

California Income Tax Return for
Qualified Funeral Trusts

2025

541-QFT

For calendar year 2025 or short year beginning (mm/dd/yyyy) , and ending month (mm/dd/yyyy)

Name of estate or trust	FEIN	A
Name and title of trustee		R
Additional information (see instructions)		RP
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

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	2025 CA estimated tax, amount applied from 2024 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 2026 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	Date	
Paid Preparer's Use Only	X		
	Preparer's signature	Date	Check if self-employed ☐ PTIN
	Firm's name (or yours, if self-employed) and address.		Firm's FEIN
			Telephone
May the FTB discuss this tax return with the preparer shown above (see instructions)? ☒ Yes ☐ No			