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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or Form 1040NR.

Attachment Sequence No. 29

Interna	Revenue Service (99)	► Go to www.irs.gov/Form5329 fo	r instructions and	d the latest information.		Sequence No. 29	
Name	of individual subject to additional	I tax. If married filing jointly, see instructions	S.		Your social	security number	
		Home address (number and street), or P	P.O. box if mail is not	t delivered to your home		Apt. no.	
Fill in	Your Address Only	City, town or post office, state, and ZIP	code. If you have a f	foreign address, also complete			
	u Are Filing This	the spaces below. See instructions.				amended	
	by Itself and Not Your Tax Return					return, check here ▶	
With Four Fux Hotalii ,		Foreign country name Foreign province/state/county			Foreign postal code		
		0% tax on early distributions, you nut filing Form 5329. See the instruct					
Par	t I Additional Tax or	n Early Distributions. Complete	e this part if you	took a taxable distribution	(other than	a qualified 2017	
	contract (unless you	before you reached age 59½ from are reporting this tax directly on lo indicate that you qualify for an elee instructions.	Form 1040 or Fo	orm 1040NR-see above).	You may a	also have to	
1	Early distributions include	ded in income. For Roth IRA distri	butions, see ins	tructions	1		
2		ded on line 1 that are not subject t					
		xception number from the instruct			2		
3		tional tax. Subtract line 2 from line			3		
4		.10) of line 3. Include this amount on Scheo					
		the amount on line 3 was a distrib amount on line 4 instead of 10%.					
Par	Additional Tax or	n Certain Distributions From	Education Ac	counts and ABLE Acc	ounts. Co	mplete this part if	
		ount in income, on Schedule 1 (Fo			1, from a C	Coverdell	
		ccount (ESA), a qualified tuition p					
5		n income from a Coverdell ESA, a			5		
6		on line 5 that are not subject to the	,	•	6		
7	•	tional tax. Subtract line 6 from line			7		
8		.10) of line 7. Include this amount on Scheo					
Fair		n Excess Contributions to Tra 2018 than is allowable or you had				a more to your	
9		utions from line 16 of your 2017 Forn					
10	•	A contributions for 2018 are le			9		
10	-	ntribution, see instructions. Otherv		10			
11		tributions included in income (see		11			
12		ior year excess contributions (see		12			
13		2			13		
14		butions. Subtract line 13 from line			14		
15	Excess contributions for	r 2018 (see instructions)			15		
16	Total excess contribution	ons. Add lines 14 and 15			16		
17	,	6) of the smaller of line 16 or the value of young the value of young the smaller of the value of young the young the value of young the value of young the		, ,	1 1		
Part	IV Additional Tax or	n Excess Contributions to Ro	th IRAs. Comp	olete this part if you contril	buted more	e to your Roth	
	IRAs for 2018 than is	s allowable or you had an amount	on line 25 of yo	our 2017 Form 5329.			
18	Enter your excess contribu	utions from line 24 of your 2017 Form	n 5329. See instru	ctions. If zero, go to line 23	18		
19		ibutions for 2018 are less than y					
		see instructions. Otherwise, enter		19			
20		your Roth IRAs (see instructions)		20			
21					21		
22		ibutions. Subtract line 21 from line			22		
23 24		r 2018 (see instructions)			23		
24 25		ons. Add lines 22 and 23 06) of the smaller of line 24 or the value o					
23		2019). Include this amount on Schedule 4 (

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Part \				utions to Coverdell ESAs. (n is allowable or you had an am				-	
26				your 2017 Form 5329. See instruct			26	3323.	
27	If the	contributions	to your Coverdell ESAs	for 2018 were less than the	10110. 11 2010, 90 10		20		
					27				
			-		28				
		ines 27 and 28					29		
		-		ne 29 from line 26. If zero or less			30		
			•	ions)			31		
32	Total	excess contrib	outions. Add lines 30 an	d 31			32		
	Decer 4 (For	mber 31, 2018 m 1040), line 5	(including 2018 contrib 59, or Form 1040NR, lin	aller of line 32 or the value of putions made in 2019). Include the 57	his amount on Sc	hedule	33		
Part v				utions to Archer MSAs. Corn is allowable or you had an am		-	-	-	ibuted
34				your 2017 Form 5329. See instruct			34	3323.	
			·	1	2015. 2010, 90 10		34		
			,	for 2018 are less than the actions. Otherwise, enter -0-	35				
				·	36		1		
		ines 35 and 36	•				37		
				ne 37 from line 34. If zero or less			38		
		•		ions)			39		
			,	d 39			40		
				naller of line 40 or the value o			40		
			. ,	nations made in 2019). Include the	•				
				e 57			41		
				utions to Health Savings A				part if you	ı
	sc	meone on you		yer contributed more to your HS					amount
42		-		of your 2017 Form 5329. If zero	a go to line 47		42		
				are less than the maximum		Ì			
					43				
					44				
		ines 43 and 44	•				45		
	Prior	vear excess co		ne 45 from line 42. If zero or less			46		
		~		ions)			47		
			•	d 47			48		
				ne 48 or the value of your HSAs on D					
			\ <i>'</i>	ount on Schedule 4 (Form 1040), line t	, ,		49		
				utions to an ABLE Account				s to vour £	ARLE
			8 were more than is allo		. Complete time p	Jan 1 11 001	in banon	o to you. 7	.DLL
50			s for 2018 (see instructi				50		
			•	•	vour ABLE acco	ount on			
	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account December 31, 2018. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line								
				ulation in Qualified Retirem			RAs). Co	mplete thi	s part it
				ed distribution from your qualifie			,		
52			•	e instructions)	•		52		
53	Amou	int actually dis	tributed to you in 2018				53		
54	Subtr	act line 53 fror	m line 52. If zero or less	, enter -0			54		
				s amount on Schedule 4 (Form 1040), lin			55		
Are Fili	ng Th nd No	nly if You nis Form by ot With Your	Under penalties of perjury, knowledge and belief, it is tr preparer has any knowledge Your signature	I declare that I have examined this for ue, correct, and complete. Declaration or	rm, including accomp f preparer (other than	Danying att taxpayer) is Date	achments, as based on	and to the b all information	est of m n of whic
		Print/Type prepar		Preparer's signature	Date			PTIN	
Paid		, po propar					eck 📙 if f-employed		
Prepa	irer								
Use C	nly	Firm's name Firm's address •	Firm's EIN Phone no						