TAXABLE YEAR

2017

## ARC Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts



Address (number and street, PO Bo City Part I Additional Tax on Earl retirement plan (includ that incorrectly indicated 1 Early distributions included in 2 Early distributions included on number from instructions	<b>y Distributio</b> ing an IRA) c es an early di	ns – Complete this p r modified endowm	part if you received	d a taxable distribu	io. /Ste. no.	Check this box if this is an amended return ZIP Code	
Part I Additional Tax on Earl retirement plan (includ that incorrectly indicate 1 Early distributions included in 2 Early distributions included o	ing an IRA) c es an early di	or modified endowm	part if you received	d a taxable distribu			
retirement plan (includ that incorrectly indicate 1 Early distributions included in 2 Early distributions included o	ing an IRA) c es an early di	or modified endowm	part if you received	d a taxable distribu			
retirement plan (includ that incorrectly indicate 1 Early distributions included in 2 Early distributions included o	ing an IRA) c es an early di	or modified endowm	part if you received ent contract. You a	d a taxable distribu			T 1 1 1
2 Early distributions included o	n income For				complete this	rou reached age 59½, f part if you received a f	rom a qualified ederal Form 1099-R
2 Early distributions included o		Roth IRA distributio	ons, see instructio	ons		1	00
number from instructions							
number from instructions 느	][]					2	00
3 Amount subject to additional							
4 Tax due. Multiply line 3 by 2½	2% (.025). Er	nter the amount here	e and include this a	amount in the tota	l on Form 54	D, line 63 or	
Long Form 540NR, line 73. If	you are not	required to file a Cal	ifornia income tax	c return, sign this f	orm below ar	nd refer to	
the instructions						4	00
* If any part of the amount on lin	e 3 was a dis	tribution from a SIN	IPLE IRA, you may	y have to include 6	5% (.06) of th	at amount on line 4 ins	tead of 2½% (.025).
See instructions.				-			
Part II Additional Tax on Cert Schedule CA (540 or 5	ain Distribut 40NR) from a	ions from Education a Coverdell educatio	n Accounts and AE n savings account	<b>BLE Accounts –</b> Co t (ESA), a qualified	omplete this p tuition progr	art if you included an a am (QTP), or an ABLE	mount in income on account.
5 Distributions included in inco	me from a C	overdell ESA, a QTP,	or an ABLE accou	unt. See instruction	ıs	5	00
6 Distributions included on line	5 that are no	ot subject to additior	nal tax. See instruc	ctions		6	00
7 Amount subject to additional	tax. Subtract	line 6 from line 5				7	00
8 Tax due. Multiply line 7 by 21/2	2% (.025). Er	nter the amount here	e and include this a	amount in the tota	l on Form 54	D, line 63 or	
Long Form 540NR, line 73. If	you are not	required to file a Cal	ifornia income tax	c return, sign this f	orm below ar	nd refer to	
the instructions							00
Part III Additional Tax on Dist taxable distribution fro	<b>ributions fro</b> m an MSA or	<b>m Archer and Medi</b> 1 federal Form 8853	care Advantage M	ledical Savings A	counts (MS/	<b>\s) –</b> Complete this par	t if you reported a
9 Taxable Archer MSA distribut	ion from fede	eral Form 8853, line	8				00
10 a If you meet any of the exc	eptions to the	e 12.5% tax (see ins	tructions), check l	here		<b>10</b> a 🛛	
<b>b</b> Otherwise, multiply line 9	by 12.5% (.1	25). Enter the amou	int here and includ	de this amount in t	he total on		
Form 540, line 63 or Long	Form 540NF	R, line 73. If you are	not required to file	e a California incor	me		
tax return, sign this form I	below and ret	fer to the instruction	S	<b>10</b> b		00	
11 Additional tax due from Medi	care Advanta	ge MSA distribution	s. Enter the amou	nt from federal Fo	rm 8853, line	13b. Also	
include this amount in the to	tal on Form 5	40, line 63 or Long	Form 540NR, line	73. If you are not	required to fi	le a California	
income tax return, sign this f	orm below ar	nd refer to the instru	ctions. Long Form	n 540NR filers, see	instructions		00
Signature. Complete only if you a	are filing this	form by itself and n	ot with your tax re	eturn.			
Under penalties of perjury, I decla belief, it is true, correct, and com	re that I have	e examined this retu	rn, including accor	mpanying schedul		nents, and to the best c	f my knowledge and
Your signature			-		-	Date	
X							
Signature of paid preparer ( <i>declarati</i>	ion of prepare	r is based on all inform	nation of which prep	parer has any knowl	ledge.)	PTIN	
Firm's name (or yours if self-employed	ed) and addre	SS				FEIN	

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