2023

Pass-Through Entity Elective Tax Calculation

CALIFORNIA FORM

3804

Attac	th to Form 100S, Form 565, or Form 568.						
Elect	ing Qualified PTE Business name (as shown on tax re] C/	A Corp no. CA SOS	file no.			
Par	t I Elective Tax						
1	Total qualified net income from all qualified taxp						00
•			pages)		2		00
2			ective tax. Enter the result here and on Form 100S, line		_		9.3%
ა 			ons		3		00
Par	t II Schedule of Qualified Taxpayers (S		estates, and trusts, see instructions.) ide 2 to continue. Do not attach Side 2 of the Schedule	e of Qualified	Ta	xpavers. if blank.)	
1	First name			SSN or ITII		□FEIN	
	•	•		•			
	a. Sum of pro-rata or distributive share and gua	ranteed	payments included in qualified net income		a		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)		b		00
2	First name			SSN or ITII	N	FEIN	100
	•	•		•			
	a. Sum of pro-rata or distributive share and gua	ranteed	payments included in qualified net income		a		00
			nd enter the result.).		b		00
	First name			SSN or ITII	N	FEIN	100
3	•	•		•			
			payments included in qualified net income		а		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)		b		00
4	First name			SSN or ITI	Ń	□FEIN	100
	•	•		•			
	a. Sum of pro-rata or distributive share and gua	ranteed	payments included in qualified net income		а		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)		b		00
5	First name	Initial	Last name	SSN or ITII	Ń	□FEIN	
		•		•			
	a. Sum of pro-rata or distributive share and gua	ranteed	payments included in qualified net income		a		00
	b. Flective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.).		b		00
6	First name	Initial		SSN or ITII	N	FEIN	100
		•		•			
	a. Sum of pro-rata or distributive share and qua	ranteed	payments included in qualified net income		а		00
					h		
	First name	9.3% ar Initial	nd enter the result.)	 ⊒SSN or ITII	\ N	<u> </u> □FEIN	00
7	•	•		•			
			payments included in qualified net income				
					a		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)	· • <u> </u>	b		00

Elect	ing Qualified PTE Name:		Electing Qualified PTE ID Number:				
	edule of Qualified Taxpayers lified Taxpayer Information, continued from Si	de I. Do	not attach Side 2 of the Schedule of Qualified Taxpa	ayers, if blank.)			PRINT CLEARLY
	First name	Initial	Last name	☐SSN or ITI	N	□FEIN	
8		•	•	•			
	a. Sum of pro-rata or distributive share and gua	aranteed	payments included in qualified net income		a		00
			nd enter the result.).		b		00
	First name	Initial	Last name	☐SSN or ITI	N	□FEIN	
	•	•	●	•			
9			payments included in qualified net income		a		00
			nd enter the result.).		D		00
	First name		Last name		IVI	□FEIN	
	•	•		•	_	T	
10	a. Sum of pro-rata or distributive share and gua	aranteed	payments included in qualified net income	●	a		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)		b		00
	First name		Last name	☐SSN or ITI	N	□FEIN	100
11	•	•	•	•			
	a. Sum of pro-rata or distributive share and gua	aranteed	payments included in qualified net income		a		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)		b		00
	First name	Initial	Last name	☐SSN or ITI	N	□FEIN	
12	•	•	•	•			
	a. Sum of pro-rata or distributive share and qua	aranteed	payments included in qualified net income		a		00
	b. Elective tax credit amount (Multiply box a by 9.3% and enter the result.).						
	First name		Last name	SSN or ITI	N	FEIN	00
		•	•	•			
13			payments included in qualified net income		a		
					h		00
	b. Elective tax credit amount (Multiply box a by First name		nd enter the result.)		N	 □ FEIN	00
14				•		□1 E III	
	•	•			Т		
	a. Sum of pro-rata or distributive share and gua	aranteed	payments included in qualified net income $\ \ldots \ \ldots$		a		00
	, , , ,		nd enter the result.)		b		00
	First name	Initial	Last name	☐SSN or ITI	N	□FEIN	
	•	•	●	•			
15	a. Sum of pro-rata or distributive share and gua	aranteed	payments included in qualified net income		a		00
	, , , ,		nd enter the result.).		b		00
16	First name	Initial	Last name	☐SSN or ITI	N	□FEIN	
	•	•	•	•	_	T	
	a. Sum of pro-rata or distributive share and gua	aranteed	payments included in qualified net income		a		00
	b. Elective tax credit amount (Multiply box a by	9.3% ar	nd enter the result.)		b		00
	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·		_		