TAXABLE YEAR CALIFORNIA FORM

2024 Low-Income Housing Credit

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o		Z		

		ornia tax return. your California tax return			SSN	or ITIN CA Corporation no. FEIN			
Buil	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								
Duii	unig identification	number (Birv). Il more ula	in one building, allacit a list of all bli	NS for this credit.	Californ	a decretary or state (500) life number			
_	rt I Available (
1			-		rom the Californ	ia Tax Credit Allocation Committee?			
2	☐ Yes ☐ No If "Yes," complete Part III before continuing. See General Information C. 2 Current year credit. See instructions								
		liated 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-thro	ugh low-income housi	ing credit. Add the amounts in (column (d)	3 _	00			
4	Current year low-income housing credit. Add line 2 and line 3								
5			sing credit on line 4 that 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								
8	Low-income housing credit carryover from prior year								
9	Add line 6 through line 8								
10	Corporations o	nly: Amount of low-in	come housing credit allocated t	to affiliated corporations. See	instructions.				
	Corporation name			California corporatio	California corporation number Amount of c				
Total amount of low-income housing credit allocated. If you are not a corporation, enter -0						00			
11	Total available	low-income housing c	redit. Subtract line 10 from line	9	11 _	00			

Part II Carryover Computation

12	2 a Credit claimed. Enter the amount of the credit claimed on the current year tax return. See instructions							
12	2 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							
13	Credit carryover available for future years. Add line 12a and line 12b, subtract the result from line 1113							
Pa	rt III Basis Recomputations. Complete this part only if the b	asis in a			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						