TAXABLE YEAR

2023

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

CALIFORNIA FORM

3805P

Firs	t name)	Initial Last name			SSN or ITIN	
Address (number and street, PO Box, or PMB no.)			B no.)		Apt. no. /Ste. no.	Check this box if this is an amended form	
City					State	ZIP code	
Pa	rt I	Additional Tax on Early Distrib retirement plan (including an If that incorrectly indicates an ear	RA) or modified endowment c	ontract. You may also ha	ve to complete this		
1	Farly	distributions included in income				(•) 1	00
	Early distributions included on line 1 that are not subject to additional tax. See instructions. Enter the appropriate exception						
_		ber from instructions					00
3		unt subject to additional tax. Sub					
4	Tax due. Multiply line 3 by 21/2% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or						
	Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to					er to	
	the ir	nstructions				• 4	00
*If	any pa	art of the amount on line 3 was a	distribution from a SIMPLE I	RA, you may have to incl	ude 6% (.06) of tha	at amount on line 4 ins	tead of 2½% (.025).
_		ructions.					_
Pa	rt II	Additional Tax on Certain Dist Schedule CA (540 or 540NR) for					
5	Distri	ibutions included in income from	a Coverdell ESA, a QTP, or a	n ABLE account. See inst	ructions		00
6	Distri	ibutions included on line 5 that a	re not subject to additional ta	x. See instructions			00
7	Amou	unt subject to additional tax. Sub	tract line 6 from line 5				00
8	Tax due. Multiply line 7 by $2\frac{1}{2}$ % (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or						
		540NR, line 73. If you are not re	·	· · · · · · · · · · · · · · · · · · ·		_	
	the ir	nstructions					00
Pa	rt III	Additional Tax on Distribution taxable distribution from an MS		Advantage Medical Savi	ngs Accounts (MS/	As) – Complete this pa	rt if you reported a
9	Taxal	ole Archer MSA distribution from	federal Form 8853, line 8. Se	ee instructions		• 9 <u></u>	00
		you meet any of the exceptions					
	b Otherwise, multiply line 9 by 12.5% (.125). Enter the amount here and include this amount in the total on						
	Fo	orm 540, line 63 or Form 540NR	, line 73. If you are not require	ed to file a California inco	me	1	
	ta	x return, sign this form below ar	nd refer to the instructions	(●10b	00	
11		tional tax due from Medicare Adv					
	include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California					_	I
	incor	me tax return, sign this form belo	ow and refer to the instruction	ns. Form 540NR filers, se	e instructions	①11	00
Sig	nature	e. Complete only if you are filing	this form by itself and not wit	th your tax return.			
		nalties of perjury, I declare that I s true, correct, and complete. It i				nents, and to the best (of my knowledge and
Your signature						Date	
X							
	nature	of paid preparer (declaration of pre	parer is based on all information	n of which preparer has an	y knowledge.)	PTIN	
Firn	n's nan	ne (or yours if self-employed) and a	ddress			Firm's FE	EIN