

2022 Low-Income Housing Credit

3521

Attach to your California tax return.

Name(s) as shown on your California tax return

SSN or ITIN CA Corporation no. FEIN

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

Part I Available Credit

- 1 Has the eligible basis of any project or building decreased since you received form CTCAC 3521A from the California Tax Credit Allocation Committee?
 Yes No If "Yes," complete Part III before continuing. See General Information C.
- 2 Current year credit. See instructions. 2 _____ 00
- 3 Enter any affiliated corporation or pass-through low-income housing credits from other entities below. 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 or 568), line 15b | | | | 00 |

Total pass-through low-income housing credit. Add the amounts in column (d) 3 _____ 00

4 Current year low-income housing credit. 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- 5 _____ 00

6 Subtract line 5 from line 4 6 _____ 00

7 Enter the allowable low-income housing credit from passive activities. See instructions. 7 _____ 00

8 Low-income housing credit carryover from prior year 8 _____ 00

9 Add line 6 through line 8 9 _____ 00

10 Corporations only: Amount of low-income housing credit allocated to affiliated corporations. See instructions.

| Corporation name | California corporation number | Amount of credit allocated |
|------------------|-------------------------------|----------------------------|
| | | |
| | | |

Total amount of low-income housing credit allocated. If you are not a corporation, enter -0- 10 _____ 00

11 Total available low-income housing credit. Subtract line 10 from line 9 11 _____ 00

Part II Carryover Computation

| | | |
|---|------------|----|
| 12 a Credit claimed. Enter the amount of the credit claimed on the current year tax return. See instructions. | 12a | 00 |
| (Do not include any assigned credit claimed on form FTB 3544, Part B.) | | |
| 12 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. | 12b | 00 |
| 13 Credit carryover available for future years. Add line 12a and line 12b, subtract the result from line 11 | 13 | 00 |

Part III Basis Recomputations. Complete this part only if the basis in a project or building has decreased. Use additional sheets 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 | | | |

Advanced Draft
as of 09/06/23