Form **5329**

Department of the Treasury Internal Revenue Service (99) Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

20 19

Attachment
Sequence No. 29

Name	of individual subject to additiona	I tax. If married filing jointly, see instruc	itions.		Your soci	al security number	
		Home address (number and street)	, or P.O. box if mail is not d	lelivered to your home		Apt. no.	
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return					If this is a	If this is an amended return, check here ▶	
		Foreign country name	Foreign country name Foreign province/state/county			ostal code	
If you	only owe the additional 10%	 6 tax on early distributions, you m	l ay be able to report this	s tax directly on Schedule 2	(Form 1040 o	r 1040-SR), line 6,	
		filing Form 5329. See the instruct					
Par		on Early Distributions. Con					
	directly on Form	ied retirement plan (including a 1040, 1040-SR, or 1040-NR—s ption to the additional tax on e	see above). You also	may have to complete	this part to i	ndicate that you	
1	Early distributions inclu	ded in income. For Roth IRA d	listributions, see instr	uctions	. 1		
2	Early distributions inclu						
		xception number from the inst					
3	Amount subject to add						
4	Additional tax. Enter 1040-SR), line 6, or For						
	Caution: If any part of include 25% of that am	to					
Par		on Certain Distributions F		counts and ARLE Ac	ecounts Co	mnlete this part	
		amount in income, on Scheo					
	Coverdell education	on savings account (ESA), a qu	ualified tuition prograr	m (QTP), or an ABLE acc	ount.		
5		n income from a Coverdell ESA					
6		Distributions included on line 5 that are not subject to the additional tax (see instructions)					
7	•	itional tax. Subtract line 6 from					
8		10% (0.10) of line 7. Include the 10.00 include					
Part	Additional Tax	on Excess Contributions	to Traditional IRAs	s. Complete this part if y	ou contribut	ed more to your	
		r 2019 than is allowable or you		<u> </u>			
9	= '	butions from line 16 of your 201		1 1 -	e 15 9		
10		contributions for 2019 are lese instructions. Otherwise, er					
11	2019 traditional IRA dis	_					
12		ior year excess contributions (
13	-	2			. 13		
14		ibutions. Subtract line 13 from					
15	Excess contributions for	or 2019 (see instructions)			. 15		
16	Total excess contribution						
17	Additional tax. Enter 6% (0.						
Part		2020). Include this amount on Schedul				t	
rait		on Excess Contributions is allowable or you had an an			ntributea ma	ore to your Roth	
18		-			e 23 18		
19	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	contribution, see instru						
20	2019 distributions from						
21		. 21					
22	Prior year excess contr						
23		or 2019 (see instructions)					
24		ons. Add lines 22 and 23					
25	•	06) of the smaller of line 24 or the val). Include this amount on Schedule 2	•	, ,			

Part '				tributions to Coverdell ESAs. C	•	•		•
				han is allowable or you had an amoun				n 5329.
26				of your 2018 Form 5329. See instruction	s. If zero, go	o to line 31	26	
27				ESAs for 2019 were less than the uctions. Otherwise, enter -0	27			
00								
		nes 27 and 2	=	As (see instructions)	28		29	
30				ine 29 from line 26. If zero or less, ente			30	
30 31		-					31	
				tions)			32	
		32						
	Dece	mber 31, 20 ⁻	19 (including 2019 contr	maller of line 32 or the value of you ibutions made in 2020). Include this a 040-NR, line 57	mount on S	Schedule 2	33	
Part \				ibutions to Archer MSAs. Comple				olover contribute
rart				han is allowable or you had an amoun				
34				of your 2018 Form 5329. See instruction			34	10020.
				for 2019 are less than the maximum	2010, 9	0 10 11110 00		
00								
36				therwise, enter -0 from Form 8853, line 8	35 36			
		nes 35 and 3	-				37	
38				ine 37 from line 34. If zero or less, ente			38	
39				tions)			39	
				nd 39			40	
				smaller of line 40 or the value of y				
				ibutions made in 2020). Include this a				
	(Form	1040 or 104	10-SR), line 6, or Form 10	040-NR, line 57			41	
Part V				tributions to Health Savings Ad			nplete	this part if you
	;	someone on	your behalf, or your er	mployer contributed more to your HS				
	;	amount on li	ne 49 of your 2018 Form	5329.				
42	Enter	the excess of	contributions from line 48	3 of your 2018 Form 5329. If zero, go to	o line 47		42	
43	If the	contributio	ns to your HSAs for	2019 are less than the maximum				
				therwise, enter -0	43			
44	2019	distributions	from your HSAs from Fo	orm 8889, line 16	44			
45	Add li	nes 43 and 4	44				45	
46	Prior	year excess	contributions. Subtract li	ne 45 from line 42. If zero or less, ente	er -0		46	
47	Exces	s contribution	ons for 2019 (see instruct	tions)			47	
48	Total	excess cont	ributions. Add lines 46 ar	nd 47			48	
49				ne 48 or the value of your HSAs on Decembe				
		utions made ir	2020). Include this amount o	on Schedule 2 (Form 1040 or 1040-SR), line 6,	or Form 1040	0-NR, line 57	49	
Part V	Ш ,	Additional	Tax on Excess Conti	ributions to an ABLE Account. C	omplete thi	is part if con	ıtributi	ons to your ABLI
			2019 were more than is a					
50			ons for 2019 (see instruct	•			50	
51		ional tax. En						
				2 (Form 1040 or 1040-SR), line 6, or F			51	
Part I				mulation in Qualified Retirement			As).	Complete this par
				quired distribution from your qualified		•		
52		•	•	e instructions)			52 53	
	Amount actually distributed to you in 2019							
54				s, enter -0			54	
55				e 54. Include this amount on Sched				
	1040-	SH), line 6, C					55	
		nly if You	under penalties of perjury, I de belief, it is true, correct, and con	clare that I have examined this form, including acc nplete. Declaration of preparer (other than taxpayer) i	ompanying atta s based on all i	cnments, and to nformation of wh	tne besich prep	st of my knowledge an arer has any knowledge
	Filing This Form						,	
	elf and Not With Tax Return Your signature							
I	ax ne		Your signature	Proparor's signature	Data	Date		DTIN
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Check solf om		PTIN
Prepa	arer			1		self-em	pioyed	
Use (Only Firm's name ► Firm's EIN ►							
		Firm's address	•			Phone no.		