

California Income Tax Return for Qualified Funeral Trusts

2012

541-QFT

For calendar year 2012 or short year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Name of estate or trust			FEIN	P AC A R RP
Name and title of trustee				
Address of trustee (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.	
City	State	ZIP Code		
Check Applicable Boxes: <input type="checkbox"/> Initial tax return <input type="checkbox"/> Amended tax return <input type="checkbox"/> Final tax return <input type="checkbox"/> New trustee <input type="checkbox"/> 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: <input type="checkbox"/> Tax Rate Schedule (see instructions) <input type="checkbox"/> Composite 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 Tax liability. Subtract line 14 from line 13. See instructions	28	00
	29 2012 Withholding (Form 592-B and/or Form 593). See instructions	29	00
	30 California income tax previously paid. See instructions	30	00
	32 2012 CA estimated tax, amount applied from 2011 tax return, and payment with form FTB 3563	32	00
	33 Total payments. Add line 29, line 30, and line 32	33	00
	34 Tax due. If line 28 is larger than line 33, subtract line 33 from line 28 and enter the amount owed. Mail Form 541-QFT and the check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	34	00
	35 Overpaid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid.	35	00
	36 Amount of line 35 to be credited to 2013 estimated tax	36	00
37 Amount of line 35 to be refunded. Mail Form 541-QFT to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001	37	00	
42 Underpayment of estimated tax. Check the box: FTB 5805 <input type="checkbox"/> FTB 5805F <input type="checkbox"/>	42	00	

Please 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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="radio"/> PTIN
	Firm's name (or yours, if self-employed) and address		<input checked="" type="radio"/> FEIN
			Telephone ()
	May the FTB discuss this return with the preparer shown above (see instructions)?		