## 2022

## Alternative Minimum Tax and Credit Limitations — Nonresidents or Part-Year Residents



| Att | ach this schedule to Form 540NR.  |                                 |     |
|-----|---|---------------------------------|-----|
| Nar | ne(s) as shown on Form 540NR  | Your SSN or ITIN                |     |
| _   |   |                                 |     |
| Pa  | rt I 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                  |                                 | 1   |
|     | deduction from Form 540NR, line 18, and go to line 6  |                                 | 00  |
| 2   | Medical and dental expenses. Enter the smaller of federal Schedule A (Form 1040), line 4, or 21/2% (.025)         |                                 |     |
|     | of federal Form 1040 or 1040-SR, line 11. See instructions  | <b>©</b> 2                      | 00  |
| 3   | Personal property taxes and real property taxes. See instructions   | 3                               | 00  |
| 4   | Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions                | 4                               | 00  |
|     | Miscellaneous itemized deductions. See instructions   |                                 | 00  |
|     | Refund of personal property taxes and real property taxes. See instructions                                       |                                 | 00) |
|     | De mat include your state income toy refund on this line  |                                 |     |
| 7   | Investment interest expense adjustment. See instructions.   | 7                               | 00  |
| 8   | Post-1986 depreciation. See instructions  |                                 | 00  |
|     | Adjusted gain or loss. See instructions   |                                 | 00  |
| 10  | Incentive stock options (ISOs) and California qualified stock options (CQSOs). See instructions                   | 10                              | 00  |
|     | Passive activities adjustment. See instructions   |                                 | 00  |
|     | Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a                           |                                 | 00  |
|     | Other adjustments and preferences. Enter the amount, if any, for each item, a through I. See instructions.        |                                 |     |
|     | a Circulation expenditures a  | 00                              |     |
|     | <b>b</b> Depletion  | 00                              |     |
|     | c Installment sales   | 00                              |     |
|     | d Intangible drilling costs   | 00                              |     |
|     | e Long-term contracts e   | 00                              |     |
|     | f Loss limitations  | 00                              |     |
|     | g Mining costs  | 00                              |     |
|     | h Patron's adjustment   | 00                              |     |
|     | i Pollution control facilitiesii  | 00                              |     |
|     | j Research and experimental costs   | 00                              |     |
|     | k Tax shelter farm activities   | 00                              |     |
|     | I Related adjustments   | 00                              |     |
|     | Add amounts on line a through line I, and enter total here  | <ul><li>13</li></ul>            | 00  |
| 14  | Total Adjustments and Preferences. Combine line 1 through line 13   | <ul><li>10</li><li>14</li></ul> | 00  |
| 15  | Enter taxable income from Form 540NR, line 19. See instructions   | <u>• 15</u>                     | 00  |
|     | Net operating loss (NOL) deduction from Schedule CA (540NR), Part II, Section B, line 9b1, line 9b2, and line     |                                 |     |
|     | column B. Enter as a positive amount  |                                 | 00  |
| 17  | AMTI exclusion. See instructions.   |                                 | 00) |
|     | If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip t | ·                               |     |
|     | and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filling state |                                 |     |
|     | see instructions  |                                 | 00) |
|     | Single or married/RDP filing separately   |                                 | 1/  |
|     | Married/RDP filing jointly or qualifying surviving spouse/RDP \$459,821   |                                 |     |
|     | Head of household\$344,867  |                                 | 1   |
| 19  | Combine line 14 through line 18   | (e) 1q                          | 00  |
| 20  | Alternative minimum tax NOL deduction. See instructions   | <u> </u>                        | 00  |
|     | Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and lin       |                                 |     |
| -1  | is more than \$436,827, see instructions)   | <b>(a)</b> 21                   | 00  |
|     |   |                                 | 1   |

