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 3544, Part B.)

12 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. . . . .**12b** _____ |00

13 Credit carryover available for 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**			