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

CALIFORNIA FORM

2011	and Othe	r Tax-F	avored Ac	counts				3805P
First name		Initial Last nam	ne				SSN or ITIN	
Address (number an	d street, PO Box, or PMB	s no.)			Apt. no. /St	e. no.	Check this box if this is an amended return	
City					1 1	State	ZIP Code	
retireme		A) or modified	d endowment contrac	t. You also may ha	ave to comp	lete this	rou reached age 59½, fr part if you received a fe	
1 Early distributi	ions included in income	. For Roth IRA	A distributions, see in:	structions			1	00
2 Early distributi	ions include <u>d on lin</u> e 1 t	hat are not su	ubject to additional tax	. See instructions	. Enter the a	ppropria		
	ply line 3 by 2½% (.025							
	ONR, line 73. If you are							
-	· · ·	•						00
							at amount on line 4 inst	
See instructions						00) 01 11		.000 01 27270 (.020).
Part II Addition	nal Tax on Distributions						n Programs (QTPs) Not used for educational exp	
	ncluded in income from							
						,	5	00
							6	
•	ply line 7 by 2½% (.025							
	ONR, line 73. If you are							
-	IS							00
							As) – Complete this part	
	distribution from an MS		Corm 0050	lage mealour ouv	-	•	,	
9 Taxable Archer	· MSA distribution from	federal Form						00
	any of the exceptions t							00
	multiply line 9 by 10%						IVa 🗀	
	line 63 or Long Form 54	. ,				011		
	sign this form below an	-	· ·				00	
	due from Medicare Adv					252 lino		
	nount in the total on For							
							11	00
				-	515, 566 11151	luctions		00
	ete only if you are filing							
belief, it is true, con	perjury, I declare that I rrect, and complete. It is						nents, and to the best of	my knowledge and
Your signature							Date	
Х								
Signature of paid pre	eparer (declaration of pre	parer is based o	on all information of wh	ich preparer has an	y knowledge.	.)	PTIN	
Firm's name (or your	rs if self-employed) and a	ddress					FEIN	

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