

**2013****California Income Tax Return for  
Qualified Funeral Trusts****541-QFT**

For calendar year 2013 or short year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending month (mm/dd/yyyy) \_\_\_\_\_

|  |  |       |                   |                      |
|--|--|-------|-------------------|----------------------|
| Name of estate or trust  |  | FEIN  |                   | A<br><br>R<br><br>RP |
| Name and title of trustee  |  |       |                   |                      |
| Address of trustee (number and street, PO Box, or PMB no.)   |  |       | Apt. no./Ste. no. |                      |
| City   |  | State | ZIP Code          |                      |
| Check Applicable Boxes:<br><input type="checkbox"/> Initial tax return <input type="checkbox"/> Amended tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> New trustee <input type="checkbox"/> Updated information for trustee |  |       |                   |                      |

|  |   |                 |    |
|--|---|-----------------|----|
| <b>Income</b>  | <b>1</b> Interest income . . . . .  | <b>1</b> _____  | 00 |
|  | <b>2</b> Dividends . . . . .  | <b>2</b> _____  | 00 |
|  | <b>3</b> Capital gain or (loss). Attach Schedule D (541) . . . . .  | <b>3</b> _____  | 00 |
|  | <b>4</b> Other income. State nature of income _____ . . . . .   | <b>4</b> _____  | 00 |
|  | <b>5</b> <b>Total income.</b> Combine line 1 through line 4 . . . . .   | <b>5</b> _____  | 00 |
| <b>Deductions</b>  | <b>6</b> Taxes . . . . .  | <b>6</b> _____  | 00 |
|  | <b>7</b> Trustee fees . . . . .   | <b>7</b> _____  | 00 |
|  | <b>8</b> Attorney, accountant, and preparer fees . . . . .  | <b>8</b> _____  | 00 |
|  | <b>9</b> Other deductions NOT subject to the 2% floor _____ . . . . .   | <b>9</b> _____  | 00 |
|  | <b>10</b> Allowable miscellaneous itemized deductions subject to the 2% floor . . . . .   | <b>10</b> _____ | 00 |
|  | <b>11</b> <b>Total deductions.</b> Add line 6 through line 10 . . . . .   | <b>11</b> _____ | 00 |
| <b>Tax and Payments</b>  | <b>12</b> Taxable income. Subtract line 11 from line 5 . . . . .  | <b>12</b> _____ | 00 |
|  | <b>13</b> Tax from: <input type="checkbox"/> Tax Rate Schedule (see instructions) <input type="checkbox"/> Composite tax return<br>Number of QFTs included on this tax return _____ . . . . .   | <b>13</b> _____ | 00 |
|  | <b>14</b> Credits. Attach worksheet. If one credit, enter code. _____ If more than one credit, attach a detailed list. . . . .  | <b>14</b> _____ | 00 |
|  | <b>28</b> Tax liability. Subtract line 14 from line 13. See instructions . . . . .  | <b>28</b> _____ | 00 |
|  | <b>29</b> 2013 Withholding (Form 592-B and/or Form 593). See instructions . . . . .   | <b>29</b> _____ | 00 |
|  | <b>30</b> California income tax previously paid. See instructions _____ . . . . .   | <b>30</b> _____ | 00 |
|  | <b>32</b> 2013 CA estimated tax, amount applied from 2012 tax return, and payment with form FTB 3563 . . . . .  | <b>32</b> _____ | 00 |
|  | <b>33</b> Total payments. Add line 29, line 30, and line 32 . . . . .   | <b>33</b> _____ | 00 |
|  | <b>34</b> <b>Tax due.</b> If line 28 is larger than line 33, subtract line 33 from line 28 and enter the amount owed.<br>Mail Form 541-QFT and the check or money order to:<br><b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.</b> . . . . . | <b>34</b> _____ | 00 |
|  | <b>35</b> <b>Overpaid tax.</b> If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid. . . . .  | <b>35</b> _____ | 00 |
|  | <b>36</b> Amount of line 35 to be credited to 2014 estimated tax . . . . .  | <b>36</b> _____ | 00 |
|  | <b>37</b> Amount of line 35 to be refunded. Mail Form 541-QFT to:<br><b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.</b> . . . . .   | <b>37</b> _____ | 00 |
| <b>42</b> Underpayment of estimated tax. Check the box: FTB 5805 <input type="checkbox"/> FTB 5805F <input type="checkbox"/> . . . . . | <b>42</b> _____   | 00              |    |

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|--|--|--|
| <b>Sign Here</b>   | Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |
|  | Signature of trustee or officer representing fiduciary _____   | Date _____   |
| <b>Paid Preparer's Use Only</b>  | Preparer's signature _____   | Date _____   |
|  | Check if self-employed <input type="checkbox"/>  | <input checked="" type="radio"/> PTIN<br><input checked="" type="radio"/> FEIN |
|  | Firm's name (or yours, if self-employed) and address _____<br>_____<br>_____   | Telephone _____<br>(    )    _____   |
| May the FTB discuss this tax return with the preparer shown above (see instructions)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |