

Alternative Minimum Tax and Credit Limitations – Residents

2017

P (540)

Attach this schedule to Form 540.

Name(s) 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. Do not include your state income tax refund on this line. | 6 | 00 |
| 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 l, and enter the total on line 13. See instructions. | | |
| a | Circulation expenditures | 00 | |
| b | Depletion | 00 | |
| c | Installment sales | 00 | |
| d | Intangible drilling costs | 00 | |
| e | Long-term contracts | 00 | |
| f | Loss limitations | 00 | |
| g | Mining costs | 00 | |
| h | Patron's adjustment | 00 | |
| i | Pollution control facilities | 00 | |
| j | Research and experimental | 00 | |
| k | Tax shelter farm activities | 00 | |
| l | 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 21b, 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 | \$187,203 | |
| | Married/RDP filing jointly or qualifying widow(er) | \$374,411 | |
| | Head of household | \$280,808 | |
| 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 \$355,000, see instructions). | 21 | 00 |

Part II Alternative Minimum Tax (AMT)

| | | | |
|----|---|---------------------------------|--------------------------|
| 22 | Exemption Amount. (If this schedule is for a certain child under age 24, see instructions.) | | |
| | If your filing status is: | And line 21 is not over: | Enter on line 22: |
| | Single or head of household | \$258,168 | \$68,846 |
| | Married/RDP filing jointly or qualifying widow(er) | \$344,225 | \$91,793 |
| | Married/RDP filing separately | \$172,110 | \$45,895 |
| | 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 7.0% (.07) | 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 2017, enter amount from line 26 on the 2017 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 22 or 23) | 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. | <input checked="" type="radio"/> 1 | 00 |
| 2 Enter the tentative minimum tax from Side 1, Part II, line 24. | <input checked="" type="radio"/> 2 | 00 |

| | (a) Credit amount | (b) Credit used this year | (c) Tax balance that may be offset by credits | (d) Credit carryover |
|---|----------------------------------|----------------------------------|--|----------------------------|
| Section A – Credits that reduce excess tax. | | | | |
| 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 | | | <input checked="" type="radio"/> | |
| A1 Credits that reduce excess tax and have no carryover provisions. | | | | |
| 4 Code: 162 Prison inmate labor credit (FTB 3507) 4 | | <input checked="" type="radio"/> | | |
| 5 Code: 232 Child and dependent care expenses credit (FTB 3506) 5 | | <input checked="" type="radio"/> | | |
| A2 Credits that reduce excess tax and have carryover provisions. See instructions. | | | | |
| 6 Code: <input type="radio"/> _____ Credit Name: _____ 6 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 7 Code: <input type="radio"/> _____ Credit Name: _____ 7 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 8 Code: <input type="radio"/> _____ Credit Name: _____ 8 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 9 Code: <input type="radio"/> _____ Credit Name: _____ 9 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 10 Code: 188 Credit for prior year alternative minimum tax. 10 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input type="radio"/> |
| Section B – Credits that may reduce tax below tentative minimum tax. | | | | |
| 11 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 | | | <input checked="" type="radio"/> | |
| B1 Credits that reduce net tax and have no carryover provisions. | | | | |
| 12 Code: 170 Credit for joint custody head of household. 12 | | <input checked="" type="radio"/> | | |
| 13 Code: 173 Credit for dependent parent 13 | | <input checked="" type="radio"/> | | |
| 14 Code: 163 Credit for senior head of household 14 | | <input checked="" type="radio"/> | | |
| 15 Nonrefundable renter's credit 15 | | <input checked="" type="radio"/> | | |
| B2 Credits that reduce net tax and have carryover provisions. See instructions. | | | | |
| 16 Code: <input type="radio"/> _____ Credit Name: _____ 16 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 17 Code: <input type="radio"/> _____ Credit Name: _____ 17 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 18 Code: <input type="radio"/> _____ Credit Name: _____ 18 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 19 Code: <input type="radio"/> _____ Credit Name: _____ 19 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| B3 Other state tax credit. | | | | |
| 20 Code: 187 Other state tax credit 20 | | <input checked="" type="radio"/> | | |
| Section C – Credits that may reduce alternative minimum tax. | | | | |
| 21 Enter your alternative minimum tax from Side 1, Part II, line 26. 21 | | | <input checked="" type="radio"/> | |
| 22 Code: 180 Solar energy credit carryover from Section B2, column (d) 22 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d) 23 | | <input checked="" type="radio"/> | | <input type="radio"/> |
| 24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 61. 24 | | | <input checked="" type="radio"/> | |

This space reserved for 2D barcode