Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox		Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
1	Header	Header Version Number	N	2	T1	
2	Header	CTP ID	N	3		
3	Gov't	Tax Year	N	4	YYYY	
4	Gov't	Form Type	N	6	797	
5	Gov't	Software Developer Version	N	3	001. Increment plus 1 for change to the barcode.	
6	Gov't	FTB Specification Version	N	3	001. See Header Fields Definitions in Publication 1098, Part II for more information.	
7		Taxpayer's First Name	A	11		
8		Taxpayer's Middle Initial	Α	1		
9		Taxpayer's Last Name	Α	35		
10		Taxpayer Suffix	A	4		
11		Taxpayer's SSN, or ITIN	N	9		
12	2	Medical and dental expenses	N	15		
13	3	Personal property taxes and real property taxes	N	15		
14	4	Certain interest on a home mortgage not used to buy, build, or improve your home	N	15		
15	5	Miscellaneous itemized deductions	N	15		
16	6	Refund of personal property taxes and real property taxes	N	15		
17	7	Investment interest expense adjustment	N	15	Special chars: -	
18	8	Post-1986 depreciation	N	15	Special chars: -	
19	9	Adjusted gain or loss	N	15	Special chars: -	
20	10	Incentive stock options and California qualified stock options (CASOs)	N	15	Special chars: -	
21	11	Passive activities adjustment	N	15	Special chars: -	
22	12	Beneficiaries of estates and trusts	N	15	Special chars: -	
23	13a	Circulation expenditures	N	15	Special chars: -	
24	13b	Depletion	N	15	Special chars: -	
25	13c	Installment sales	N	15	Special chars: -	
26	13d	Intangible drilling costs	N	15	Special chars: -	
27	13e	Long-term contracts	N	15	Special chars: -	
28	13f	Loss limitations	N	15	Special chars: -	
29	13g	Mining costs	N	15	Special chars: -	
30	13h	Patron's adjustment	N	15	Special chars: -	
31	13i	Pollution control facilities	N	15	Special chars: -	
32	13j	Research and experimental	N	15	Special chars: -	
33	13k	Tax shelter farm activities	N	15	Special chars: -	
34	131	Related adjustments	N	15	Special chars: -	

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field	
35	13	Other adjustments and preference. Enter the amount if any for each item a through	N	15	Special chars: -		
36	14	Total adjustments and preferences	N	15	Special chars: -		
37	15	Enter taxable income from Form 540	N	15	Special chars: -		
38	16	Regular NOL deductions	N	15			
39	17	AMTI exclusion line 17	N	15			
40	18	Federal adjusted gross income	N	15			
41	19	Combine 14 through 18	N	15	Special chars: -		
42	20	AMT NOL deduction	N	15	Special chars: -		
43	21	AMTI	N	15	Special chars: -		
44	22	Exemption amount	N	15			
45	24	Tentative minimum tax	N	15	Special chars: -		
46	25	Regular tax before credits	N	15	Special chars: -		
47	26	Alternative minimum tax	N	15			
48	Part III, Line 1	Enter the amount from 540, line 35	N	15	Special chars: -		
49	Part III, Line 2	Enter the tentative minimum tax from Part II, line 24	N	15	Special chars: -		
50	Part III, Line 3c	Excess tax that may be offset by credits	N	15			
51	Part III, Line 4b	Code: 162 Prison inmate labor, credit used	N	15			
52	Part III, Line 5b	Code: 232 Child and dependent care expenses, credit used	N	15			
53	Part III, Line 6	Code	N	3			
54	Part III, Line 6b	Credit used	N	15			
55	Part III, Line 6d	Credit carryover	N	15			
56	Part III, Line 7	Code	N	3			
57	Part III, Line 7b	Credit used	N	15			
58	Part III, Line 7d	Credit carryover	N	15			
59	Part III, Line 8	Code	N	3			
60	Part III, Line 8b	Credit used	N	15			
61	Part III, Line 8d	Credit carryover	N	15			
62	Part III, Line 9	Code	N	3			
63	Part III, Line 9b	Credit used	N	15			
64	Part III, Line 9d	Credit carryover	N	15			

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
65	Part III, Line 10a	Code: 188 Credit for prior year AMT, credit amount	N	15		
66	Part III, Line 10b	Code: 188 Credit for prior year AMT, credit used	N	15		
67	Part III, Line 10d	Code: 188 Credit for prior year AMT, credit carryover	N	15		
68	Part III, Line 11c	Enter the amount from line 1 or	N	15	Special chars: -	
69	Part III, Line 12b	Code: 170 Credit for joint custody head of household, credit used	N	15		
70	Part III, Line 13b	Code: 173 Credit for dependent parent, credit used	N	15		
71	Part III, Line 14b	Code: 163 Credit for senior head of household, credit used	N	15		
72	Part III, Line 15b	Nonrefundable renter's credit, credit used	N	15		
73	Part III, Line 16	Code	N	3		
74	Part III, line 16b	Credit used	N	15		
75	Part III, line 16d	Credit carryover	N	15		
76	Part III, Line 17	Code	N	3		
77	Part III, Line 17b	Credit used	N	15		
78	Part III, Line 17d	Credit carryover	N	15		
79	Part III, Line 18	Code	N	3		
80	Part III, Line 18b	Credit used	N	15		
81	Part III, Line 18d	Credit carryover	N	15		
82	Part III, Line 19	Code	N	3		
83	Part III, Line 19b	Credit used	N	15		
84	Part III, Line 19d	Credit carryover	N	15		
85	Part III, Line 20b	Code: 187 Other state tax credit, credit used	N	15		
86	Part III, Line 21c	Enter your alternative minimum tax from Part II, line 26	N	15	Special chars: -	
87	Part III, Line 22b	Code: 180 solar energy credit carryover used this year	N	15		
88	Part III, Line 22d	Code: 180 solar energy credit carryover	N	15		
89	Part III, Line 23b	Code: 181 Commercial solar energy credit carryover used this year	N	15		

