TAXABLE YEAR

2016

CALIFORNIA SCHEDULE

Alternative Minimum Tax and Credit Limitations — Residents

P (540)

Att	ach this schedule to Form 540.								
Nar	ne(s) as shown on Form 540						You	ur SSN or ITIN	
Pa	rt I Alternative Minimum Taxable Income (AM	TI) Imp	orta	nt: See instructions fo	r info	ormation re	garding Cal	ifornia/federal differences.	
	If you itemized deductions, go to line 2. If you did						-		
	deduction from Form 540, line 18, and go to line 6			•				1	00
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2½% (.025) of Form 1040, line 37 2								00
	Personal property taxes and real property taxes. See instructions								00
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions								00
5	Miscellaneous itemized deductions. See instructions								00
6	Refund of personal property taxes and real property taxes. See instructions							_	00
	Do not include your state income tax refund on this line.								
7	Investment interest expense adjustment. See instructions							7	00
8	Post-1986 depreciation. See instructions							8	00
9	Adjusted gain or loss. See instructions							• 9 <u> </u>	00
10	Incentive stock options and California qualified s	tock opti	ons	(CQSOs). See instruct	ions			10	00
11	Passive activities adjustment. See instructions .							11	00
12	Beneficiaries of estates and trusts. Enter the am	ount from	Sc	hedule K-1 (541), line	12a			12	00
13	Other adjustment and preferences. Enter the amou	nt, if any,	for	each item, a through I	, and	l enter the t	otal on line	13. See instructions.	
	a Circulation expenditures	00	g	Mining costs		. •		00	
	b Depletion	00	h	Patron's adjustment		. •		00	
	c Installment sales	00	i	Pollution control facility	es .	. •		00	
	d Intangible drilling costs •	00_	j	Research and experime				00	
	e Long-term contracts •	00_	k	Tax shelter farm activit	es .	. •		<u> 00</u>	
	f Loss limitations	00	I	Related adjustments		. • —		00	I
								13	
14	Total Adjustments and Preferences. Combine line	1 through	line	9 13				14	
15	Enter taxable income from Form 540, line 19. See	instructio	ns.					15	00
16	Net operating loss (NOL) deductions from Schedu	le CA (54	0), l	ine 21b, line 21d, and	ine 2	21e, columi	n B. Enter as	3	
	a positive amount							16	
17	AMTI exclusion. See instructions							17 (00
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip this line and go								
	to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. 18 (
	Single or married/RDP filing separately								
	Married/RDP filing jointly or qualifying widow(er)								
	Head of household					\$273,69	92	_	
	Combine line 14 through line 18								00
	Alternative minimum tax NOL deduction. See instr								00
21	Alternative Minimum Taxable Income. Subtract l								
	is more than \$346,677, see instructions)							•) 21	00
	rt II Alternative Minimum Tax (AMT)								
22	Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.)								
	If your filing status is:	And I		21 is not over:		Enter on	line 22:		1
	Single or head of household			3251,626			7,101) _	
	Married/RDP filing jointly or qualifying widow(er)			335,502			9,467	• 22	00
	Married/RDP filing separately If Part I, line 21 is more than the amount shown al	nove for v		\$167,749 filing status, see instru	ıctio	\$44 ne	1,732	J	
22	Subtract line 22 from line 21. If zero or less, enter							22	00
	Tentative Minimum Tax. Multiply line 23 by 7.0% (
	Regular tax before credits from Form 540, line 31.								
	Alternative Minimum Tax. Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 61. If more than zero, enter here and on Form 540, line 61. If you make estimated tax payments for taxable year 2017, enter amount from								
	line 26 on the 2017 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar								
	energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 22 or 23)								00
		, - 2 011		, ,, 0,		· - 0, ·		· · · · · · · · - ·	

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Form 540. 1 Enter the amount from Form 540, line 35. 2 Enter the tentative minimum tax from Side 1, Part II, line 24. 00 (d) Credit (a) Credit (c)
Tax balance that Credit used may be offset amount this year carrvover Section A - Credits that reduce excess tax. by credits 3 Subtract line 2 from line 1. If zero or less enter -0- and see instructions. This is your excess tax which may be offset by credits..... A1 Credits that reduce excess tax and have no carryover provisions. \odot **5** Code: 232 Child and dependent care expenses credit (FTB 3506)..... \odot A2 Credits that reduce excess tax and have carryover provisions. See instructions. **6** Code: • ____ Credit Name: \odot \odot \odot **7** Code: • Credit Name: 8 Code: • Credit Name: \odot \odot **9** Code: • Credit Name:___ **10** Code: 188 Credit for prior year alternative minimum tax..... \odot Section B - Credits that may reduce tax below tentative minimum tax. 11 If Part III, line 3 is zero, enter the amount from line 1. If line 3 is more than \odot **B1** Credits that reduce net tax and have no carryover provisions. \odot lacksquare \odot 15 Nonrefundable renter's credit . \odot **B2** Credits that reduce net tax and have carryover provisions. See instructions. **16** Code: • ___ Credit Name: **17** Code: • ___ Credit Name: \odot \odot **18** Code: • Credit Name: \odot Credit Name: **19** Code: (•)_ ◉ \odot **B3** Other state tax credit. **Section C** – Credits that may reduce alternative minimum tax. lacksquare23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d). 23 \odot

This space reserved for 2D barcode

(**•**)

24 Adjusted AMT. Enter the balance from line 23, column (c) here

and on Form 540, line 61 . .