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 . . . .   **6** (_____ |00)
   Do not include your state income tax refund on this line.

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 o, and enter the total on line 13. See instructions.

a	Appreciated contribution carryover . . . . _____ |00	**h**	Loss limitations . . . . _____ |00		
b	Circulation expenditures . . . . . _____ |00	**i**	Mining costs . . . . _____ |00		
c	Depletion . . . . _____ |00	**j**	Patron's adjustment . . . . _____ |00		
		k	Pollution control facilities . . . . . . _____	00		
d	Depreciation (pre-1987) . . . . . _____ |00	**l**	Qualified small business stock . . . _____ |00		
e	Installment sales . . . . _____ |00	**m**	Research and experimental . . . . . _____ |00		
f	Intangible drilling costs . . . . . . _____ |00	**n**	Tax shelter farm activities . . . . . . _____ |00		
g	Long-term contracts . . . . _____	00	**o**	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 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	$163,187
	Married/RDP filing jointly or qualifying widow(er)	$326,379
	Head of household	$244,785

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 $310,060, see instructions) . . . .   **21** _____ |00

Part II Alternative Minimum Tax (AMT)

22 **Exemption Amount.** (If this schedule is for a child under age 14, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:	
Single or head of household	$225,050	$60,014	
Married/RDP filing jointly or qualifying widow(er)	300,065	80,017	**22** _____ |00
Married/RDP filing separately	150,031	40,007	

   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 20 . . . .   **25** _____ |00

26 **Alternative Minimum Tax.** Subtract line 25 from line 24. If zero or less, enter -0- here and on Form 540, line 31. If more
   than zero, enter here and on Form 540, line 31. If you make estimated tax payments for taxable year 2009, enter amount from
   line 26 on the 2009 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.

		(a) Credit amount	(b) * Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
1 Enter the amount from Form 540, line 24 . . . . **1** _____ 00					
2 Enter the tentative minimum tax from Side 1, Part II, line 24. . . . . **2** _____ 00					
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**				
A1 Credits that reduce excess tax and have no carryover provisions.					
4 Code: 162 Prison inmate labor credit (FTB 3507)	**4**				
5 Code: 169 Enterprise zone employee credit (FTB 3553).	**5**				
A2 Credits that reduce excess tax and have carryover provisions. See instructions.					
6 Code: ____ ____ ____ Credit Name: _____	**6**				
7 Code: ____ ____ ____ Credit Name: _____	**7**				
8 Code: ____ ____ ____ Credit Name: _____	**8**				
9 Code: ____ ____ ____ Credit Name: _____	**9**				
10 Code: 188 Credit for prior year alternative minimum tax	**10**				
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**				
B1 Credits that reduce net tax and have no carryover provisions.					
12 Code: 170 Credit for joint custody head of household	**12**				
13 Code: 173 Credit for dependent parent.	**13**				
14 Code: 163 Credit for senior head of household	**14**				
15 Nonrefundable renter's credit	**15**				
B2 Credits that reduce net tax and have carryover provisions. See instructions.					
16 Code: ____ ____ ____ Credit Name: _____	**16**				
17 Code: ____ ____ ____ Credit Name: _____	**17**				
18 Code: ____ ____ ____ Credit Name: _____	**18**				
19 Code: ____ ____ ____ Credit Name: _____	**10**				
B3 Other state tax credit.					
20 Code: 187 Other state tax credit	**20**				
Section C – Credits that may reduce alternative minimum tax.					
21 Enter your alternative minimum tax from Side 1, Part II, line 26	**21**				
22 Code: 180 Solar energy credit carryover from Section B2, column (d)	**22**				
23 Code: 181 Commercial solar energy credit carryover from Section B2, column (d)	**23**				
24 Adjusted AMT. Enter the balance from line 23, column (c) here and on Form 540, line 31	**24**				

* If the taxpayer is subject to the business tax credit limitation, the total of the business credits in Part III, Column (b) cannot exceed 50% of the amount reported on Part III, Line 1.