Index/ Field No.	Line/ Box No.	Description	Data Type A = Alpha N = Numeric AN = Alphanumeric X = Checkbox	Length	Value/ Comments	Special Printing Instructions on Substitute Form(s) Blank = Print in associated field
90	Part III, Line 23d	Code: 181 Commercial solar energy credit carryover	N	15		
91	Part III, Line 24c	Adjusted AMT	N	15	Special chars: -	
92		END OF FILE	AN	5	*EOD*	

TAXABLE YEAR

CALIFORNIA SCHEDULE

Alternative Minimum Tax and Credit Limitations — Residents

P (540)

Attach this schedule to Form 540. Name(s) as shown on Form 540 Your SSN or ITIN 7-10 Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding California/federal differences. 1 If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard 00 2 Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 21/2% (.025) 12 00 13 00 14 00 15 00 16 00) **Do not** include your state income tax refund on this line. 00 18 00 19 00 20 00 21 00 00 Other adjustment and preferences. Enter the amount, if any, for each item, a through I, and enter the total on line 13. See instructions. 23 29 a Circulation expenditures . . • <u>| 00</u> **q** Mining costs 00 24 30 00 Depletion 100 h Patron's adjustment..... 25 31 Installment sales • 100 i Pollution control facilities . . . • 00 26 32 Intangible drilling costs . . . Research and experimental . . 00 27 00 **k** 33 00 Tax shelter farm activities . . . • Long-term contracts 28 Loss limitations 00 Related adjustments 35 13 00 36 00 37 00 16 Net operating loss (NOL) deductions from Schedule CA (540), Part I, Section B, line 8b, line 8d, and line 8e, column B. 38 00 39 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 40 00) 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\$203.341 Head of household......\$305.016 41 00 42 00 21 Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filling separately and line 21 43 00 Part 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 line 21 is not over: Enter on line 22: \$280,424 Single or head of household \$74,780 44 22 00 \$373.899 Married/RDP filing jointly or qualifying widow(er) \$99.707 Married/RDP filing separately \$186,946 \$49,851 If Part I, line 21 is more than the amount shown above for your filing status, see instructions. 00 45 00 46 00 26 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 2021, enter amount from line 26 on the 2021 Form 540-ES, California Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar 47 00

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						48	00
2 Enter the tentative minimum tax from Side 1, Part II, line 24					_	49	00
Section A – Credits that reduce excess tax.		(a) Credit amount	С	(b)* Credit used this year	(c) Tax balance t may be offs by credits	et	(d) Credit carryover
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	3				• 50		
A1 Credits that reduce excess tax and have no carryover provisions.							
4 Code: 162 Prison inmate labor credit (FTB 3507)	4		•	51			
5 Code: 232 Child and dependent care expenses credit (FTB 3506)			<u> </u>	52			
A2 Credits that reduce excess tax and have carryover provisions. See instructions							
6 Code: Credit Name:	6		•	54			55
7 Code:			(i)	57			58
8 Code: • Credit Name:			•	60		(61
9 Code: 62 Credit Name:			•	63		(64
10 Code: 188 Credit for prior year alternative minimum tax		65	•	66			67
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							
zero, enter the total of line 2 and the last entry in column (c)	. 11				68		
B1 Credits that reduce net tax and have no carryover provisions.							
12 Code: 170 Credit for joint custody head of household	12		•	69			
13 Code: 173 Credit for dependent parent			•	70			
14 Code: 163 Credit for senior head of household			•	71			
15 Nonrefundable renter's credit	15		•	72			
B2 Credits that reduce net tax and have carryover provisions. See instructions.							
16 Code:	16		•	74			75
17 Code:			•	77		(78
18 Code: 9 79 Credit Name:			•	80		(81
19 Code: Credit Name:	19		•	83		(84
B3 Other state tax credit.							
20 Code: 187 Other state tax credit	20		•	85			
Section C – Credits that may reduce alternative minimum tax.							
21 Enter your alternative minimum tax from Side 1, Part II, line 26	21				86		
22 Code: 180 Solar energy credit carryover from Section B2, column (d)			•	87		(
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d).	23		•	89			90
24 Adjusted AMT. Enter the balance from line 23, column (c) here							
and on Form 540, line 61	24				91		
*If the taynaver is subject to the husiness credit limitation, the total of the husiness cr		n Dart III. colum	ın (h) c	annot avea	ad \$5 000 000	San ir	etructions

^{*}If the taxpayer is subject to the business credit limitation, the total of the business credits in Part III, column (b) cannot exceed \$5,000,000. See instructions.

This space reserved for 2D barcode

Schedule P (540) Barcode Placement Side 2 Specifications

Comments: Use Courier 12-point font, for CTP ID and Doc. ID (print line 63).

Print Line <u>Number</u>	<u>Identification</u>	Begin Print <u>Position</u>	Maximum Field <u>Length</u>	End Print <u>Position</u>	Field <u>Description</u>
1-3	Blank lines	_	_	_	-
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
5-53	Blank lines	_	-	-	_
54-60	"2D BARCODE"	7	73	79	Conventional form size/style
61	Blank line	_	-	-	_
62-63	Bottom Registration Mark, Anchor Mark, and conventional form	_	_	_	End of bottom registration mark, anchor mark and conventional form size/style
63	CTP ID (mandatory)	32	3	34	Numeric
63	Doc. ID (mandatory)	40	7	46	Numeric, "7972204" (Side 2)

Schedule P (540) Barcode Placement Side 2 Record Layout Note: Record Layout is Reduced

