TAXABLE YEAR CALIFORNIA FORM

2020 Low-Income Housing Credit

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		ornia tax return. your California tax returr	1		I □ SSN o	or ITIN CA Corporation no. FEIN					
Trainic(s) as shown on your samonia tax retain											
Buil	Building identification number (BIN). If more than one building, attach a list of all BINs for this credit. California Secretary of State (SOS) file number										
Pa	rt I Available (Credit									
1	1 Has the eligible basis of any project or building decreased since you received form CTCAC 3521A from the California Tax Credit Allocation Committee?										
0	Yes No If "Yes," complete Part III before continuing. See General Information C. Current year credit. See instructions										
	Current year credit. See instructions										
	If you are a	Current year low-income housing credits from –	(a) Name of entity passing through the credit –	(b) Identification numbers – California corporation, FEIN, etc.	(c) BIN	(d) Total amount of affiliated corporation or pass-through credit(s)					
	Corporation	FTB 3521, line 10 of the affiliated corporation				00					
	S corporation shareholder	Schedule K-1 (100S), line 13a				00					
	Beneficiary	Schedule K-1 (541), line 13d				00					
	Partner or LLC member	Schedule K-1 (565, 568), line 15b				00					
	Total pass-thro	ugh low-income hous	ing credit. Add the amounts in c	column (d)	3 _	00					
4	Current year lo	w-income housing cre	edit. Add line 2 and line 3		4 _	00					
5	Enter the amount of low-income housing credit on line 4 that is from passive activities. If none of the amount on line 4 is from passive activities, enter -0										
6	Subtract line 5 from line 4										
7	Enter the allow	able low-income hous	ing credit from passive activities	s. See instructions	7 _	00					
8	Low-income housing credit carryover from prior year										
9	Add line 6 thro	ugh line 8			9 _	00					
10	Corporations o	nly: Amount of low-in	come housing credit allocated t	o affiliated corporations. See ins	structions.						
	Corporation name California corporation number				ımber	Amount of credit allocated					
Total amount of low-income housing credit allocated. If you are not a corporation, enter -0											
11	Total available	low-income housing c	redit. Subtract line 10 from line	9	11 _	00					

Part II Carryover Computation

12	2 a Credit claimed. Enter the amount of the credit claimed on the current year tax return. See instructions							
12	2 b Total credit assigned. Enter the total amount from form FTB 3544, Part A, column (g). If you are not a corporation, enter -0 See instructions							
13	3 Credit carryover available for future years. Add line 12a and line 12b, subtract the result from line 11 13							
Pa	rt III Basis Recomputations. Complete this part only if the ba	sis in a p		ecreased. Use additional she	eets if necessary.			
			(a) Building 1	(b) Building 2	(c) Total			
14	Date building was placed in service (month/year)	14						
15	BIN	15						
16	Eligible basis of building. See General Information C	16						
17	Low-income portion (lesser of unit percentage or floor-space percentage). See instructions	17						
18	Qualified basis of low-income building. Multiply line 16 by line 17	18						
19	Applicable percentage. See General Information B	19						
20	Multiply line 18 by line 19. See Specific Line Instructions for Part I, line 2	20						