004		A
201	5	/1.

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



_								
Firs	irst name Initial Last name				SSN or ITIN			
Address (number and street, PO Box, or PMB r		I 3 no.)	no.)		Apt. no. /Ste. no.		Check this box if this	_
							is an amended return	
City						State	ZIP Code	
		I				1		<u> </u>
Pa	retirement plan (including an I	RA) o	15 – Complete this part if you received a t r modified endowment contract. You also stribution or you received a Roth IRA dis	o may ha	ve to compl	ete this	/ou reached age 59½, fro part if you received a feo	om a qualified deral Form 1099-R
1	Early distributions included in income	e. For	Roth IRA distributions, see instructions				1	00
			re not subject to additional tax. See instr					
								00
3			line 2 from line 1*					
	-		ter the amount here and include this amo					
		'	required to file a California income tax ref					
			·					00
*	f any part of the amount on line 3 was	a dis	tribution from a SIMPLE IRA, you may ha	ave to inc	lude 6% (.0)6) of th	at amount on line 4 inst	ead of 2½% (.025).
ę	See instructions.				, ,			, , , , , , , , , , , , , , , , , , ,
	Expenses – Complete this part	if a d	n Coverdell Education Savings Account listribution was made from your Coverde	Il ESA or	QTP and w	as not u	used for educational expe	Used for Educational enses.
5			erdell ESAs or QTPs. Enter the amount fr					
			t subject to additional tax. See instructio					
7	-		line 6 from line 5					00
8			ter the amount here and include this amo					
			required to file a California income tax re					
Pa	taxable distribution from an MS	s froi SA or	n Archer and Medicare Advantage Med federal Form 8853.	ical Savi	ngs Accoun	its (MS/	As) – Complete this part	if you reported a
9	Taxable Archer MSA distribution from	ı fede	ral Form 8853, line 8					00
10	a If you meet any of the exceptions	to the	e 10% tax (see instructions), check here				10a 🗆	
	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 5	40NF	, line 73. If you are not required to file a	California	a income			
	tax return, sign this form below ar	nd ref	er to the instructions		10b		00	
11	Additional tax due from Medicare Adv	/anta	ge MSA distributions. Enter the amount f	from fede	eral Form 88	853, line	13b. Also	
			40, line 63 or Long Form 540NR, line 73.					1
	income tax return, sign this form belo	ow ar	d refer to the instructions. Long Form 54	40NR file	rs, see instr	uctions		00
Sig	nature. Complete only if you are filing	this	form by itself and not with your tax retur	n.				
			examined this return, including accomp awful to forge a spouse's/registered dom				nents, and to the best of	my knowledge and
You	ur signature						Date	
Х								
Sig	nature of paid preparer (declaration of pre	parer	is based on all information of which prepare	er has any	v knowledge.)	PTIN	
Firr	n's name (or yours if self-employed) and a	addres	ss				FEIN	