

**2023 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 or 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