TAXABLE YEAR

2019

## California Income Tax Return for Qualified Funeral Trusts

541-QFT

Fo	r caler	ndar year 2019 or short year beginning (mm/dd/yyyy)	, ar	d ending month (	mm/dd/yy	/yy)			
Name of estate or trust FEIN							A		
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 m.									
City State ZIP of						ZIP code			
Fo	reign co	untry name Fore	eign province/state/county	<u> </u>	Foreign	postal code			
		plicable boxes:							
		tax return		Updated inform					
	1	nterest income					00		
me		ividends					00		
Septial gain or (loss). Attach Schedule D (541)							00		
	4 0 5 To	otal income. Combine line 1 through line 4				5	00		
$\exists$	<b>6</b> Ta	axes				6	00		
JS		rustee fees					00		
Deductions		ttorney, accountant, and preparer fees				8	00		
ğ		ther deductions NOT subject to the 2% floor					00		
۵	1	llowable miscellaneous itemized deductions subject to the 2%					00		
	11 To	otal deductions. Add line 6 through line 10				11	00		
	<b>12</b> Ta	axable income. Subtract line 11 from line 5				12	00		
		ax from: Tax Rate Schedule (see instructions) Compo							
	N	Number of QFTs included on this tax return				13			
		redits. Attach worksheet. If one credit, enter code.							
28 Total tax. Subtract line 14 from line 13. See instructions									
men	<b>29</b> W	/ithholding (Form 592-B and/or 593). See instructions							
Payl	1	alifornia income tax previously paid. See instructions				• 30			
핕		019 CA estimated tax, amount applied from 2018 tax return, a			00				
Tax and Payments	1	otal payments. Add line 29, line 30, and line 32							
<u> </u>	1	ax due. If line 28 is larger than line 33,				,			
		ubtract line 33 from line 28 and enter the amount owed		/	00				
		verpaid tax. If line 28 is less than line 33, subtract line 28 fro			00				
	1	mount of line 38 to be credited to 2020 estimated tax				• 39 <u> </u>	00		
	1	mount of line 38 to be refunded				• 44	00		
_	44 0	Under penalties of perjury, I declare that I have examined this tax re							
Si	gn	true, correct, and complete. Declaration of preparer (other than taxp	payer) is based on all information	of which preparer has	any knowle	edge.	ria bellet, it is		
He	ere	Signature of trustee or officer representing fiduciary			Date	Date			
		X							
		Preparer's signature	Date	Check if semployed	self- P1	ΓIN			
Paid Firm's name (or yours, if self-employed) and address.						rm's FEIN			
Preparer's Use Only					III S FEIN				
US	se UIII	y			Teleph	none			
		May the FTB discuss this tax return with the preparer shown al	bove (see instructions)?		● [	Yes No			