TAXABLE YEAR **2009**

Alternative Minimum Tax and Credit Limitations — Residents

CALIFORNIA SCHEDULE **P (540)**

Attach this schedule to Form 540.

Names as shown on Form 540 | Your SSN or ITIN

Part 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 deduction from Form 540, line 18, and go to line 6 . . . 1 ____ 00

2 Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 2½% (.025) of Form 1040, line 37 . . . 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

5 Miscellaneous itemized deductions. See instructions . . . 5 ____ 00

6 Refund of personal property taxes and real property taxes. See instructions . . . 6 (____ 00)
Do not include your state income tax refund on this line.

7 Investment interest expense adjustment. See instructions . . . 7 ____ 00

8 Post-1986 depreciation. See instructions . . . 8 ____ 00

9 Adjusted gain or loss. See instructions . . . 9 ____ 00

10 Incentive stock options and California qualified stock options (CQSOs). See instructions . . . 10 ____ 00

11 Passive activities adjustment. See instructions . . . 11 ____ 00

12 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a . . . 12 ____ 00

13 Other adjustment and preferences. Enter the amount, if any, for each item, a through o, and enter the total on line 13. See instructions.

a	Appreciated contribution carryover	00	h	Loss limitations	00
b	Circulation expenditures	00	i	Mining costs	00
c	Depletion	00	j	Patron's adjustment	00
d	Depreciation (pre-1987)	00	k	Pollution control facilities	00
e	Installment sales	00	l	Qualified small business stock	00
f	Intangible drilling costs	00	m	Research and experimental	00
g	Long-term contracts	00	n	Tax shelter farm activities	00
			o	Related adjustments	00

13 ____ 00

14 Total Adjustments and Preferences. Combine line 1 through line 13 . . . 14 ____ 00

15 Enter taxable income from Form 540, line 19. See instructions . . . 15 ____ 00

16 Net operating loss (NOL) deductions from Schedule CA (540), line 21d and line 21e, column B. Enter as a positive amount . . 16 ____ 00

17 AMTI exclusion. See instructions . . . 17 (____ 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 to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status, see instructions. 18 (____ 00)

Single or married/RDP filing separately . . . $160,739
Married/RDP filing jointly or qualifying widow(er) . . . $321,483
Head of household . . . $241,113

19 Combine line 14 through line 18 . . . 19 ____ 00

20 Alternative minimum tax NOL deduction. See instructions . . . 20 ____ 00

21 **Alternative Minimum Taxable Income.** Subtract line 20 from line 19 (if married/RDP filing separately and line 21 is more than $305,409, see instructions) . . . 21 ____ 00

Part II Alternative Minimum Tax (AMT)

22 **Exemption Amount.** (If this schedule is for a child under age 14, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$221,674	$59,114
Married/RDP filing jointly or qualifying widow(er)	295,564	78,817
Married/RDP filing separately	147,781	39,407

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 line 21. If zero or less, enter -0- . . . 23 ____ 00

24 Tentative Minimum Tax. Multiply line 23 by 7.25% (.0725) . . . 24 ____ 00

25 Regular tax before credits from Form 540, line 31 . . . 25 ____ 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 2010, enter amount from line 26 on the 2010 Form 540-ES, Estimated Tax Worksheet, line 16. (Exception: If you have carryover credit for solar energy or commercial solar energy, first enter the result on Side 2, Part III, Section C, line 23 or 24.) . . . 26 ____ 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	1		00
2 Enter the tentative minimum tax from Side 1, Part II, line 24	2		00

Section A – Credits that reduce excess tax.	(a) Credit amount	(b)* Credit used this year	(c) Tax balance that may be offset by credits	(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				
A1 Credits that reduce excess tax and have no carryover provisions.				
4 Code: 162 Prison inmate labor credit (FTB 3507) 4				
5 Code: 169 Enterprise zone employee credit (FTB 3553) 5				
6 Code: 219 New Home Credit (FTB 3528-A) 6				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.				
7 Code: ____ ____ ____ Credit Name: _____ 7				
8 Code: ____ ____ ____ Credit Name: _____ 8				
9 Code: ____ ____ ____ Credit Name: _____ 9				
10 Code: ____ ____ ____ Credit Name: _____ 10				
11 Code: 188 Credit for prior year alternative minimum tax 11				
Section B – Credits that may reduce tax below tentative minimum tax.				
12 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). 12				
B1 Credits that reduce net tax and have no carryover provisions.				
13 Code: 170 Credit for joint custody head of household 13				
14 Code: 173 Credit for dependent parent. 14				
15 Code: 163 Credit for senior head of household 15				
16 Nonrefundable renter's credit 16				
B2 Credits that reduce net tax and have carryover provisions. See instructions.				
17 Code: ____ ____ ____ Credit Name: _____ 17				
18 Code: ____ ____ ____ Credit Name: _____ 18				
19 Code: ____ ____ ____ Credit Name: _____ 19				
20 Code: ____ ____ ____ Credit Name: _____ 20				
B3 Other state tax credit.				
21 Code: 187 Other state tax credit 21				
Section C – Credits that may reduce alternative minimum tax.				
22 Enter your alternative minimum tax from Side 1, Part II, line 26 22				
23 Code: 180 Solar energy credit carryover from Section B2, column (d) 23				
24 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 24				
25 Adjusted AMT. Enter the balance from line 24, column (c) here and on Form 540, line 61 25				

* If the taxpayer is subject to the business tax credit limitation, the total of the business credits in Part III, Column (b) cannot exceed 50% of the amount reported on Part III, Line 1.