CALIFORNIA SCHEDULE

Alternative Minimum Tax and Credit Limitations — Nonresidents or 2017 **Part-Year Residents**

P (540NR)

Att	ach this schedule to Long Form 540NR.		
Nar	me(s) as shown on Long Form 540NR	our SSN or ITIN	
Pa	ort I Alternative Minimum Taxable Income (AMTI) Important: See instructions for information regarding C	alifornia/federal differences.	
1	If you itemized deductions, go to line 2. If you did not itemize deductions, enter your standard		1
	deduction from Long Form 540NR, line 18, and go to line 6		
2	Medical and dental expense. Enter the smaller of Schedule A (Form 1040), line 4, or 21/2% (.025) of Form 1040,	, line 37 • 2	
3	Personal property taxes and real property taxes. See instructions	. 3	
4	Certain interest on a home mortgage not used to buy, build, or improve your home. See instructions		00
5	Miscellaneous itemized deductions. See instructions		00
6	Refund of personal property taxes and real property taxes. See instructions		00)
	Do not include your state income tax refund on this line.		
7	Investment interest expense adjustment. See instructions.		00
	Post-1986 depreciation. See instructions.		
	Adjusted gain or loss. See instructions		
	Incentive stock options and California qualified stock options (CQSOs). See instructions		
	Passive activities adjustment. See instructions	_	
	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a		
	Other. Enter the amount, if any, for each item, a through I, and enter the total on line 13. See instructions.	······································	100
	a Circulation expenditures	00	
	b Depletion		
	c Installment sales		
	d Intangible drilling costs		
	e Long-term contracts.		
	f Loss limitations		
	g Mining costs.		
	h Patron's adjustment		
	i Pollution control facilities		
	j Research and experimental costs		
	I Related adjustments		00
	Add amounts on line a through line I		
	Total Adjustments and Preferences. Combine line 1 through line 13		00
	Enter taxable income from Long Form 540NR, line 19. See instructions		00
16	Net operating loss (NOL) deduction from Schedule CA (540NR), line 21b, line 21d, and line 21e, column B.		00
	Enter as a positive amount	_ ,	00
	AMTI exclusion. See instructions.		00)
18	If your federal adjusted gross income (AGI) is less than the amount for your filing status (listed below), skip thi		
	and go to line 19. If you itemized deductions and your federal AGI is more than the amount for your filing status	_ /	0.0
	see instructions		00)
	Single or married/RDP filing separately		
	Married/RDP filing jointly or qualifying widow(er)\$374,411		
	Head of household		1
19	Combine line 14 through line 18		00
20	Alternative minimum tax NOL deduction. See instructions		00
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19 (if married/RDP filing separately and line 2	21	
	is more than \$355.690, see instructions)	21	00

Part II Alternative Minimum Tax (AMT)

