

2017 Low-Income Housing Credit**3521**

Attach to your California tax return.

Name(s) as shown on your California tax return

☐ SSN or ITIN ☐ CA Corporation no. ☐ FEIN

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

Part I Available Credit

- 1** Has the eligible basis of any project or building decreased since you received form CTCAC 3521A from the California Tax Credit Allocation Committee?
☐ Yes ☐ No If "Yes," complete Part III before continuing. See General Information C.
- 2** Current year credit. See instructions. **2** _____ 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) 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, 568), line 15b					00

Total pass-through low-income housing credit. Add the amounts in column (d) **3** _____ 00**4** Current year low-income housing credit. Add line 2 and line 3. **4** _____ 00

5 Enter the amount of low-income housing credit on line 4 that is from passive activities.
 If none of the amount on line 4 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. **7** _____ 00**8** Low-income housing credit carryover from prior year **8** _____ 00**9** Add line 6 through line 8 **9** _____ 00**10 Corporations only:** Amount of low-income housing credit allocated to affiliated corporations: See instructions.

Corporation name	California corporation number	Amount of credit allocated

Total amount of low-income housing credit allocated. If you are not a corporation, enter -0- **10** _____ 00**11** Total available low-income housing credit. Subtract line 10 from line 9 **11** _____ 00

Part II Carryover Computation

12 a Credit claimed. Enter the amount of the credit claimed on the current year tax return. See instructions.	12a	00
(Do not include any assigned credit claimed on form FTB 3544A.)		
12 b Total credit assigned. Enter the total amount from form FTB 3544, column (g). If you are not a corporation, enter -0-. See instructions.	12b	00
13 Carryover to future years. Add line 12a and line 12b, subtract the result from line 11	13	00

Part III Basis Recomputations. Complete this part only if the basis in a project or building has decreased. Use additional 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			