TAXABLE YEAR

2019

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

CALIFORNIA FORM

3805P

First name	Initial Last name		SSN or ITIN	
Address (number and stree	t, PO Box, or PMB no.)	Apt. no. /Ste. no.	Check this box if this is an amended return	
City		State	ZIP Code	
retirement plai	con Early Distributions – Complete this part if you re n (including an IRA) or modified endowment contract y indicates an early distribution or you received a Rotl	. You also may have to complete this	s part if you received a fe	
	cluded in income. For Roth IRA distributions, see inst	· · · · · · · · · · · · · · · · · · ·		00
2 Early distributions in	cluded on line 1 that are not subject to additional tax.	See instructions. Enter the appropri	ate exception	
	dditional tax. Subtract line 2 from line 1*			
•	e 3 by 2½% (.025). Enter the amount here and include		·	
Form 540NR, line 73	3. If you are not required to file a California income tax	return, sign this form below and ref	fer to	
	int on line 3 was a distribution from a SIMPLE IRA, yo	ou may have to include 6% (.06) of t	hat amount on line 4 inst	tead of 2½% (.025).
See instructions.	on Ondein Dieteikutions from Education Assessation	and ADLE Assessments - Occuments their		
	on Certain Distributions from Education Accounts a 540 or 540NR) from a Coverdell education savings ac			
	d in income from a Coverdell ESA, a QTP, or an ABLE			
	d on line 5 that are not subject to additional tax. See i			
	dditional tax. Subtract line 6 from line 5			
	e 7 by 2½% (.025). Enter the amount here and include			
	If you are not required to file a California income tax			
the instructions				00
	c on Distributions from Archer and Medicare Advanta ution from an MSA on federal Form 8853.	age Medical Savings Accounts (MS		if you reported a
9 Taxable Archer MSA	distribution from federal Form 8853, line 8		9	00
10 a If you meet any o	f the exceptions to the 12.5% tax (see instructions), of	check here	10a 🗌	
	bly line 9 by 12.5% (.125). Enter the amount here and			
	or Form 540NR, line 73. If you are not required to fil		I	
· -	nis form below and refer to the instructions	· · · · · · · · · · · · · · · · · · ·	00	
	om Medicare Advantage MSA distributions. Enter the			
	in the total on Form 540, line 63 or Form 540NR, line	·		00
	ign this form below and refer to the instructions. Forn		11	00
	y if you are filing this form by itself and not with your			
belief, it is true, correct, a	y, I declare that I have examined this return, including and complete. It is unlawful to forge a spouse's/regist		ments, and to the best of	my knowledge and
Your signature			Date	
X				
Signature of paid preparer	declaration of preparer is based on all information of whi	ch preparer has any knowledge.)	PTIN	
Firm's name (or yours if sel	f-employed) and address		FEIN	