TAXABLE YEAR CALIFORNIA FORM

## 2021 Low-Income Housing Credit

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		ornia tax return. your California tax returi			I □ SSN or	r ITIN CA Corporation no.	EEINI
INGII	ile(s) as shown on	your oamorna tax return	1		331101	THIN OA COIPOIANON NO	LIIN
Buil	ding identification	number (BIN). If more the	an one building, attach a list of all Bli	Ns for this credit.	California	Secretary of State (SOS) file nu	mber
_		Ave dis					
_	rt I Available (		r building decreased since you r	received form CTCAC 3521A	from the California	Tay Credit Allocation Comm	ittee2
•			Part III before continuing. See G		monn the oamonna	Tax ordan Anocation Comm	11100:
	Current year cr	edit. See instructions.					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)	(d) Total amount of affilia corporation or pass-th credit(s)	
	Corporation	FTB 3521, line 10 of the affiliated corporation			<b>&gt;</b>		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	sing credit. Add the amounts in	column (d)	3	•	00
4			edit. Add line 2 and line 3		4_		00
5	Enter the amou	nt of low-income hou	sing credit on line 4 that is from	a paccive activities			
J			m passive activities, enter -0		5		00
6	Subtract line 5	from line 4			6		00
7	Enter the allow	able low-income hous	sing credit from passive activitie	es. See instructions	7		00
8	Low-income ho	ousing credit carryove	r from prior year		8		00
9	Add line 6 thro	ugh line 8		<b>~</b>	9		00
10	Corporations o	nly: Amount of low-ir	ncome housing credit allocated	to affiliated corporations. Se	e instructions.		
	Corporation na	me	~9	California corporati	on number	Amount of credit allocated	
	Total amount o	f low-income housing	credit allocated. If you are not	a cornoration enter -0-	10		00
11		-	credit. Subtract line 10 from line				00
	. Julia availabib	on mooning housing t	Oubtract into 10 HOIII IIIIG	~	· · · · · · · · · · · · · · · · · · ·		100

## Part II Carryover Computation

12	a Credit claimed. Enter the amount of the credit claimed on the current year tax return.  See instructions					00	
12	b Total credit assigned. Enter the total amount from FTB 3544, Part A, column (g).  If you are not a corporation, enter -0 See instructions						
13	Credit carryover available for future years. Add line 12a and line	12b,	subtract the result from lin	ne 11 <b>13</b>	0	0(	
Pa	rt III Basis Recomputations. Complete this part only if the ba	asis iı	n a project or building has	decreased. Use additional s	sheets if necessary.	_	
			(a) Building 1	(b) Building 2	(c) Total		
14	Date building was placed in service (month/year)	14					
	BIN			0			
	Low-income portion (lesser of unit percentage or	16 17					
18	Qualified basis of low-income building. Multiply line 16	18	3,				
19	Applicable percentage. See General Information B	19					

20 Multiply line 18 by line 19. See Specific Line Instructions for