TAXABLE YEAR

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

CALIFORNIA FORM **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

Additional information. See instructions. | California Secretary of State file number

Street address (suite/room no.) | PMB no.

City (If the corporation has a foreign address, see instructions.) | State | ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

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**

2 Amount of expected NOL. See instructions. **2** 00

3 Reduction of previously determined tax attributable to the expected NOL carryback. Attach schedule. See instructions. . . **3** 00

4 Ending date of the taxable year immediately preceding the taxable year of the expected NOL . . . . . (mm/dd/yyyy) **4**

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** 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** 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** 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 ( )

Officer's email address (optional)

Paid Preparer's Use Only

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | PTIN

Firm's name (or yours if self-employed) | Firm's address