

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

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://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 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