

(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) <input type="text"/>		FEIN/CA Corp no./CA SOS File no. <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 <input type="text"/>	Date <input type="text"/>										
<p>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.</p> <p>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.</p>											
Sign Here	<table border="1"><tr><td>Signature of authorized member or manager <input type="text"/></td><td>Date <input type="text"/></td></tr><tr><td colspan="2">Authorized member or manager's email address (optional) <input type="text"/></td></tr></table>	Signature of authorized member or manager <input type="text"/>	Date <input type="text"/>	Authorized member or manager's email address (optional) <input type="text"/>		Telephone <input type="text"/>					
Signature of authorized member or manager <input type="text"/>	Date <input type="text"/>										
Authorized member or manager's email address (optional) <input type="text"/>											
Paid Preparer's Use Only	<table border="1"><tr><td>Paid preparer's signature <input type="text"/></td><td>Date <input type="text"/></td><td>Check if self-employed <input type="checkbox"/></td></tr><tr><td colspan="3">Firm's name (or yours, if self-employed) and address <input type="text"/></td></tr></table>	Paid preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Firm's name (or yours, if self-employed) and address <input type="text"/>			<table border="1"><tr><td>PTIN <input type="text"/></td></tr><tr><td>Firm's FEIN <input type="text"/></td></tr><tr><td>Telephone <input type="text"/></td></tr></table>	PTIN <input type="text"/>	Firm's FEIN <input type="text"/>	Telephone <input type="text"/>
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Telephone <input type="text"/>											
May the FTB discuss this return with the preparer shown above (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No											