

California Income Tax Return for Qualified Funeral Trusts

2018

541-QFT

For calendar year 2018 or short year beginning (mm/dd/yyyy) _____, and ending month (mm/dd/yyyy) _____

Name of estate or trust		FEIN		A R RP
Name and title of trustee				
Additional information (see instructions)				
Street address of trustee (number and street) or PO box		Apt. no./ste. no.	PMB/private mailbox	
City		State	ZIP code	
Foreign country name		Foreign province/state/county		Foreign postal code

Check applicable boxes:

- Initial tax return
 Amended tax return
 Final tax return
 New trustee
 Updated information for trustee

Income	1 Interest income	1	00
	2 Dividends	2	00
	3 Capital gain or (loss). Attach Schedule D (541)	3	00
	4 Other income. State nature of income _____	4	00
	5 Total income. Combine line 1 through line 4	5	00
Deductions	6 Taxes	6	00
	7 Trustee fees	7	00
	8 Attorney, accountant, and preparer fees	8	00
	9 Other deductions NOT subject to the 2% floor _____	9	00
	10 Allowable miscellaneous itemized deductions subject to the 2% floor _____	10	00
11 Total deductions. Add line 6 through line 10	11	00	
Tax and Payments	12 Taxable income. Subtract line 11 from line 5	12	00
	13 Tax from: <input type="checkbox"/> Tax Rate Schedule (see instructions) <input checked="" type="checkbox"/> Composite tax return Number of QFTs included on this tax return _____	13	00
	14 Credits. Attach worksheet. If one credit, enter code. _____ If more than one credit, attach a detailed list.	14	00
	28 Total tax. Subtract line 14 from line 13. See instructions	28	00
	29 Withholding (Form 592-B and/or 593). See instructions	29	00
	30 California income tax previously paid. See instructions	30	00
	32 2018 CA estimated tax, amount applied from 2017 tax return, and payment with form FTB 3563	32	00
	33 Total payments. Add line 29, line 30, and line 32	33	00
	37 Tax due. If line 28 is larger than line 33, subtract line 33 from line 28 and enter the amount owed.	37	00
	38 Overpaid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid.	38	00
39 Amount of line 38 to be credited to 2019 estimated tax	39	00	
40 Amount of line 38 to be refunded.	40	00	
44 Underpayment of estimated tax. Check the box: FTB 5805 <input type="checkbox"/>	44	00	

Sign Here	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of trustee or officer representing fiduciary X		Date
Paid Preparer's Use Only	Preparer's signature X	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="checkbox"/> PTIN
	Firm's name (or yours, if self-employed) and address.		<input checked="" type="checkbox"/> FEIN
			Telephone ()
May the FTB discuss this tax return with the preparer shown above (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			