

H. First Return Additional Information

Business Type _____ Allowable Value = SoleProprietorship, Partnership, JointVenture, Corporation, Other
 FEIN {9} _____
 SSN {9} _____
 ITIN {9}. _____
 Business Name Line 1 {75} _____
 Business Name Line 2 {75} _____
 US Address Line 1 {35}. _____
 US Address Line 2 {35}. _____
 US City {22} _____
 US State {2} _____
 US Zip Code {16}. _____
 Foreign Address Line 1 {35} _____
 Foreign Address Line 2 {35} _____
 Foreign City {50} _____
 Foreign Province or State {50} _____
 Foreign Country {2} _____
 Foreign Postal Code {50} _____

K. Voting Stock Additional Information

FEIN {9} _____
 SSN {9} _____
 ITIN {9}. _____
 Percent Owned {6} _____
 Business Name Line 1 {75} _____
 Business Name Line 2 {75} _____
 US Address Line 1 {35}. _____
 US Address Line 2 {35}. _____
 US City {22} _____
 US State {2} _____
 US Zip Code {16}. _____
 Foreign Address Line 1 {35} _____
 Foreign Address Line 2 {35} _____
 Foreign City {50} _____
 Foreign Province or State {50} _____
 Foreign Country {2} _____
 Foreign Postal Code {50} _____

O. Headquarters Are Additional Information

Type of headquarters {18} InsideCalifornia Allowable Value = InsideCalifornia, OutsideCAInsideUS, OutsideUS

P. Principal Accounting Records Additional Information

US Address Line 1 {35}. 212 Thompson Sq
 US Address Line 2 {35}. _____
 US City {22} Mountain View
 US State {2} CA
 US Zip Code {16}. 94043
 Foreign Address Line 1 {35} _____
 Foreign Address Line 2 {35} _____
 Foreign City {50} _____
 Foreign Province or State {50} _____
 Foreign Country {2} _____
 Foreign Postal Code {50} _____

Q. Accounting Method Additional Information

Accounting Method {7} cash Allowable values = cash, accrual, hybrid

CA 100 Other Deductions

2019

STATEMENT #9B

PG01

Schedule F - Line 27 Other Deductions

Name(s) shown on return

Low Power Company Inc

Identifying Number

27-4878771

(a)

Type of Deduction

(b)

Total amount

LEGAL AND PROFESSIONAL

UTILITIES

OTHER

50

2,238

3,932

PAGE TOTAL:

CACRPATT.LD5

6,220

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

2019

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name Low Power Company Inc	California corporation number 9364015
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During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> C corporation <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN 27-4878771
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If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	5,909	00
2	2019 disaster loss included in line 1. Enter as a positive number	2	0	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	5,909	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a	0	00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	0	00
	c Add line 4a and line 4b	4c	0	00
5	General NOL. Subtract line 4c from line 3	5	5,909	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	5,909	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) <input checked="" type="radio"/>	(g) Available balance	
	0	

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g)	(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		GEN	101	<input checked="" type="radio"/> 101	0	0	<input checked="" type="radio"/> 101
<input checked="" type="radio"/> 2017		GEN	9,293	<input checked="" type="radio"/> 9,293	0	0	<input checked="" type="radio"/> 9,293
<input checked="" type="radio"/> 2018		GEN	30,209	<input checked="" type="radio"/> 30,209	0	0	<input checked="" type="radio"/> 30,209
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

3	Year	Type of NOL	Initial loss	Carryover	Amount used	(g)	(h) col. (d) minus col. (f) See instructions.
3	2019	DIS					
4	2019	GEN	5,909				5,909
	2019						
	2019						
	2019						

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 1	0	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	0	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	<input checked="" type="radio"/> 3	0	00

CA 3805Q Additional Information

Prior Year NOLs

Disaster Code	SIC Code	Entity Identification		LLC Temp #	Not Applicable	FEIN
		CA Crp #	SOS #			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Disaster Title

NOL Type

General _____
 General _____
 General _____

Current Year NOLs (Disaster)

Disaster Code	SIC Code	Entity Identification		LLC Temp #	Not Applicable	FEIN
		CA Crp #	SOS #			
_____	_____	_____	_____	_____	_____	_____

Disaster Title

NOL Type

Current Year NOLs (Other)

Disaster Code	SIC Code	Entity Identification		LLC Temp #	Not Applicable	FEIN
		CA Crp #	SOS #			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Disaster Title

NOL Type

General _____

Corporation Depreciation and Amortization

2019

3885

Attach to Form 100 or Form 100W. **1120**

Corporation name Low Power Company Inc	California corporation number 9364015
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	514
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	25,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6 Network Server	514	514	
7 Listed property (elected IRC Section 179 cost)	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	514	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	514	
10 Carryover of disallowed deduction from prior taxable years	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5-	11		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11-	12		
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	514	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 Misc Eqpt prior	01/01/2016	1,953	1,391	200 DB	5	225	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						225	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	225
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	225
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary) . . .	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr.)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22