TAXABLE YEAR

2022

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



								
First name		Initial	Last name				SSN or ITIN	
Address (r	number and street, PO Box, or PME	 3 no)			Apt. no. /Ste.	no		
	,,,	,					Check this box if this is an amended form]
City			· · · · · · · · · · · · · · · · · · ·			State	ZIP code	
Part I	Additional Tax on Farly Distrib	nutio	1s – Complete this part if you received a ta	wahle d	istribution b	efore \	you reached age 501% from a g	walified
i ait i	retirement plan (including an II	RA) o	r modified endowment contract. You may stribution or you received a Roth IRA distr	also ha	ve to comple	te this	part if you received a federal F	
1 Farly	· · · · · · · · · · · · · · · · · · ·	-	Roth IRA distributions, see instructions.					00
-			are not subject to additional tax. See instru					
	ber from instructions							00
	·		line 2 from line 1*					00
	•		ter the amount here and include this amo				· ·	
		,	ed to file a California income tax return, si					
the in	nstructions							00
* If any p	part of the amount on line 3 was	a dis	tribution from a SIMPLE IRA, you may hav	ve to inc	clude 6% (.06	6) of th	nat amount on line 4 instead of	21⁄2% (.025).
See ins	structions.							
Part II			ions from Education Accounts and ABLE A a Coverdell education savings account (ES					
5 Distri	ibutions included in income from	n a Co	overdell ESA, a QTP, or an ABLE account. S	See inst	ructions			00
			t subject to additional tax. See instruction					00
			line 6 from line 5					00
8 Tax d	ue. Multiply line 7 by 2½% (.025	5). Er	ter the amount here and include this amo	unt in th	ne total on Fo	rm 54	0, line 63 or	
Form	1 540NR, line 73. If you are not r	equir	ed to file a California income tax return, si	gn this f	form below a	nd refe	er to	
the ir	nstructions							00
Part III	Additional Tax on Distribution taxable distribution from an MS		n Archer and Medicare Advantage Medic federal Form 8853.	al Savi	ngs Accounts	s (MS/	As) – Complete this part if you	reported a
9 Taxa			eral Form 8853, line 8. See instructions				<u></u> • 9	00
10 a lf	vou meet any of the exceptions	to the	e 12.5% tax (see instructions), check here				• 10a 🗌	1
b O	therwise, multiply line 9 by 12.5	% (.1	25). Enter the amount here and include th	is amou	int in the tota	lon		
			73. If you are not required to file a Californ					
ta	x return, sign this form below ar	nd ret	er to the instructions	(•10b		00	
			ge MSA distributions. Enter the amount fr			i3, line	e 13b. Also	
inclu	de this amount in the total on Fo	orm 5	40, line 63 or Form 540NR, line 73. If you	are not	required to f	ile a C	alifornia	
inco	me tax return, sign this form belo	ow ar	nd refer to the instructions. Form 540NR fi	lers, se	e instructions	S		00
Signature	e. Complete only if you are filing	this	form by itself and not with your tax return					
Under pe	nalties of perjury, I declare that I	have	examined this return, including accompar awful to forge a spouse's/registered dome	nying so			nents, and to the best of my kr	nowledge and
Your signa				•	0		Date	
X								
	of paid preparer (declaration of pre	nare	r is based on all information of which prepare	r has an	v knowledae)	1	PTIN	
c.gnatare		,00101	is succed on an anomation of which prepare	. nao an	,			
	ne (or yours if self-employed) and a	ddres	SS				Firm's FEIN	
	- · · · ·							