22	Exemption Amount. (If this schedule is for certain of	hildren under age	e 24 see instru	ctions)			
	If your filing status is:	And line 21 is		Enter on line 22:			
	Single or head of household Married/RDP filing jointly or qualifying widow(er) Married/RDP filing separately	\$258,1 \$344,2 \$172,1	68 25 10	\$68,846 \$91,793 \$45,895	} ② 22		00
	If Part I, line 21 is more than the amount shown about				_		
	Subtract line 22 from Part I, line 21. If zero or less,						00
	Total Tentative Minimum Tax (TMT). Multiply line 23						00
	California adjusted gross income (AGI) from Sched						00
	NOL adjustment, if any, included on Schedule CA (5						00
27	Alternative Minimum Tax Income (AMTI) exclusion.	See instructions				(00)
28	Combine line 25 through line 27						00
29	Adjustments and Preferences. See instructions before	fore completing.					
	a Investment interest expense • —	00	: Intonaibl	a drilling coats		00	
	a Investment interest expense	00		e drilling costs		100	
	b Post-1986 depreciation		K Long-ter	m contracts		00	
	c Adjusted gain or loss		I Loss limi	tations		00	
	d Incentive stock options and CQSOs	100		osts		100	
	e Passive activities			adjustment		100	
	f Beneficiaries of estates & trusts ————	100		control facilities		100	
	g Circulation expenditures			and experimental costs		00	
	h Depletion			er farm activities		100	
	i Installment sales	100	r Related a	djustments		100	
31 32	Combine line 28 and line 29	ating loss (NOL) d If you did not item ductions, enter the	leduction. See in nize deductions, e result here an	nstructions	31 in line 40 32		
	Itemized deductions (before federal AGI limitation a	nd proration). Ent	ter the amount f	rom Schedule CA (540NR),	line 42 • 33		00
34	Itemized deductions included in Part I.				laa		
	a Medical and dental expense, enter amount from			_			
	b Personal property taxes and real property taxes,						
	c Interest on home mortgage, enter amount from						
	d Miscellaneous itemized deductions, enter amou			_			
	e Investment interest expense adjustment, enter a						Ι,
	Combine line a through line e					(00)
	Total AMT Itemized Deductions. Combine line 33 an						00
36	Total AMTI. Enter the amount from Part I, line 21						00
37	Total AMT AGI. Add line 35 and line 36						00
38	AMT Itemized Deduction Percentage. Divide line 32	by line 37. Do no	t enter more tha	an 1.0000		·	
39	Prorated AMT Itemized Deductions. Multiply line 35	by line 38					00
40	California AMTI. Subtract line 39 from line 32				• 40		00
41	Total TMT. Enter the amount from line 24				• 41		00
42	California AMT Rate. Divide line 41 by amount from	Part I, line 21			42	·	
43	California TMT. Multiply line 40 by line 42				• 43		00
44	Regular Tax. Enter the amount from Long Form 540						00
45	Alternative Minimum Tax. Subtract line 44 from lin	e 43. If zero or le	ss enter -0- her	e and on Long Form 540NR	, line 71.		
	Continue to Part III to figure your allowable credits.	(If you have a car	rryover credit fo	or solar energy or commerci	al solar		
	energy, also enter the result on Side 3, Part III, Sect						
	taxable year 2018, enter amount from line 45 on the				_		00

Part III Credits that Reduce Tax Note: Be sure to attach your credit forms to Long Form 540NR.

Enter the amount from Long Form 540NR, line 42					
ection A – Credits that reduce excess regular tax.		(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
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			•	
Credits that reduce excess tax and have no carryover provisions.					
Code: 162 Prison inmate labor credit (FTB 3507)	4	•	•	•	
Code: 232 Child and dependent care expenses credit (FTB 3506)	5	lacksquare	•	•	
2 Credits that reduce excess tax and have carryover provisions. See instructions.					
Code: • Credit Name:	6	ledot	•	•	lacksquare
Code: • Credit Name:	7	lacksquare	•	•	•
Code: • Credit Name:		lacktriangle	•	•	•
Code: • Credit Name:		\odot	•	•	•
Code: 188 Credit for prior year alternative minimum tax	10	\odot	•	•	•
ection B – Credits that may reduce tax below tentative minimum tax.		S			
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				
I Credits that reduce net tax and have no carryover provisions.					
Code: 170 Credit for joint custody head of household					
Credit from Credit					
Form 540NR, X Percentage =	12				
See line 51 instructions on Long Form 540NR.					
Code: 173 Credit for dependent parent					
Credit from Credit					
Form 540NR, X Percentage =	12				
See line 52 instructions on Long Form 540NR.	10				
Code: 163 Credit for senior head of household					
Credit from Credit					
Form 540NR, X Percentage =	1/				
See line 53 instructions on Long Form 540NR.	14				
Nonrefundable renter's credit.	15		•		
Credits that reduce net tax and have carryover provisions. See instructions.	10				
Code: • Credit Name:	16		•	•	•
Code: Credit Name:			•		<u> </u>
	18		•	•	<u> </u>
				•	<u> </u>
	19		•		
3 Other state tax credit	20				
	20		•		
Ection C – Credits that may reduce alternative minimum tax. Enter your alternative minimum tax from Side 2. Part II. line 45	04				
Enter your alternative minimum tax from Side 2, Part II, line 45	21				
Code: 180 Solar energy credit carryover from Section B2, column (d)	22		•		•
Code: 181 Commercial solar energy credit carryover from Section B2,	•				
column (d)	23		•	•	•
Adjusted AMT. Enter the balance from line 23, column (c) here and on					
Long Form 540NR, line 71	24				