2018

FORM

TAXABLE YEAR California Income Tax Return for **Qualified Funeral Trusts**

541-QFT

For calendar year 2018 or short year beginning (mm/dd/yyyy), and ending month (r					ım/dd/yyyy)			
		ate or trust		FEIN			Α	
Nor	no and titl	le of trustee						
IVai	ne and titi						R	
Add	ditional info	ormation (see instructions)					RP	
<u> </u>		ss of trustee (number and street) or PO box		A + /		I DAD (subsets as all base	_	
Street address of trustee (number and street) or PO box Apt. no./ste. no. PN						PMB/private mailbox		
City	/			State	ZIP code			
For	eign coun	try name Foreign province/state/county	/		Fo	oreign postal code		
Chr	ock applie	cable boxes:						
	Initial tax		☐ Updated in	nformatio	n for trus	tee		
\exists								
me		rest income					00	
		dends					00	
Income		ital gain or (loss). Attach Schedule D (541)er income. State nature of income					00	
		Il income. Combine line 1 through line 4					00	
_	J 10ta	in income. Compile line i unough line 4				v		
		PS					00	
Suc		tee fees					00	
ICţ		rney, accountant, and preparer fees					00	
Deductions		er deductions NOT subject to the 2% floor					00	
		wable miscellaneous itemized deductions subject to the 2% floor					00	
	11 101a	Il deductions. Add line 6 through line 10				11	00	
	12 Taxa	able income. Subtract line 11 from line 5				12	00	
	13 Tax 1	from: □Tax Rate Schedule (see instructions) □Composite tax return						
		mber of QFTs included on this tax return					00	
		lits. Attach worksheet. If one credit, enter code If more than one cred					00	
nts		I tax. Subtract line 14 from line 13. See instructions					00	
Payments		nholding (Form 592-B and/or 593). See instructions					00	
		California income tax previously paid. See instructions					00	
=		018 CA estimated tax, amount applied from 2017 tax return, and payment with form FTB 3563					00	
≍		tal payments. Add line 29, line 30, and line 32					00	
		traue. If lifte 20 is fairger than lifte 33, otract line 33 from line 28 and enter the amount owed						
		erpaid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid					00	
		nount of line 38 to be credited to 2019 estimated tax				•	00	
		nount of line 38 to be refunded				-	00	
		erpayment of estimated tax. Check the box: FTB 5805					00	
_		Under penalties of perjury, I declare that I have examined this tax return, including accompany	ring schedules and	statements	s, and to the	e best of my knowledge		
Sign Here		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						
не	re	Signature of trustee or officer representing fiduciary X						
			Date (Check if se	elf- ● PTI	N		
		X		employed [_ •	- -		
Paid Preparer's Use Only						n's FEIN		
					Teleph	one		
					()		
		May the FTB discuss this tax return with the preparer shown above (see instructions)? ● ☐ Yes ☐ No						