California Income Tax Return for Qualified Funeral Trusts

	20	19	Qualified Funeral Trusts			5	41-QFT
Fo	r cale	enda	r year 2019 or short year beginning (mm/dd/yyyy), and endin	g month (m	m/dd/yy	/yy)	
Na	me of	estat	e or trust	FEIN		A	
Na	ıme an	nd title	e of trustee				R
Ad	ditiona	al info	rmation (see instructions)				RP
Str	eet ad	ldress	s of trustee (number and street) or PO box	Ant no /str	. no	PMB/private m	azilbov
Street address of trustee (number and street) or PO box Apt. no./ste. no. PMB/priva						FIVID/private ii	IAIIDOX
Cit	У				State	ZIP code	
Foreign country name Foreign province/state/county Foreign				Foreign p	postal code	l	
 Ch	eck ap	pplica	able boxes:				
	Initia	al tax	return $\ \square$ Amended tax return $\ \square$ Final tax return $\ \square$ New trustee $\ \square$ Upda	ted informati	on for tr	rustee	
	1	Inter	est income			1	
e	1		ends				
Income			al gain or (loss). Attach Schedule D (541)				00
			r income. State nature of income				00
	5	lotai	income. Combine line 1 through line 4			5	00
	6	Taxes	S			6	00
IIS			ee fees				00
뜮	1		ney, accountant, and preparer fees				00
Deductions			r deductions NOT subject to the 2% floor				00
	1		vable miscellaneous itemized deductions subject to the 2% floor				00
	11	Iotai	deductions. Add line 6 through line 10			11	00
	1		ole income. Subtract line 11 from line 5			12	00
	1		rom: Tax Rate Schedule (see instructions) Composite tax return				
			ber of QFTs included on this tax return				
			its. Attach worksheet. If one credit, enter code If more than one credit, attach a de				
nts			tax. Subtract line 14 from line 13. See instructions				
yme			holding (Form 592-B and/or 593). See instructions				
and Payments			ornia income tax previously paid. See instructions CA estimated tax, amount applied from 2018 tax return, and payment with form FTB 3563				
and			payments. Add line 29, line 30, and line 32				
Тaх	1		lue. If line 28 is larger than line 33,	00	100		
			act line 33 from line 28 and enter the amount owed	37			00
	1		paid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount over	• 38	00		
	39	Amoi	unt of line 38 to be credited to 2020 estimated tax		• 39	00	
			unt of line 38 to be refunded			00	
	44		rpayment of estimated tax. Check the box: FTB 5805 🔲				00
Si	gn		Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules a true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which I	nd statements, oreparer has ar	and to th y knowle	e best of my know dge.	wledge and belief, it is
He	ere	- 1	Signature of trustee or officer representing fiduciary	Date			
			X	0			
Paid			Preparer's signature Date	Check if sel	f- PT	IN	
			Firm's name (or yours, if self-employed) and address.	1,	Fir	m's FEIN	
Preparer's Use Only			(o. yours, it oon omproyou, and addroot.		"	0 1 2114	
٠.	-0 011	,			Teleph	none	
_							
May the FTB discuss this tax return with the preparer shown above (see instructions)? ●						Yes No	