## Part II Alternative Minimum Tax (AMT)

| 22 | <b>Exemption Amount.</b> (If this schedule is for certain children under age 24, see instructions.)   |            |     |     |  |  |
|----|---|------------|-----|-----|--|--|
|    | If your filing status is: And line 21 is not over: Enter on line 22:  |            |     |     |  |  |
|    | Single or head of household \$317,062 \$84,550  Married/RDP filing jointly or qualifying surviving spouse/RDP \$422,750 \$112,734  Married/RDP filing separately \$211,371 \$56,364 | ● 22       |     | 00  |  |  |
|    | If Part I, line 21 is more than the amount shown above for your filing status, see instructions.  |            |     |     |  |  |
| 23 | Subtract line 22 from Part I, line 21. If zero or less, enter -0 See instructions   | ● 23       |     | 00  |  |  |
| 24 | Total Tentative Minimum Tax (TMT). Multiply line 23 by 7% (.07)   | 💿 24       |     | 00  |  |  |
| 25 | California adjusted gross income (AGI) from Schedule CA (540NR), Part IV, line 1  | ● 25       |     | 00  |  |  |
| 26 | NOL adjustment, if any, included on Schedule CA (540NR), Part II, Section B, line 9b1, line 9b2, and line 9b3, column   |            |     |     |  |  |
|    | Enter as a positive number  | 26         | ,   | 00  |  |  |
|    | Alternative Minimum Tax Income (AMTI) exclusion. See instructions   |            |     | 00  |  |  |
|    | Combine line 25 through line 27   | <b> 28</b> |     | 00  |  |  |
| 29 | Adjustments and Preferences. See instructions before completing.  |            |     |     |  |  |
|    | a Investment interest expense j Intangible drilling costs   |            |     |     |  |  |
|    | b Post-1986 depreciation  |            | 100 |     |  |  |
|    | c Adjusted gain or loss   |            | 100 |     |  |  |
|    | d Incentive stock options and CQSOs  m Mining costs   |            | 100 |     |  |  |
|    | e Passive activities  |            | 100 |     |  |  |
|    | f Beneficiaries of estates & trusts o Pollution control facilities  |            | 00  |     |  |  |
|    | g Circulation expenditures  |            | 00  |     |  |  |
|    | h Depletion   |            | 100 |     |  |  |
|    | i Installment sales   |            | 00  |     |  |  |
|    |   |            |     | 1   |  |  |
|    | Add amounts on line a through line r, and enter total here  | 29         | -   | 00  |  |  |
|    | Combine line 28 and line 29   |            |     | 00  |  |  |
|    | California Alternative Minimum Tax (AMT) net operating loss (NOL) deduction. See instructions   |            |     | 00  |  |  |
| 32 | California AMT AGI. Subtract line 31 from line 30. If you did not itemize deductions, enter the result here and on line   |            |     | 00  |  |  |
|    | and skip line 33 through line 39. If you itemized deductions, enter the result here and continue to line 33   | 32         |     | 00  |  |  |
| 33 | Itemized deductions (before federal AGI limitation and proration). Enter the amount from Schedule CA (540NR),   | 💿 33       |     | 00  |  |  |
| 24 | Part III, line 28   | 🖭 33       |     | 00  |  |  |
| 34 | Itemized deductions included in Part I.  a Medical and dental expense, enter amount from Part I, line 2   | 00         |     |     |  |  |
|    | b Personal property taxes and real property taxes, enter amount from Part I, line 2   |            |     |     |  |  |
|    | c Interest on home mortgage, enter amount from Part I, line 4   | 00         |     |     |  |  |
|    | d Miscellaneous itemized deductions, enter amount from Part I, line 5   |            |     |     |  |  |
|    | e Investment interest expense adjustment, enter amount from Part I, line 7  | 00         |     |     |  |  |
|    | Combine amounts on line a through line e, and enter total here  | 34         | (   | 00) |  |  |
| 35 | Total AMT Itemized Deductions. Combine line 33 and line 34  | _          |     |     |  |  |
|    | Total AMTI. Enter the amount from Part I, line 2  |            |     | 00  |  |  |
|    | Total AMT AGI. Add line 35 and line 36  |            |     | 00  |  |  |
|    | AMT Itemized Deduction Percentage. Divide line 32 by line 37. Do not enter more than 1.0000   |            |     |     |  |  |
|    | Prorated AMT Itemized Deductions. Multiply line 35 by line 38   |            |     |     |  |  |
| 40 | California AMTI. Subtract line 39 from line 32  | • 40       |     |     |  |  |
| 41 | Total TMT. Enter the amount from line 24  | • 41       |     | 00  |  |  |
|    | California AMT Rate. Divide line 41 by amount from Part I, line 21  |            |     |     |  |  |
|    | California TMT. Multiply line 40 by line 42   |            |     |     |  |  |
|    | Regular Tax. Enter the amount from Form 540NR, line 37  | 🖭 44       |     | 00  |  |  |
| 45 | <b>Alternative Minimum Tax.</b> Subtract line 44 from line 43. If zero or less, enter -0- here and on Form 540NR, line 71.  |            |     |     |  |  |
|    | Continue to Part III to figure your allowable credits. (If you have a carryover credit for solar energy or commercial so  | lar        |     |     |  |  |
|    | energy, also enter the result on Side 3, Part III, Section C, line 23 or 24). If you make estimated tax payments for  |            |     |     |  |  |
|    | taxable year 2023, enter amount from line 45 on the 2023 Form 540-ES, California Estimated Tax Worksheet, line 16   | • 45       |     | 00  |  |  |

