California Income Tax Return for Qualified Funeral Trusts

	20	21	Qualified Funeral Trust	S				54	1-QFT
Fo	r cale	ndar ye	ear 2021 or short year beginning (mm/dd/yyyy)_		_ , and ending	month (mm	n/dd/yy	yy)	
Na	Name of estate or trust								Α
Na	lame and title of trustee								R
Ad	ditional	l informa	tion (see instructions)						RP
Str	reet add	dress of t	rustee (number and street) or PO box			Apt. no./ste.	no	PMB/private mailb	
	cor auc	arc33 01 1	reases (number and street) of 1 6 box			Apt. 110./Ste.	110.	Pivib/private mail	JOX
Cit	У					S	tate		
Fo	reign co	ountry na	ame Fo	oreign province/state/coun	ty	F	Foreign postal code		
 Ch	eck ap	plicable	boxes:						
	Initial	l tax retu	urn 🗌 Amended tax return 🔲 Final tax retu	ırn 🗌 New trustee	☐ Update	d informatio	n for trเ	ıstee	
	1 li	nterest i	ncome					. 1	
Income	1		s						
			ain or (loss). Attach Schedule D (541)						
=			come. State nature of income						00
	5 T	otal inc	ome. Combine line 1 through line 4					. 5	00
	6 T	axes						. 6	00
SI			ees					. 7	00
çţ		-	accountant, and preparer fees $\ldots \ldots \ldots$						00
Deductions			ductions NOT subject to the 2% floor						00
			ole miscellaneous itemized deductions subject to the 2% floor			00			
	11 T	otal de	ductions. Add line 6 through line 10					. 11	00
	12 T	axable i	ncome. Subtract line 11 from line 5					. 12	00
	1		: Tax Rate Schedule (see instructions) Comp						
		Number of QFTs included on this tax return							
		Credits. Attach worksheet. If one credit, enter code If more than one credit, attach a detailed list							
nts									
Payments									
Pa									
and		2021 CA estimated tax, amount applied from 2020 tax return, and payment with form FTB 3563							
Tax	1	ax due.	. 00	100					
			line 33 from line 28 and enter the amount owed			. 37			00
		Overpaid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount overpaid							00
	39 A	Amount of line 38 to be credited to 2022 estimated tax						39	00
		Amount of line 38 to be refunded							00
	44 U		yment of estimated tax. Check the box: FTB 5805 \Box						00
Si	gn	Und true	er penalties of perjury, I declare that I have examined this tax correct, and complete. Declaration of preparer (other than ta	return, including accompan xpayer) is based on all infor	ying schedules and mation of which pre	statements, a parer has any	nd to the knowled	best of my knowled ge.	ge and belief, it is
Here		"	Signature of trustee or officer representing fiduciary						
_			X Preparer's signature Date Check if self- ● F						
Paid		Prep	parer's signature			employed	PII	N	
		Firm	a's name (or yours, if self-employed) and address.			. , _	Firm	n's FEIN	
	epare se Onl	rs	() , , , <u> </u>						
,							Telepho	one	
								🗆	
May the FTB discuss this tax return with the preparer shown above (see instructions)? ■ ☐ Yes ☐ No							Yes No		