TAXABLE YEAR

<u>}</u>	Additional Taxes on Qualified Plans
	(Including IRAs) and Other
	Tax-Favored Accounts



	-						
First name	Initial Last name			SSN or ITIN			
Address (number and street, PO Box, or PM	Bno			Apt. no. /Ste	no		
	D 110.)			Apt. 110. / Ote	. 110.	Check this box if this is an amended form	
City					State	ZIP code	
Part I Additional Tax on Early Distri	hutio	ns – Complete this part if you received a taxab	o di	otribution k	oforo	you reached ago 5014 from a	qualified
retirement plan (including an	IRA) c	or modified endowment contract. You may also stribution or you received a Roth IRA distribut	ha	e to comple	ete this	part if you received a federal	Form 1099-R
1 Early distributions included in incom	e. For	Roth IRA distributions, see instructions					00
		are not subject to additional tax. See instructio					
							00
		line 2 from line 1*					00
		ter the amount here and include this amount i					
	•	ed to file a California income tax return, sign t					
		tribution from a CIMDLE IDA you may bays to					00 of 01/0/ (005)
See instructions.	s a uis	tribution from a SIMPLE IRA, you may have to	INC	iude 6% (.0	6) 01 LI	hat amount on line 4 instead o	JI Z ¹ /2% (.UZ5).
	trihut	ions from Education Accounts and ABLE Acco	unt	s – Complet	e this r	part if you included an amoun	it in income on
		a Coverdell education savings account (ESA), a					
5 Distributions included in income from	n a C	overdell ESA, a QTP, or an ABLE account. See i	nstr	uctions			00
6 Distributions included on line 5 that	are no	ot subject to additional tax. See instructions .					
7 Amount subject to additional tax. Su	btract	line 6 from line 5					00
8 Tax due. Multiply line 7 by 21/2% (.02	25). Er	nter the amount here and include this amount i	n th	e total on Fo	orm 54	0, line 63 or	
		ed to file a California income tax return, sign t				-	
the instructions			• • •			🖲 8	00
Part III Additional Tax on Distribution taxable distribution from an M		m Archer and Medicare Advantage Medical S n federal Form 8853.	avir	ngs Account	is (MS/	As) – Complete this part if yo	u reported a
9 Taxable Archer MSA distribution from	n fede	eral Form 8853, line 8					00
10 a If you meet any of the exceptions	to th	e 12.5% tax (see instructions), check here				● 10a 🗌	
b Otherwise, multiply line 9 by 12.	5% (.1	25). Enter the amount here and include this an	nou	nt in the tot	al on		
		73. If you are not required to file a California i				1	
		fer to the instructions				00	
		ge MSA distributions. Enter the amount from					
		40, line 63 or Form 540NR, line 73. If you are		•			
income tax return, sign this form be	low ai	nd refer to the instructions. Form 540NR filers	see	instruction	S		00
		form by itself and not with your tax return.					
		e examined this return, including accompanyin lawful to forge a spouse's/registered domestic				nents, and to the best of my l	knowledge and
Your signature						Date	
Х							
	epare	r is based on all information of which preparer has	s any	v knowledge)	PTIN	
Firm's name (or yours if self-employed) and	addre	55				Firm's FEIN	

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