TAXABLE YEAR Additional Taxes on Qualified Plans 2018 (Including IRAs) and Other Tax-Favored Accounts



Firs	st name	Initial	Last name				SSN or ITIN	
Address (number and street, PO Box, or PM			I I I I I I I I I I I I I I I I I I I			e. no.	Check this box if this is an amended return	
City	/					State	ZIP Code	_
Pa	retirement plan (including an II	RA) o	is – Complete this part if you received a ta: r modified endowment contract. You also i stribution or you received a Roth IRA distri	may hav	ve to compl	ete this	/ou reached age 59½, froi part if you received a fed	m a qualified eral Form 1099-R
	Early distributions included in income Early distributions included on line 1	e. For that a	Roth IRA distributions, see instructions re not subject to additional tax. See instruc	ctions.	Enter the ap	 propria	te exception	
_								
	-		line 2 from line 1*					00
4	Long Form 540NR, line 73. If you are	not i	ter the amount here and include this amou required to file a California income tax retu	rn, sign	this form b	below ar	nd refer to	
								00
		a dist	ribution from a SIMPLE IRA, you may hav	e to inc	lude 6% (.0	06) of th	hat amount on line 4 inste	ad of 2½% (.025).
	See instructions.							
Pa			ons from Education Accounts and ABLE A Coverdell education savings account (ESA					
5	· · · · · ·		verdell ESA, a QTP, or an ABLE account. S					
6			t subject to additional tax. See instructions					
			line 6 from line 5					
	-		ter the amount here and include this amou					00_
0		'	required to file a California income tax retu					
								00
_								1
Pa	taxable distribution from an MS		n Archer and Medicare Advantage Medic federal Form 8853.	al Savi	ngs Accoun	its (MSA	As) – Complete this part if	
9	Taxable Archer MSA distribution from	n fede	ral Form 8853, line 8					00
10	a If you meet any of the exceptions	to the	12.5% tax (see instructions), check here.				10a 🗆	
	b Otherwise, multiply line 9 by 12.5°	% (.1	25). Enter the amount here and include thi	s amou	nt in the tot	tal on		
	Form 540, line 63 or Long Form 5	40NF	, line 73. If you are not required to file a Ca	alifornia	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 fro	om fede	ral Form 88	853, line	13b. Also	
	include this amount in the total on Fo	rm 5	40, line 63 or Long Form 540NR, line 73. I	f you ar	re not requi	red to fi	le a California	
	income tax return, sign this form belo	ow an	d refer to the instructions. Long Form 540	NR file	rs, see instr	uctions		00
Sia	nature. Complete only if you are filing	this	form by itself and not with your tax return.					
Un	der penalties of perjury, I declare that I	have	examined this return, including accompar awful to forge a spouse's/registered domes				nents, and to the best of r	my knowledge and
You	ır signature						Date	
X								
	nature of paid preparer (declaration of pre	eparer	is based on all information of which preparer	has any	r knowledge.)	PTIN	
Firr	n's name (or yours if self-employed) and a	addres	s				FEIN	