California Income Tax Return for Qualified Funeral Trusts

	202	2 Qualified Funeral Trusts			541-0	QFT			
Fo	r calend	dar year 2022 or short year beginning (mm/dd/yyyy), and en	ding month (mm/d	ld/yyyy)					
Na	me of est	ate or trust	FEII	EIN		A			
Na	me and ti	tle of trustee				R			
Ado	ditional in	formation (see instructions)				RP			
Str	eet addre	ess of trustee (number and street) or PO box	Apt. no./ste. no	p. PMB/p	rivate mailbox	_			
0:4									
City	у		Stat	e ZIP co	ae				
Foreign country name Foreign province/state/county					de				
	eck appli Initial ta	icable boxes: ax return	odated information 1	or trustee					
		erest income	<u> </u>			00			
as		idends							
_		oital gain or (loss). Attach Schedule D (541)							
		ner income. State nature of income							
		al income. Combine line 1 through line 4				00			
Deduction	6 Tax	res		6		00			
		stee fees				00			
	8 Atto	orney, accountant, and preparer fees		8		00			
		ner deductions NOT subject to the 2% floor				00			
		owable miscellaneous itemized deductions subject to the 2% floor				00			
	11 Tota	al deductions. Add line 6 through line 10		11		00			
	12 Tax	able income. Subtract line 11 from line 5		12		00			
		from: Tax Rate Schedule (see instructions) Composite tax return							
		ımber of QFTs included on this tax return							
		dits. Attach worksheet. If one credit, enter code If more than one credit, attach a							
nts		al tax. Subtract line 14 from line 13. See instructions							
yme		thholding (Form 592-B and/or 593). See instructions							
Pa		ifornia income tax previously paid. See instructions							
Тах аг		al payments. Add line 29, line 30, and line 32							
		ax due. If line 28 is larger than line 33,							
	l	otract line 33 from line 28 and enter the amount owed	● 37			00			
		erpaid tax. If line 28 is less than line 33, subtract line 28 from line 33 and enter the amount o		● 38		00			
	39 Am	ount of line 38 to be credited to 2023 estimated tax		● 39					
		ount of line 38 to be refunded				00			
	44 Und	derpayment of estimated tax. Check the box: FTB 5805 🔲				00			
Si	an	Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedule true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	es and statements, and ich preparer has any kr	I to the best of nowledge.	my knowledge ar	nd belief, it is			
Sign Here true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an Signature of trustee or officer representing fiduciary					Date				
		X							
		Preparer's signature Date	Check if self-	PTIN					
Paid		X	employed						
Preparer's Use Only Firm's name (or yours, if self-employed) and address.				Firm's FEIN					
				Telephone					
_		May the FTB discuss this tax return with the preparer shown above (see instructions)?							
_		way the Fib discuss this tax return with the preparer snown above (see instructions)?		yes [INO				