TAXABLE YEAR
2018

Local Agency Military Base Recovery Area Deduction and Credit Summary

CALIFORNIA FORM

3807

Αtt	ach to your California tax return.								
Na	me(s) as shown on your California tax return	SSN or ITIN CA Corporation no. FEIN							
		California Secretary of State (SOS) file number							
		Camerina coordary of class (Coo) inc named							
_	Check the appropriate box for your entity type:								
A.	☐ Individual ☐ Estate ☐ Trust ☐ C corporation ☐ S corporation ☐ Partr	norchin							
	☐ Exempt organization ☐ Limited liability company ☐ Limited liability partnership	•							
B. Enter the name of the Local Agency Military Base Recovery Area (LAMBRA) business:									
	Enter the address (actual location) where the LAMBRA business is conducted:								
Ο.	Enter the address (actual location) where the Environ business is conducted.								
D.	Enter the name of the LAMBRA in which the business and/or investment activity is located.								
	Principal Business Activity Code of the LAMBRA business								
	Total number of employees in the LAMBRA								
	Number of employees included in the computation of the hiring credit, if claimed \dots								
	Gross annual receipts of the business								
	Total asset value of the business								
	art I Credits and Recapture (Complete Worksheet IIA and Schedule Z on Side 2 before you complet	e this part.)							
1	Hiring and sales or use tax credits claimed on the current year tax return:								
	a Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f)								
	b Hiring credit recapture from Worksheet IIA, Section B, line 2, column (b)								
	c Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f)								
_	d Add line 1a and line 1c	1d							
_	art II Portion of Business Attributable to the LAMBRA. See instructions.								
	Enter the average apportionment percentage of your business that is in the LAMBRA from Worksheet	III, Section A, line 4 . 2							
	art III Net Operating Loss (NOL) Carryover and Deduction. See Instructions.								
3		3a							
	b Enter the total NOL deduction used in the current year from Worksheet IV, line 9, column (c).	00W line 00.							
	Enter this amount on Schedule CA (540 or 540NR), line 21e, column B; Form 100, line 20; Form 10								
	Form 100S, line 18; or Form 109, line 6.								
	c Enter the total NOL to carryover to future years from Worksheet IV, line 9, column (e)	ან							

Sc	hedule Z	Co	mputation of Cro	edit Limitations	– L/	AMBRA									
Pa	rt I Comput	atior	n of Credit Limitati	ons. See instruction	ons.										
1	Trade or business income. Individuals: Enter the amount from Worksheet III, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations which file a combined report, enter the taxpayer's business income apportioned to California (see instructions for form FTB 3807, Part II)														
2	Corporations: Enter the average apportionment percentage from Worksheet III, Section A, line 4. See instructions 2														
3		line 1 by line 2													
4		the LAMBRA NOL deduction from Worksheet IV, line 9, column (c)													
5		MBRA taxable income. Subtract line 4 from line 3													
6			n line 5. See instructions			6a									
		b Enter the amount of tax from Form 540, line 35				,									
	Form 541	Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21;													
	or Form 1	09, I	ine 10. Corporatior	ns, combined grou	ps, a	and									
	S corporations, see instructions														
7 Enter the smaller of line 6a or line 6b. This is the limitation based on LAMBRA business income.															
	Go to Part II,	Part	III, or Part IV and	see instructions									7		
Pa		tion	of Credits for Corp	orations, Individu	ıals,	, Estates, and			ıstruc	ĺ		ı			
	(a) Credit		(b) Credit	(c) Total		(d) Total credit				(f)			(g) dit used on	(h) Total credi	+
name			amount	prior vear		ssigned from	Total credit sum of col. (t		I				Sch. P	carryover	
				carryover		rm FTB 3544,	plus col. (c		c), LAMBRA bu		usiness Ca		n never be	col. (e) min	col. (e) minus
						col. (g)	minus col. (d)		(d)	income		greater than col. (e) or col. (f)) col. (f)	
_	Hiring credit	Α										01 601. (1)			
8		В													
9	Sales or use	Α													
	tax credit	В													
										•				'	
Pa	rt III Limita	ation	of Credits for S Co	orporations Only.	See	instructions.									
	(a)	(b)		(c) S corporation credit col. (b) multiplied by 1/3		(d)	ar		(e) Total credit col. (c) plus col. (d)		(f) Credit i this yea			(g)	
Credit name			Credit			Total							ısed	Carryover	
			amount			prior yea								col. (e) minus	
						carryove	1 1	pius		coi. (u)		S corporation		col. (f)	
10	Hiring credit														
11	Sales or use tax credit														
													'		
Pa	rt IV Limit	atior	of Credits for Cor	porations and S C	orpo	orations Subje	ct to Pay	ying (Only	the Minimu	m Fran	chise '	Tax. See in	structions.	
(a) (b)						(c)			(d)			(e)			
Credit				Credit		Total prior			Total credit ass					credit carryover	
	name		amount			year carryover			from form FTB 354 col. (g)			,		of col. (b) plus c) minus col. (d)	
12	Hiring credit								551. (g)				33 (6	,a. son (u)	
٠.	0.1														
13	Sales or use tax credit														
Dof	or to page 2 fo	r info	rmation on how to	claim deductions	hne	cradite									

Refer to page 3 for information on how to claim deductions and credits.