|            | Enter the amount from Form 540NR, line 42   |     |                  |                          | . 1                            | 00                  |
|------------|---|-----|------------------|--------------------------|--------------------------------|---------------------|
| 2          | Enter the tentative minimum tax from Side 2, Part II, line 43                     |     |                  |                          | . 2                            | 00                  |
|            |   |     | (a)              | (b)                      | (c)                            | (d)                 |
|            |   |     | Credit<br>amount | Credit used<br>this year | Tax balance that may be offset | Credit<br>carryover |
| Se         | ction A - Credits that reduce excess regular tax.                                 |     | amount           | uno you.                 | by credits                     | 54.1,5751           |
| 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   |                  |                          | •                              |                     |
| <b>A</b> 1 | Credits that reduce excess tax and have no carryover provisions.                  |     |                  |                          |                                |                     |
| 4          | Code: 162 Prison inmate labor credit (FTB 3507)                                   | 4   | ledow            | •                        | •                              |                     |
| 5          | Code: 232 Child and dependent care expenses credit (FTB 3506)                     | 5   | <b>•</b>         | 0                        | •                              |                     |
| A2         | Credits that reduce excess tax and have carryover provisions. See instructions.   |     |                  |                          |                                |                     |
| 6          | Code: • Credit Name:  | 6   | <b>O</b>         |                          | lacktriangle                   | lacktriangle        |
| 7          | Code: • Credit Name:  | 7   | •                |                          | •                              | lacksquare          |
|            | Code: • Credit Name:  |     | <b>O</b>         | •                        | •                              | lacksquare          |
|            | Code: • Credit Name:  |     | 0                |                          | 0                              | •                   |
| 10         | Code: 188 Credit for prior year alternative minimum tax                           | 10  | 0                |                          |                                | •                   |
| _          | ction 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  |                  |                          |                                |                     |
| В1         | Credits that reduce net tax and have no carryover provisions.                     |     |                  |                          |                                |                     |
| 12         | Code: 170 Credit for joint custody head of household                              |     |                  |                          |                                |                     |
|            | Credit from Credit  |     |                  |                          |                                |                     |
|            |   | 12  |                  |                          |                                |                     |
|            | See line 51 instructions on Form 540NR.   |     |                  |                          |                                |                     |
| 13         | Code: 173 Credit for dependent parent   |     |                  |                          |                                |                     |
| -          | Credit from Credit  | _   |                  |                          |                                |                     |
|            | Form 540NR, X Percentage . =  | 13  |                  |                          |                                |                     |
|            | See line 52 instructions on Form 540NR.   |     |                  |                          |                                |                     |
| 14         | Code: 163 Credit for senior head of household                                     | *   |                  |                          |                                |                     |
|            | Credit from Credit  |     |                  |                          |                                |                     |
|            | Form 540NR, X Percentage =  | 14  | •                |                          |                                |                     |
|            | See line 53 instructions on Form 540NR.   | -   |                  |                          |                                |                     |
| 15         |   | 15  | •                |                          |                                |                     |
|            | Credits that reduce net tax and have carryover provisions. See instructions.      |     |                  |                          |                                |                     |
|            | Code: Credit Name:  | 16  | •                |                          |                                | •                   |
|            | Code: Credit Name:  | 17  |                  | •                        | •                              | •                   |
|            | Code: Credit Name:  | 18  |                  | •                        | •                              | •                   |
|            | Code: Credit Name:  | 19  |                  | •                        | •                              | •                   |
|            | 3 Other state tax credit  |     |                  |                          |                                |                     |
|            | Code: 187 Other state tax credit  | 20  | •                |                          |                                |                     |
|            | Pass-through entity elective tax credit. See instructions.                        |     |                  |                          |                                |                     |
|            | Code: 242 Pass-through entity elective tax credit                                 | .21 |                  |                          |                                | •                   |
|            | ction C - Credits that may reduce alternative minimum tax.                        | 1   |                  |                          |                                |                     |
|            | Enter your alternative minimum tax from Side 2, Part II, line 45                  | 22  |                  |                          |                                |                     |
| 23         |   | 23  | •                | •                        | <u> </u>                       | •                   |
|            | Code: 181 Commercial solar energy credit carryover from Section B2,               | 20  |                  |                          |                                |                     |
| 24         | column (d)  | 24  |                  | •                        | •                              | •                   |
| 25         | Adjusted AMT. Enter the balance from line 24, column (c) here and on              | 4   |                  |                          |                                |                     |
| 20         | Form 540NR, line 71   | 25  |                  |                          |                                |                     |
|            | TOTHI OTOINI, IIIIU / I   | 20  |                  |                          |                                |                     |

