

2015

# Local Agency Military Base Recovery Area Deduction and Credit Summary

3807

Attach to your California tax return.

Name(s) as shown on your California tax return

☐ SSN or ITIN    ☐ CA Corporation no.    ☐ FEIN

California Secretary of State (SOS) file number

**A. Check the appropriate box for your entity type:**

- ☐ Individual    ☐ Estate    ☐ Trust    ☐ C corporation    ☐ S corporation    ☐ Partnership  
☐ Exempt organization    ☐ Limited liability company    ☐ Limited liability partnership

**B. Enter the name of the Local Agency Military Base Recovery Area (LAMBRA) business:****C. Enter the address (actual location) where the LAMBRA business is conducted:****D. Enter the name of the LAMBRA in which the business and/or investment activity is located.****E. Principal Business Activity Code of the LAMBRA business****F. Total number of employees in the LAMBRA.****G. Number of employees included in the computation of the hiring credit, if claimed****H. Gross annual receipts of the business.****I. Total asset value of the business.****Part I Credits and Recapture** (Complete Worksheet IIA, Worksheet IIB, and Schedule Z on Side 2 before you complete this part.)**1** Hiring and sales or use tax credits claimed on the current year tax return:

- a** Hiring credit from Schedule Z, line 8A, column (g) or line 10, column (f) ..... **1a**  
**b** Hiring credit recapture from Worksheet IIA, Section B, line 2, column (b) ..... **1b**  
**c** Sales or use tax credit carryover from Schedule Z, line 9A, column (g) or line 11, column (f) ..... **1c**  
**d** Sales or use tax credit recapture from Worksheet IIB, line 2, column (b) ..... **1d**  
**e** Add line 1a and line 1c ..... **1e**

**Part II Business Expense Deduction Recapture**

- 2** Business expense deduction recapture from Worksheet III, line 2, column (b) ..... **2**

**Part III Portion of Business Attributable to the LAMBRA.** See instructions.

- 3** Enter the average apportionment percentage of your business that is in the LAMBRA from Worksheet IV, Section A, line 4. . **3**

**Part IV Net Operating Loss (NOL) Carryover and Deduction.** See Instructions.

- 4 a** Enter the total NOL carryover from prior years from Worksheet V, line 26, column (b) ..... **4a**  
**b** Enter the total NOL deduction used in the current year from Worksheet V, line 26, column (c).  
 Enter this amount on Schedule CA (540 or 540NR), line 21e, column B; Form 100, line 20; Form 100W, line 20;  
 Form 100S, line 18; or Form 109, line 6. .... **4b**  
**c** Enter the total NOL to carryover to future years from Worksheet V, line 26, column (e) ..... **4c**

**Schedule Z Computation of Credit Limitations – LAMBRA****Part I Computation of Credit Limitations.** See instructions.

<b>1</b> Trade or business income. <b>Individuals:</b> Enter the amount from Worksheet IV, Section B, line 14, column (c) on this line and on line 3 (skip line 2). See instructions. Corporations which file a combined report, enter the taxpayer's business income apportioned to California (see instructions for form FTB 3807, Part III) . . . . .	<b>1</b>	
<b>2</b> <b>Corporations:</b> Enter the average apportionment percentage from Worksheet IV, Section A, line 4. See instructions . .	<b>2</b>	
<b>3</b> Multiply line 1 by line 2 . . . . .	<b>3</b>	
<b>4</b> Enter the LAMBRA NOL deduction from Worksheet V, line 26, column (c) . . . . .	<b>4</b>	
<b>5</b> LAMBRA taxable income. Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6 a</b> Compute the amount of tax due using the amount on line 5. See instructions . . .	<b>6a</b>	
<b>b</b> Enter the amount of tax from Form 540, line 35; Long Form 540NR, line 42; Form 541, line 21; Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or Form 109, line 10. Corporations, combined groups, and S corporations, see instructions . . . . .	<b>6b</b>	
<b>7</b> Enter the smaller of line 6a or line 6b. This is the limitation based on LAMBRA business income. Go to Part II, Part III, or Part IV and see instructions . . . . .	<b>7</b>	

**Part II Limitation of Credits for Corporations, Individuals, Estates, and Trusts.** See instructions.

(a) Credit name		(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit sum of col. (b) plus col. (c), minus col. (d)	(f) Limitation based on LAMBRA business income	(g) Credit used on Sch. P Can never be greater than col. (e) or col. (f)	(h) Total credit carryover col. (e) minus col. (f)
<b>8</b> Hiring credit	A							
	B							
<b>9</b> Sales or use tax credit	A							
	B							

**Part III Limitation of Credits for S Corporations Only.** See instructions.

(a) Credit name	(b) Credit amount	(c) S corporation credit col. (b) multiplied by 1/3	(d) Total prior year carryover	(e) Total credit col. (c) plus col. (d)	(f) Credit used this year by S corporation	(g) Carryover col. (e) minus col. (f)
<b>10</b> Hiring credit						
<b>11</b> Sales or use tax credit						

**Part IV Limitation of Credits for Corporations and S Corporations Subject to Paying Only the Minimum Franchise Tax.** See instructions.

(a) Credit name	(b) Credit amount	(c) Total prior year carryover	(d) Total credit assigned from form FTB 3544, col. (g)	(e) Total credit carryover sum of col. (b) plus col. (c) minus col. (d)
<b>12</b> Hiring credit				
<b>13</b> Sales or use tax credit				

Refer to page 3 for information on how to claim deductions and credits.