	Deductions allocable to oil, gas, and geothermal properties	17e		●		
	f	Other alternative minimum tax items. Attach schedule	17f		●		
Other Information	18 a	Tax-exempt interest income	18a		●		
	b	Other tax-exempt income.	18b		●		
	c	Nondeductible expenses	18c		●		
	19 a	Distributions of money (cash and marketable securities)	19a		●		
	b	Distribution of property other than money.	19b		●		
	20 a	Investment income	20a		●		
b	Investment expenses.	20b		●			
c	Other information. See instructions	20c		●			
Analysis	21 a	Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f.	21a ●		●		
	b	Analysis of members:					
		(a) Corporate	(b) Individual	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
	Members	●	i. Active ● ii. Passive ●	●	●	●	

Schedule L Balance Sheets. See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash				<input checked="" type="radio"/>
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				<input checked="" type="radio"/>
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				<input checked="" type="radio"/>
7 a Loans to members				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				<input checked="" type="radio"/>
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	()	<input checked="" type="radio"/>	()	<input checked="" type="radio"/>
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)		<input checked="" type="radio"/>		<input checked="" type="radio"/>
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule				<input checked="" type="radio"/>
14 Total assets				

Liabilities and Capital

15 Accounts payable				<input checked="" type="radio"/>
16 Mortgages, notes, bonds payable in less than 1 year				<input checked="" type="radio"/>
17 Other current liabilities. Attach schedule				<input checked="" type="radio"/>
18 All nonrecourse loans		<input checked="" type="radio"/>		<input checked="" type="radio"/>
19 a Loans from members				
b Mortgages, notes, bonds payable in 1 year or more		<input checked="" type="radio"/>		<input checked="" type="radio"/>
20 Other liabilities. Attach schedule				<input checked="" type="radio"/>
21 Members' capital accounts		<input checked="" type="radio"/>		<input checked="" type="radio"/>
22 Total liabilities and capital				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. Use total amount under California law. See instructions.

1 Net income (loss) per books <input checked="" type="radio"/>		6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize <input checked="" type="radio"/>		a Tax-exempt interest <input checked="" type="radio"/> \$ _____	
3 Guaranteed payments (other than health insurance) <input checked="" type="radio"/>		b Other <input checked="" type="radio"/> \$ _____	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13f. Itemize:		c Total. Add line 6a and line 6b <input checked="" type="radio"/>	
a Depreciation <input checked="" type="radio"/> \$ _____		7 Deductions included on Schedule K, line 1 through line 13f not charged against book income this year. Itemize:	
b Travel and entertainment <input checked="" type="radio"/> \$ _____		a Depreciation <input checked="" type="radio"/> \$ _____	
c Annual LLC tax <input checked="" type="radio"/> \$ _____		b Other <input checked="" type="radio"/> \$ _____	
d Other <input checked="" type="radio"/> \$ _____		c Total. Add line 7a and line 7b <input checked="" type="radio"/>	
e Total. Add line 4a through line 4d <input checked="" type="radio"/>		8 Total. Add line 6c and line 7c <input checked="" type="radio"/>	
5 Total of line 1 through line 4e <input checked="" type="radio"/>		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5 <input checked="" type="radio"/>	

Schedule M-2 Analysis of Members' Capital Accounts. Use California amounts.

1 Balance at beginning of year <input checked="" type="radio"/>		5 Total of line 1 through line 4 <input checked="" type="radio"/>	
2 Capital contributed during year		6 Distributions: a Cash <input checked="" type="radio"/>	
a Cash <input checked="" type="radio"/>		b Property <input checked="" type="radio"/>	
b Property <input checked="" type="radio"/>		7 Other decreases. Itemize <input checked="" type="radio"/>	
3 Net income (loss) per books <input checked="" type="radio"/>		8 Total of line 6 and line 7 <input checked="" type="radio"/>	
4 Other increases. Itemize <input checked="" type="radio"/>		9 Balance at end of year. Subtract line 8 from line 5 <input checked="" type="radio"/>	

Schedule O Amounts from Liquidation used to Capitalize a Limited Liability Company. (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule) _____

Type of entity: (1) C Corporation (2) S Corporation (3) Partnership (4) Limited Partnership (5) Sole Proprietor (6) Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC _____

Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions 1a _____
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4. 1b _____
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 2a _____
- b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a 2b _____
- 3 a LLC's distributive share of ordinary income from pass-through entities 3a _____
- b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) 3b _____
- c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) 3c _____
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts 4 _____
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 5 _____
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 6 _____
- 7 Add line 1a through line 6 7 _____
- 8 California rental real estate
 - a Enter the total gross rents from federal Form 8825, line 18a 8a _____
 - b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 8b _____
 - c Add line 8a and line 8b 8c _____
- 9 Other California rentals.
 - a Enter the amount from Schedule K (568), line 3a 9a _____
 - b Enter the amount from all Schedule K-1s (565), Table 3, line 3 9b _____
 - c Add lines 9a and 9b 9c _____
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 10 _____
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 11 _____
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 12 _____
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 13 _____
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a 14 _____
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a 15 _____
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b 16 _____
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- 17 _____