## TAXABLE YEAR Additional Taxes on Qualified Plans 2014 (Including IRAs) and Other Tax-Favored Accounts



Firs	t name	Initial	Last name			SSN or ITIN	
<u>.</u>							
Ado	dress (number and street, PO Box, or PME	,		Apt. no. /S	te. no.	Check this box if this is an amended return	
City					State	ZIP Code	
Pa	retirement plan (including an IF	RA) o	<b>is –</b> Complete this part if you received a ta r modified endowment contract. You also stribution or you received a Roth IRA distr	may have to com	olete this	you reached age 59½, from a qua part if you received a federal For	lified m 1099-R
1	Early distributions included in income	. For	Roth IRA distributions, see instructions.			1	00
	-		re not subject to additional tax. See instru				
	number from instructions $\Box\Box$						00
3			line 2 from line 1*				00
4	Tax due. Multiply line 3 by 21/2% (.025	i). En	ter the amount here and include this amo	int in the total on	Form 54	0, line 63 or	
Long Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to							
							00
		a dist	ribution from a SIMPLE IRA, you may hav	re to include 6% (	.06) of th	nat amount on line 4 instead of 2	⁄2% (.025).
	See instructions.						
Pa			n Coverdell Education Savings Accounts istribution was made from your Coverdell				Educational
5			erdell ESAs or QTPs. Enter the amount fro			•	
0							00
6			t subject to additional tax. See instruction				
			line 6 from line 5				
8			ter the amount here and include this amo				
		'	equired to file a California income tax retu				
	the instructions		·			8	00
Pa	rt III Additional Tax on Distribution taxable distribution from an MS	s fror SA on	n Archer and Medicare Advantage Medic federal Form 8853.	al Savings Accou	nts (MS/	<b>As) –</b> Complete this part if you re	ported a
q			ral Form 8853, line 8			Q	00
			10% tax (see instructions), check here .				
	<b>b</b> Otherwise, multiply line 9 by 10% (.10). Enter the amount here and include this amount in the total on						
	Form 540, line 63 or Long Form 540NR, line 73. If you are not required to file a California income						
	tax return, sign this form below an	d ref	er to the instructions			00	
11	Additional tax due from Medicare Adv	anta	ge MSA distributions. Enter the amount fro	om federal Form 8	853, line	e 13b. Also	
	include this amount in the total on Fo	rm 5	10, line 63 or Long Form 540NR, line 73.	f you are not requ	ired to fi	le a California	1
	income tax return, sign this form belo	w an	d refer to the instructions. Long Form 540	NR filers, see ins	tructions	<b>11</b>	00
Sig	nature. Complete only if you are filing	this	orm by itself and not with your tax return				
			examined this return, including accomparawful to forge a spouse's/registered dome			nents, and to the best of my know	vledge and
You	r signature					Date	
v							
X Sig	nature of paid preparer (declaration of pre	parer	is based on all information of which preparer	has any knowledge	ə.)	PTIN	
Firr	n's name (or yours if self-employed) and a	ddres	S			FEIN	

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