TAYARIE VEAR

CALIFORNIA FORM

2013

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

3805P

Firs	st name	I	Initial	Last name				SSN or ITIN			
Α '	dana (ausaban 11 12	2.0				A=4 : /C:					
Add	dress (number and street, PC	) Box, or PMB	no.)			Apt. no. /St	e. no.	Check this be is an amende			
City	у						State	ZIP Code		_	
_				0 1					504/ 6		
Pa	retirement plan (ind	cluding an IR.	io (A	s – Complete this part if you recommodified endowment contract. tribution or you received a Roth	You also may ha	ve to compl	lete this				R
1				Roth IRA distributions, see instr		•	-		1		00
	•			re not subject to additional tax. S							
	-							•	2		00
3				line 2 from line 1*							00
				ter the amount here and include							
	Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to										
	the instructions								4		00
*	If any part of the amount or	n line 3 was a	dist	ribution from a SIMPLE IRA, you	may have to inc	clude 6% (.0	06) of th	at amount on	line 4 ins	stead of 2½% (.025	5).
	See instructions.			•	_	•	·				
	Expenses – Compl	lete this part i	f a d	n Coverdell Education Savings A stribution was made from your (	Coverdell ESA or	QTP and w	as not u	ised for educa			onal
5	Distributions included in	income from	Cove	erdell ESAs or QTPs. Enter the ar	nount from fede	ral Publicati	on 970,				1
											00
6	Distributions included on	line 5 that ar	e not	t subject to additional tax. See in	structions				6		00
				line 6 from line 5					7		00
8				ter the amount here and include							
	-	-		equired to file a California incom							
											00
Pa				n Archer and Medicare Advanta federal Form 8853.	je Medical Savi	ngs Accoun	its (MS <i>F</i>	<b>As) –</b> Complet	e this par	t if you reported a	
9	Taxable Archer MSA distr	ribution from	fedei	ral Form 8853, line 8					9		00
10	a If you meet any of the	exceptions to	the	10% tax (see instructions), chec	k here			10a			
	<b>b</b> Otherwise, multiply lin	ne 9 by 10% (	.10).	Enter the amount here and inclu	de this amount	in the total o	on				
	Form 540, line 63 or L	ong Form 54	0NR	, line 73. If you are not required t	o file a Californi	a income					
	tax return, sign this fo	orm below and	d refe	er to the instructions		10b			00		
11	Additional tax due from N	Medicare Adva	antag	e MSA distributions. Enter the a	mount from fede	eral Form 88	353, line	13b. Also			
				10, line 63 or Long Form 540NR,							
	income tax return, sign th	his form belov	w an	d refer to the instructions. Long	orm 540NR file	rs, see instr	ructions		11		00
Sig	<b>nature.</b> Complete <b>only</b> if y	ou are filing t	this f	orm by itself and not with your to	ax return.						
				examined this return, including a awful to forge a spouse's/register				nents, and to	the best o	f my knowledge ar	nd
Υοι	ur signature								Date		
Χ											
	nature of paid preparer (decl	laration of prep	arer	is based on all information of which	preparer has any	/ knowledge.	)		PTIN		
Firr	m's name (or yours if self-em	inloved) and ac	hdree	9					FEIN		
1 111	ma name (or yours it self-em)	ipioyeu) anu ac	uies	<b>o</b>					LIIN		