Application and Election to Amortize

CALIFORNIA FORM

Certific	ed Pollutio	n Control	Facility		3580
Attach to your California tax retur	n.				
Name(s) as shown on your California tax return				SSN or ITIN CA C	orporation no. ☐ FEIN
				California Secretary of Sta	ate file number
General nature of business					
Complete this form to elect to amount This election applies to: Air put The amortization to begin with the:	ollution \square Water \square Month followin	pollution g acquisition or comp		ver a 60-month period.	
Complete Part I and Part II, and get		III. See instructions.		\rightarrow	
Part I Pollution Control Facility Date purchased or construction completed	Useful life of facility	Is facility in operation?	If "Yes," date facility was placed in	operation If "No," date facility is exp	pected to be placed in
		Yes No		operation	·
Is facility an addition to existing facility?	Is this a new facility?	Total cost		Amortization (monthly)	
□Yes □No	☐Yes ☐No	\$		\$	
Part II Description of Facility a	and/or Components				
			38/0		
I certify to the best of my knowledg	e and belief that the a	bove information is t	rue and correct.	Dete	
Signature and title				Date	
Part III Certification (See instr	uctions)				
Certification by the State Air R					
Certification by the State Wate	r Resources Control I	Board (Water Polluti	on)	Ta.	
Signature and title				Date	
Comments				I	