TAXABLE YEAR

2021

California Income Tax Return for Qualified Funeral Trusts

541-QFT

Fo	r calend	lar year 2021 or short year beginning (mm/dd/yyyy	·/)	_ , and ending	month (mr	m/dd/yyy	/y)			
Name of estate or trust FEIN								A		
Name and title of trustee										
Ado	ditional ir	formation (see instructions)						RP		
		,								
Street address of trustee (number and street) or PO box Apt. no./ste.							PMB/private mailbox			
City						State	ZIP code			
Foreign country name Foreign province/state/county Foreign postal						ostal code				
		icable boxes:			X	V				
		ax return			\rightarrow					
		erest income						00		
me		idends						00		
3 Capital gain or (loss). Attach Schedule D (541) 4 Other income. State nature of income							3	00		
_		al income. State nature of incomeal income. Combine line 1 through line 4					. 5	00		
_										
	l	es						00		
ons		stee fees						00		
Deductions		orney, accountant, and preparer fees						00		
Ded	1	er deductions NOT subject to the 2% floor owable miscellaneous itemized deductions subject to th						00		
_	I	al deductions. Add line 6 through line 10						00		
\dashv							·			
		able income. Subtract line 11 from line 5					. 12	00		
	I	from: Tax Rate Schedule (see instructions) Co					40	00		
		mber of QFTs included on this tax return dits. Attach worksheet. If one credit, enter code.						00		
		al tax. Subtract line 14 from line 13. See instructions						00		
ents		chholding (Form 592-B and/or 593). See instructions						00		
Jy m		ifornia income tax previously paid. See instructions								
d Pa		21 CA estimated tax, amount applied from 2020 tax retu						00		
Tax and Payments		al payments. Add line 29, line 30, and line 32						00		
<u>a</u>		xx due. If line 28 is larger than line 33,								
	sub	ubtract line 33 from line 28 and enter the amount owed								
	38 Ov	erpaid tax. If line 28 is less than line 33, subtract line 2	•	38	00					
	I	ount of line 38 to be credited to 2022 estimated tax				•	39	00		
	I	ount of line 38 to be refunded			00					
	44 Un	derpayment of estimated tax. Check the box: FTB 5805					44	00		
Si	gn	Under penalties of perjury, I declare that I have examined this true, correct, and complete. Declaration of preparer (other than	tax return, including accompan n taxpayer) is based on all infor	ying schedules and mation of which pre	statements, parer has an	and to the y knowled	best of my knowledge ar ge.	nd belief, it is		
He	ere	Signature of trustee or officer representing fiduciary		-		Date				
		X		r <u> </u>						
		Preparer's signature			Check if self employed	i- ● PTII 	● PTIN			
	nid .	Firm's name (or yours, if self-employed) and address.			· - / L	Firm's FEIN				
Preparer's Use Only					""	IIIV				
					Telepho	one				
		May the FTB discuss this tax return with the preparer sho	wn above (see instructions)?			. ● □	Yes No			



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Form 541-QFT 2021