TAXABLE YEAR

CALIFORNIA FORM

2022

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

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Firs	t name		Initial Last name			SSN or ITIN	
Add	ress (n	number and street, PO Box, or PMB	B no.)		Apt. no. /Ste. no.	Check this box if this is an amended form	
City	i				State	ZIP code	
Pa	rt I	Additional Tax on Early Distrib retirement plan (including an If that incorrectly indicates an ea	RA) or modified endowmer	nt contract. You may also ha	ve to complete this		
1	Farly	distributions included in income					00
	-	distributions included on line 1					
	-	per from instructions	_				00
3	Amou	unt subject to additional tax. Sub					00
4	Tax d	ue. Multiply line 3 by 2½% (.025	i). Enter the amount here a	and include this amount in th	e total on Form 54	0, line 63 or	
	Form	540NR, line 73. If you are not re	equired to file a California i	ncome tax return, sign this t	orm below and ref		
		structions					00
*	any p	art of the amount on line 3 was	a distribution from a SIMP	LE IRA, you may have to inc	lude 6% (.06) of th	nat amount on line 4 ins	tead of 2½% (.025).
_		structions.					
Pa	rt II	Additional Tax on Certain Dist Schedule CA (540 or 540NR) for					
5	Distri	butions included in income from	a Coverdell ESA, a QTP, o	r an ABLE account. See inst	ructions		00
		butions included on line 5 that a	-			~ ~ —	
		ınt subject to additional tax. Sub					00
8		ue. Multiply line 7 by 2½% (.025	·				
		540NR, line 73. If you are not re	•	· •		_	
	the in	nstructions					00
Pa	rt III	Additional Tax on Distribution taxable distribution from an MS		re Advantage Medical Savi	ngs Accounts (MS/	As) – Complete this part	if you reported a
9	Taxab	ole Archer MSA distribution from	federal Form 8853, line 8	. See instructions		• 9	00
10	a If	you meet any of the exceptions	to the 12.5% tax (see instr	uctions), check here		● 10a 🔲	
		therwise, multiply line 9 by 12.5°					
	Fo	orm 540, line 63 or Form 540NR	, line 73. If you are not req	uired to file a California inco	me	1	
	tax	x return, sign this form below ar	nd refer to the instructions	(●10b	00	
11		tional tax due from Medicare Adv					
		de this amount in the total on Fo			•		Ī
	incon	ne tax return, sign this form belo	ow and refer to the instruct	tions. Form 540NR filers, sec	e instructions		00
Sig	nature	e. Complete only if you are filing	this form by itself and not	with your tax return.			
		nalties of perjury, I declare that I s true, correct, and complete. It i				nents, and to the best o	f my knowledge and
You	r signa	ture				Date	
X							
	nature	of paid preparer (declaration of pre	parer is based on all informa	ation of which preparer has an	y knowledge.)	PTIN	
Firn	n's nam	ne (or yours if self-employed) and a	ddress			Firm's FE	N