TAYARIE VEAR

CALIFORNIA FORM

2012

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

3805P

Firs	st name	Initial Last name					SSN or ITIN			
							1			
Address (number and street, PO Box, or PN				А	pt. no. /Ste	e. no.	Check this bo			
City	y					State	ZIP Code			
Pa	art I Additional Tax on Early Distrib	utio	ns – Complete this part if you received a taxable o	dist	ribution,	before y	ou reached a	ge 59½, f	rom a qualified	
			r modified endowment contract. You also may ha stribution or you received a Roth IRA distribution				part if you red	ceived a fe	ederal Form 1099-R	
1	Early distributions included in income	. For	Roth IRA distributions, see instructions					1	00	
2			re not subject to additional tax. See instructions.				•	2	00	
3			line 2 from line 1*							
	•		ter the amount here and include this amount in the							
Ī	Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to									
	-							4	00	
*			tribution from a SIMPLE IRA, you may have to in							
	See instructions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	,			,	
Pa			n Coverdell Education Savings Accounts (ESAs) listribution was made from your Coverdell ESA or							
5	Distributions included in income from	ı Cov	erdell ESAs or QTPs. Enter the amount from fede	eral	Publicati	on 970,			I	
	Worksheet 7-3, line 16							5	00	
6	Distributions included on line 5 that a	re no	t subject to additional tax. See instructions					6	00	
7	Amount subject to additional tax. Sub	tract	line 6 from line 5					7	00	
8	Tax due. Multiply line 7 by 21/2% (.025	5). En	ter the amount here and include this amount in t	the t	total on F	orm 540	0, line 63 or			
			required to file a California income tax return, sign							
	the instructions							8	00	
Pa	art III Additional Tax on Distributions taxable distribution from an MS		n Archer and Medicare Advantage Medical Savi federal Form 8853.	-		•			t if you reported a	
9	Taxable Archer MSA distribution from	fede	ral Form 8853, line 8					9	00	
10	a If you meet any of the exceptions t	to the	e 10% tax (see instructions), check here				10a			
	<b>b</b> Otherwise, multiply line 9 by 10%	(.10)	. Enter the amount here and include this amount	in t	the total o	on				
	Form 540, line 63 or Long Form 54	40NF	I, line 73. If you are not required to file a Californi	ia ir	ncome					
	tax return, sign this form below an	nd ref	er to the instructions		10b			00		
11	Additional tax due from Medicare Adv	/anta	ge MSA distributions. Enter the amount from fed	eral	Form 88	53, line	13b. Also			
	include this amount in the total on Fo	rm 5	40, line 63 or Long Form 540NR, line 73. If you a	are i	not requi	red to fi	le a California			
	income tax return, sign this form belo	ow ar	d refer to the instructions. Long Form 540NR file	ers,	see instr	uctions		11	00	
Sic	unature. Complete only if you are filing	this	form by itself and not with your tax return.							
_			examined this return, including accompanying s	sche	edules an	d staten	nents, and to t	the best o	of my knowledge and	
bel	lief, it is true, correct, and complete. It i	s unl	awful to forge a spouse's/registered domestic pa	ırtne	er's signa	ture.	,		,	
Υοι	ur signature							Date		
Χ										
	gnature of paid preparer (declaration of pre	parer	is based on all information of which preparer has an	ny kr	nowledge.	)		PTIN		
Firr	m's name (or yours if self-employed) and a	ıddres	SS					FEIN		