California Corporation Franchise or Income Tax Return

FORM 100

| T | | 0.0 | AL TITATES | | day 20 year 2010 1 | | | |
|---|--|------------------------|-------------------------|--|--|--|--|--|
| For calendar year 2009 or fiscal year beginning month JULY day 1 year 2009, and ending month JUNE day 30 year 2010 Corporation name California corporation number | | | | | | | | |
| | ration name | ion num | Der | | | | | |
| | N LUIS OBISPO | <i>- 1</i> | | | | | | |
| | AMBER OF COMMERCE SERVICES INC | 64 | | | | | | |
| LIST CHEST CONTROL | ss (suite, room, or PMB no.) | FEIN | | | | | | |
| 1039 CHORRO STREET 77-0195 | | | | | 3 | | | |
| City State ZIP Code | | | | | | | | |
| week and the second | N LUIS OBISPO CA 934 | | | | | | | |
| 35000000 | With the state of | 2. If "Yes," indicate: | | | (R&TC 25101.15) | | | |
| A 1. | FINAL RETURN? • Dissolved Surrendered (withdrawn) | d outsic | le of CA | | | | | |
| | Harmonia Company and the Compa | | n Schedule R-7 from the | | | | | |
| | Enter date • | | • Yes No | | | | | |
| 2. | DEFERRED INCOME. Did this corporation elect to defer income from the discharge | | | | | | | |
| | | 4. Enter the number | r of members (in | cluding | parent or key | | | |
| 1 | for federal purposes? • Yes X No | corporation) liste | d in the Schedul | e R-7, F | Part I, Section A, | | | |
| 1 | If "Yes," enter the federal deferred income from discharge | subject to income | e or franchise tax | (. | | | | |
| | of indebtedness •\$ | | | | ANNERS ANNERS ANNERS AND AND ANNERS AND | | | |
| B 1. | Is income incl in a combined report of a unitary group? • Yes X No | 5. Is form FTB 3544 | 4 attached to the | return? | Yes X No | | | |
| | 1 Net income (loss) before state adjustments. See instructions | | | • 1 | -17,760.00 | | | |
| | 2 Amount deducted for foreign or domestic tax based on income or profits from Schedul | | | • 2 | 00 | | | |
| | 3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedu | | | • 3 | 972.00 | | | |
| | 4 Interest on government obligations | | | • 4 | 00 | | | |
| | 5 Net California capital gain from Side 5, Schedule D, line 11 | | | | 00 | | | |
| | 6 Depreciation and amortization in excess of amount allowed under California law. Attach | • 6 | 00 | | | | | |
| ţ | 7 Net income from corporations not included in federal consolidated return. See instructions | | | | 00 | | | |
| Je l | 8 Other additions. Attach schedule(s) | | | • 8 | 00 | | | |
| stu | 9 Total. Add line 1 through line 8 | | | • 9 | -16,788.00 | | | |
| State Adjustments | 10 Intercompany dividend deduction. Attach Schedule H (100) | ● 10 l | 00 | 10 T T T T T T T T T T T T T T T T T T T | | | | |
| e A | 11 Dividends received deduction. Attach Schedule H (100) | • 11 | 00 | | | | | |
| tat | 12 Additional depreciation allowed under CA law. Attach form FTB 3885 | • 12 | 00 | | | | | |
| 0) | 13 Capital gain from federal Form 1120, line 8 | • 13 | 00 | | | | | |
| | | • 14 | 00 | | | | | |
| | 14 Contributions 15 EZ, LAMBRA, or TTA business expense and EZ net interest deduction | • 15 | 00 | | | | | |
| | 16 Other deductions. Attach schedule(s) | T 2000 T | 00 | | | | | |
| | 17 Total Add line 10 through line 16 | 0 | | • 17 | On the state of th | | | |
| | 17 Total. Add line 10 through line 16 18 Net income (loss) after state adjustments. Subtract line 17 from line 9. | | | | -16,788. ₀₀ | | | |
| -o | 19 Net income (loss) for state adjustments. Subtract line 17 from line 9. | | | • 18 • 19 | -16,788.00 | | | |
| соте | | • 20 | | | -10,700.00 | | | |
| lıc | 20 Net operating loss (NOL) carryover deduction. See instructions 21 Pierce's disease, EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instructions | • 21 | 00 | | | | | |
| let | | • 22 | 00 | | | | | |
| CA Net In | Disaster loss carryover deduction. See instructions Met income for tax purposes. Combine line 20 through line 22. Then, subtract from line | | 00 | • 23 | -16,788.00 | | | |
| 0 | | | | • 24 | 800.00 | | | |
