TAXABLE YEAR **2015**

California Income Tax Return for Qualified Funeral Trusts

FORM **541-QFT**

For calendar year 2015 or short year beginning (mm/dd/yyyy) _____, and ending month (mm/dd/yyyy) _____

Name of estate or trust | FEIN

Name and title of trustee

Additional information (see instructions)

Street address of trustee (number and street) or PO box | Apt. no./ste. no. | PMB/private mailbox

City | State | ZIP code

Foreign country name | Foreign province/state/county | Foreign postal code

A R RP

Check applicable boxes:

☐ Initial tax return ☐ Amended tax return ☐ Final tax return ☐ New trustee ☐ Updated information for trustee

Income	**1**	Interest income	**1**	00
	2	Dividends	**2**	00
	3	Capital gain or (loss). Attach Schedule D (541)	**3**	00
	4	Other income. State nature of income _____	**4**	00
	5	**Total income.** Combine line 1 through line 4	**5**	00
Deductions	**6**	Taxes	**6**	00
	7	Trustee fees	**7**	00
	8	Attorney, accountant, and preparer fees	**8**	00
	9	Other deductions NOT subject to the 2% floor _____	**9**	00
	10	Allowable miscellaneous itemized deductions subject to the 2% floor	**10**	00
	11	**Total deductions.** Add line 6 through line 10	**11**	00
Tax and Payments	**12**	Taxable income. Subtract line 11 from line 5	**12**	00
	13	Tax from: ☐ Tax Rate Schedule (see instructions) ☐ Composite tax return Number of QFTs included on this tax return _____	**13**	00
	14	Credits. Attach worksheet. If one credit, enter code. _____ If more than one credit, attach a detailed list.	**14**	00
	28	Total tax. Subtract line 14 from line 13. See instructions	**28**	00
	29	Withholding (Form 592-B and/or 593). See instructions	**29**	00
	30	California income tax previously paid. See instructions _____	**30**	00
	32	2015 CA estimated tax, amount applied from 2014 tax return, and payment with form FTB 3563	**32**	00
	33	Total payments. Add line 29, line 30, and line 32	**33**	00
	37	**Tax due.** If line 28 is larger than line 33, subtract line 33 from line 28 and enter the amount owed.	**37**	00
	38	**Overpaid tax.** If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid	**38**	00
	39	Amount of line 38 to be credited to 2016 estimated tax	**39**	00
	40	Amount of line 38 to be refunded.	**40**	00
	44	Underpayment of estimated tax. Check the box: FTB 5805 ☐	**44**	00

Sign Here

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 **X** | Date

Paid Preparer's Use Only

Preparer's signature **X** | Date | Check if self-employed ☐ | ● PTIN

Firm's name (or yours, if self-employed) and address. | ● FEIN

Telephone ( )

May the FTB discuss this tax return with the preparer shown above (see instructions)? ● ☐ Yes ☐ No