TAXABLE YEAR

CALIFORNIA FORM

2021

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

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First nam	ie	Initia	Last name				SSN or ITIN	
Address	(number and street, PO Box, or PN	 1B no.)		Ap	ot. no. /Ste. no).	Check this box if this is an amended form	
City					Sta	ate	ZIP code	
Part I	retirement plan (including an	IRA) c	ns – Complete this part if you received a or modified endowment contract. You als stribution or you received a Roth IRA dis	so may have	to complete	this		
1 Early			Roth IRA distributions, see instructions				1	00
			are not subject to additional tax. See inst			•		00
			line 2 from line 1*					
	-		iter the amount here and include this am					
		,	ed to file a California income tax return,					
the	instructions						4	00
* If any	part of the amount on line 3 was	a dis	tribution from a SIMPLE IRA, you may h	have to includ	le 6% (.06)	of th	at amount on line 4 inst	ead of 2½% (.025).
See in	structions.							
Part II			ions from Education Accounts and ABL a Coverdell education savings account (E					
5 Dist	ributions included in income fro	m a C	overdell ESA, a QTP, or an ABLE account	t. See instruc	tions		5	00
			ot subject to additional tax. See instruction					
7 Amo	ount subject to additional tax. Su	btract	line 6 from line 5				7	00
8 Tax	due. Multiply line 7 by 2½% (.02	25). Er	ter the amount here and include this am	nount in the t	otal on Forn	า 540), line 63 or	
Forr	m 540NR, line 73. If you are not	requir	ed to file a California income tax return,	sign this for	m below and	l refe	er to	
the	instructions						8	00
Part II	I Additional Tax on Distribution taxable distribution from an M		m Archer and Medicare Advantage Med n federal Form 8853.	dical Savings	Accounts (MSA	As) – Complete this part	if you reported a
9 Taxa	able Archer MSA distribution from	m fede	eral Form 8853, line 8					00
			e 12.5% tax (see instructions), check he					1.00
			25). Enter the amount here and include					
			73. If you are not required to file a Calif					
t	ax return, sign this form below a	and re	fer to the instructions		10b		00	
11 Add	itional tax due from Medicare Ad	dvanta	ge MSA distributions. Enter the amount	from federal	Form 8853	, line	13b. Also	
incl	ude this amount in the total on F	orm 5	40, line 63 or Form 540NR, line 73. If yo	ou are not re	quired to file	a Ca	alifornia	1
inco	ome tax return, sign this form be	low a	nd refer to the instructions. Form 540NR	R filers, see ir	structions .			00
Signatui	re. Complete only if you are filin	a this	form by itself and not with your tax retu	ırn.				
Under pe	enalties of perjury, I declare that	I have	examined this return, including accomp awful to forge a spouse's/registered dor	panying sche			nents, and to the best of	my knowledge and
Your sign			- · · · · ·	•	-		Date	
X								
Signature	e of paid preparer (declaration of pr	repare	r is based on all information of which prepa	arer has any ki	nowledge.)		PTIN	
Firm's na	me (or yours if self-employed) and	addre	es				Firm's FEI	N