TAXABLE YEAR

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



							1				
Firs	t name	Initial	Last name				SSN or ITIN				
Address (number and street, PO Box, or PME			 3 no.)		Apt. no. /Ste. no.		Check this box if this				
		,					is an amende		[
City	/					State	ZIP code				
Pa	rt I Additional Tax on Early Distrib	utio	ns – Complete this part if you received a taxal	ble dis	tribution. I	efore v	vou reached a	ae 59½, f	rom a	qualified	
	retirement plan (including an IF	RA) c	r modified endowment contract. You may als	so have	e to comple	ete this	part if you re	ceived a f	edera	Form 10	99-R
_			stribution or you received a Roth IRA distribu								00
	-		Roth IRA distributions, see instructions					• 1			00
2			are not subject to additional tax. See instruction								
											00
	-		line 2 from line 1*					• 3			00
4		,	ter the amount here and include this amount								
	· •	•	ed to file a California income tax return, sign								
								• 4			00
*lf	any part of the amount on line 3 was a	disti	ibution from a SIMPLE IRA, you may have to	o inclu	de 6% (.06) of tha	at amount on	line 4 inst	ead o	f 2½% (.0	25).
_	ee instructions.										
Pa	Additional Tax on Certain Dist Schedule CA (540 or 540NR) fr	ribut rom a	ions from Education Accounts and ABLE Acc a Coverdell education savings account (ESA),	counts , a qua	 Complet lified tuitio 	e this p n progi	part if you inc ram (QTP), oi	luded an a [.] an ABLE	amour accou	nt in incor Int.	ne on
5			overdell ESA, a QTP, or an ABLE account. See								00
			t subject to additional tax. See instructions								00
			line 6 from line 5								00
	-		iter the amount here and include this amount					<u> </u>			00
U			ed to file a California income tax return, sign								
								<u>ه</u> ه			00
_											
Pa	taxable distribution from an MS		m Archer and Medicare Advantage Medical n federal Form 8853.	Savin	gs Accoun	is (MS	As) – Comple	te this par	t if yo	u reporte	da
9	Taxable Archer MSA distribution from	fede	eral Form 8853, line 8. See instructions				<u></u>	• 9 <u> </u>			00
10	a If you meet any of the exceptions	to th	e 12.5% tax (see instructions), check here				🖲 10a 🗌				
			25). Enter the amount here and include this a								
	Form 540, line 63 or Form 540NR	, line	73. If you are not required to file a California	incom	ne						
	tax return, sign this form below ar	nd re	fer to the instructions	🖲)10b			00			
11			ge MSA distributions. Enter the amount from			53. line	e 13b. Also,				
			40, line 63 or Form 540NR, line 73. If you are								
			nd refer to the instructions. Form 540NR filer		•			• 11			00
Cia				-,							
			form by itself and not with your tax return. examined this return, including accompanyi	na oob		Lotator	monto and to	the heat o	of my	knowlada	o ond
			awful to forge a spouse's/registered domestic				nents, and to		л шу	KIIUWIEUY	e allu
You	ir signature							Date			
X											
	nature of paid preparer (declaration of pre	pare	r is based on all information of which preparer ha	as any	knowledge)		PTIN			
<u></u>	, , , , , , , , , , , , , , , , , , ,										
Firr	n's name (or yours if self-employed) and a	ddres	3S					Firm's FE	IN		

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