

Limited Liability Company Return of Income

2020

568

For calendar year 2020 or fiscal year beginning (m m / d d / y y y y) and ending (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 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 another person or legal entity acquire control or majority ownership... (2) During this taxable year, did this LLC acquire control or majority ownership... (3) During this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred...

Table with 13 rows for tax calculations and 2 columns for amounts. Includes lines for total income, fees, taxes, and payments.

Enclose, but do not staple, any payment.



		Whole dollars only	
14 Tax and fee due. If line 6 is more than line 12, subtract line 12 from line 6 ●	14		00
15 Overpayment. If line 12 is more than line 6, subtract line 6 from line 12 ●	15		00
16 Amount of line 15 to be credited to 2021 tax or fee ●	16		00
17 Refund. If the total of line 16 is less than line 15, subtract the total from line 15 ●	17		00
18 Penalties and interest. See instructions ●	18		00
19 Total amount due. Add line 13, line 14, line 16, and line 18, then subtract line 15 from the result. ●	19		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? ● Yes No
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction.
- 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.

(continued on Side 3)

(continued from Side 2)

- 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
- 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

Single Member LLC Information and Consent — Complete only if the LLC is disregarded.

Sole Owner's name (as shown on owner's return)		<input type="checkbox"/> Federal TIN/SSN
<input type="text"/>		FEIN/CA Corp no./CA SOS File no.
<input type="text"/>		<input type="text"/>

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	
Sign Here	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 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.				
	Signature of authorized member or manager		Date		Telephone
Authorized member or manager's email address (optional)					<input type="checkbox"/>
Paid Preparer's Use Only	Paid preparer's signature		Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name (or yours, if self-employed) and address				Firm's FEIN
					Telephone
May the FTB discuss this return with the preparer shown above (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> 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) Cost (2) Lower of cost or market as described in Treas. Reg. Section 1.471-4 (3) Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) (4) 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
 c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? Yes 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 Yes 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 to members	4		●		
	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		●		
	c	Net capital gain (loss)	10c		●		
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	Charitable contributions. See instructions. Attach schedule	13a				
		b	Investment interest expense	13b		●	
	13 c	1	Total expenditures to which IRC Section 59(e) election may apply	13c1			
		2	Type of expenditures	13c2			
d	Deductions related to portfolio income	13d					
e	Other deductions. Attach schedule.	13e		●			
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, and 3c through 11c. From the result, subtract the sum of lines 12 through 13e.		21a	●		
		b	Analysis of members: Members	(a) Corporate	(b) Individual i. Active ii. Passive	(c) Partnership	(d) Exempt Organization

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

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				●
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				●
7 Mortgage and real estate loans				
8 Other investments. Attach schedule				●
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	()	○	()	●
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)		○		●
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule				●
14 Total assets				
Liabilities and Capital				
15 Accounts payable				●
16 Mortgages, notes, bonds payable in less than 1 year				●
17 Other current liabilities. Attach schedule				
18 All nonrecourse loans		○		●
19 Mortgages, notes, bonds payable in 1 year or more		○		●
20 Other liabilities. Attach schedule				●
21 Members' capital accounts		○		●
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		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	●	a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		b Other \$ _____	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13e. Itemize:		c Total. Add line 6a and line 6b	●
a Depreciation \$ _____		7 Deductions included on Schedule K, line 1 through line 13e not charged against book income this year. Itemize:	
b Travel and entertainment \$ _____		a Depreciation \$ _____	
c Annual LLC tax \$ _____		b Other \$ _____	
d Other \$ _____		c Total. Add line 7a and line 7b	●
e Total. Add line 4a through line 4d	●	8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5.	

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

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

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 _____