| | | | | ●25b | 40000 | | | |
| | | amount claimed | Parasili (| -200 | 00 | | | |
| | | ▶26a | 00 | | | | | |
| Taxes | | ▶26b | 00 | | | | | |
| Tax | 27 To claim more than two credits, see instructions | • 27 | 00 | | | | | |
| | 28 Add line 25b through line 27 | | | • 28 | 00 | | | |
| | 29 Balance. Subtract line 28 from line 24 (not less than minimum franchise tax, if applicable) | | | • 29 | 800.00 | | | |
| | 30 Alternative minimum tax. Attach Schedule P (100). See instructions | | | • 30 | 00 | | | |
| | 31 Total tax. Add line 29 and line 30 | | 214 | • 31 | 800.00 | | | |
| Ø | 32 Overpayment from prior year allowed as a credit | | 314.00 | | | | | |
| Payments | 33 2009 Estimated tax payments. See instructions | • 33 | 972.00 | | | | | |
| | 34 2009 Resident/nonresident or real estate withholding. See instructions. | • 34 | 00 | | | | | |
| | 35 Amount paid with extension of time to file tax return | • 35 | 00 | | | | | |
| | 36 Total payments. Add line 32 through line 35 | | | • 36 | 1,286.00 | | | |

| e e | 37 Franchise or income tax due. If line 31 is more than line 36, subtract line 36 from line 31. Go to line 40 | | | • 37 • 38 | 00 | | | |
|----------------------|---|---|---|----------------------|---------------------------|--|--|--|
| | 38 Overpayment. If line 36 is more than line 31, subtract line 31 from line 36 | 38 Overpayment. If line 36 is more than line 31, subtract line 31 from line 36 | | | 486.00 | | | |
| Ţ | 39 Amount of line 38 to be credited to 2010 estimated tax | | | • 39 | 486.00 | | | |
| III | 40 Use Tax. This is not a total line. See instructions | | | REALY | | | | |
| Refund or Amount Due | 41 Refund. If the sum of line 39 and line 40 is less than line 38, then subtract the r | he result from line 38 | | | 0.00 | | | |
| r A | See instructions to have the refund directly deposited. a. Routing number | | ●41a | | | | | |
| ğ | b Type: Checking ● Savings ● C Account number | | ●41c | - Bartan esta | | | | |
| Įį. | 42 a Penalties and interest | | | • 42 | 00 | | | |
| æ | b • Check if estimate penalty computed using Exception B or C. See ins | structions | | | | | | |
| | 43 Total amount due. Add line 37, line 39, line 40, and line 42a. Then, subtract lin | e 38 from the result | | 43 | 00 | | | |
| Sc | hedule Q Questions (continued from Side 1) | 3. Of this and one or | | ons ow | ned or controlled, | | | |
| | If the corporation filed on a water's edge basis pursuant to R&TC | directly or indirect | ly, by the same intere | sts? | • Yes X No | | | |
| | Sections 25110 and 25113 in previous years, enter the | | | | | | | |
| | date the water's edge election ended • | • | • | | | | | |
| | Was the corporation's income included in a | If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned. If the owner(s) is an individual, provide the SSN/ITIN. Has the corp included a reportable transaction or listed transaction within this return? (See instructions for definitions.) If yes, complete and attach federal Form 8886 for each transaction. | | | | | | |
| | nsolidated federal return? Yes X No pertunent names, addresses, and per If the owner(s) is an individual, prov | | | ntages of the SSI | of Stock owned. WITIN. | | | |
| F | Principal business activity code. (Do not leave blank): 541800 | Has the corp included a reportable transaction or listed | | | | | | |
| | Business activity ADVERTISING | for definitions.) If yes, complete and attach federal | | | • Yes X No | | | |
| | Product or service SERVICE | M Is this corporation apportioning income to California | | | | | | |
| | Date incorporated: 07/01/1988 • Where: CA country | | ıle R? • ☐ Yes X No | | | | | |
| | Date business began in California or date income was first derived from | | | | | | | |
| | California sources • 07/01/1988 | from taxation in California under Public Law 86-272? | | | | | | |
| | First return? Yes X No If "Yes" and this corporation is a successor to a | O Corporation headquarters are: (1) X Within California | | | | | | |
| | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | (2) Outside of California, within the U.S. (3) Outside of the U.S. | | | | | |
| rona | previously existing business, check the appropriate box. (1) proprietorship (2) parinership (3) joint venture (4) corporation (5) other | P Location of CTT | | | TEMENT 1 | | | |
| • (| | principal accounting | • (1) X Cash (2 | | | | | |
| | (attach statement showing name, address and FEIN/SSN/ITIN of previous business) "Doing business as" name. • SAN LUIS OBISPO CHAMBER O | Lance Control of the | 2.5 | | 1893 | | | |
| | | | s subsidiaries have a Deferred | | | | | |
| J | For this taxable year, was there a change in control or majority ownership for this corporation or any of its | Intercompany Stock Account (DISA)? ● Yes X No | | | | | | |
| | subsidiaries that owned or leased real property in | Is "Yes," enter the total balance of all DISAs • \$ | | | | | | |
| | | S Is this corporation or any of its subsidiaries a RIC? | | | | | | |
| | 2. For this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership of any | T is this corporation treated as a REMIC for California purposes? | | | | | | |
| | subsidiaries acquire control or majority ownership of any other legal entity that owned or leased real property | | U Is this corporation a REIT for California purposes? | | | | | |
| | in California? Yes X No | V is this corporation an | | | | | | |
| , | 3. If this corporation or any of its subsidiaries owned or leased real property in California, has more than 50 % of | be taxed as a corpor | be taxed as a corporation for federal purposes? | | | | | |
| | the voting stock of any one of them cumulatively transferred | W is this corporation to | be treated as a credit un der audit by the IRS or ha | ion? | Yes X No | | | |
| | in one or more transactions since March 1, 1975, which | W Is this corporation to be treated as a credit union? Yes X No Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? Yes X No | | | | | | |
| | was not reported on a previous year's tax return? | | Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, | | | | | |
| | (Penalties may apply - see instructions.) | 8865, etc.) been filed with the Franchise Tax Board? N/A X Yes No | | | | | | |
| K, | At any time during the taxable year, was more than 50% of the voting stock: | Z Does the taxpayer (or any corporation of the taxpayer's | | | | | | |
| | 1. Of the corporation owned by any single interest? STMT 2 • X Yes No | combined group, if applicable) own 80% or more of the stock | | | | | | |
| | 2. Of another corporation owned by this corporation? | of an insurance com | of an insurance company? | | | | | |
| | | AADid this corporati | AADid this corporation file the federal | | | | | |
| | | Schedule M-3 (Fo | rm 1120/1120F)? . | | Yes X No | | | |
| 10- | Under penalties of perjury, I declare that I have examined this return, including accompanying s belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based or | chedules and statements. | and to the best of my kn | owledge | and | | | |
| Sig | ³¹¹ | all information of which pr | reparer has any knowledo | je. | | | | |
| Her | digitatio | Title Date OFFICER | | 150 | Telephone Telephone | | | |
| | of officer | | | (805)781-2671 | | | | |
| D-1 | Preparer's Preparer's | Date | Check if self- | • | Preparer's SSN/PTIN | | | |
| Pai Pre | 9- Signature P | | employed > | | P00129718 | | | |
| | rer's Firm's name GBP&B TAX AND BUSINESS SER | VICES, INC | • FEIN | 95 | 5-2772601 | | | |
| Use | self-employed) IIOU PALM STREET | (or yours, if | | | | | | |
| Onl | and address SAN LUIS OBISPO, CA 93401 | and address SAN LUIS OBISPO, CA 93401 | | | | | | |
| | May the FTB discuss this return with the preparer shown above? See instruction | s • X Yes [| No ● Teleph | one 8 | 305-544-1441 | | | |
| 10 | | | | | | | | |

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