Form **5329**

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

OMB No. 1545-0074

2016

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

▶ Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Attachment Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.						Your social security number			
		Home address (number and street),	or P.O. box if mail is not	delivered to your home		Apt. no	1.		
Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return		City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions). Foreign country name Foreign province/state/county			If this is an amended return, check here ▶ □ Foreign postal code				
		10% tax on early distribution filing Form 5329. See the instr					e 59, or		
Part	from a qualified retire Form 1040 or Form 1	n Early Distributions. Compenent plan (including an IRA) or r 040NR—see above). You may a early distributions or for certain	modified endowmen Iso have to complet	t contract (unless you are e this part to indicate that	reporting this	tax direct	tly on		
1	•	ded in income. For Roth IRA di			. 1				
2	=	ded on line 1 that are not subje							
_		xception number from the instr							
3	•	tional tax. Subtract line 2 from							
4		(0.10) of line 3. Include this amount the amount on line 3 was a dis		·					
		amount on line 4 instead of 10%			E				
Part		n Certain Distributions Fro	. ,		counts Co	mnlete thi	s nart if		
	- / talantional rax of	ount in income, on Form 1040				•	•		
		ition program (QTP), or an ABL		,		J			
5		n income from a Coverdell ESA		E account	. 5				
6	Distributions included of	n line 5 that are not subject to	the additional tax (see instructions)	. 6				
7	•	ount subject to additional tax. Subtract line 6 from line 5							
8		(0.10) of line 7. Include this amour							
Part		Excess Contributions to				d more to	your		
		2016 than is allowable or you have the second from the second from the second from 100 of the second for the second from 100 of the secon							
9	•	utions from line 16 of your 2015 F	•	ctions). If zero, go to line 15	9				
10	maximum allowable cor	A contributions for 2016 are ntribution, see instructions. Other	erwise, enter -0-	10					
11		tributions included in income (s	•	11					
12	·	ior year excess contributions (s	•	12	10				
13 14		2			. 13 . 14		+-		
15	-	r 2016 (see instructions)					+		
16		ons. Add lines 14 and 15							
17		0.06) of the smaller of line 16 or the							
		s made in 2017). Include this amoun			. 17				
Part	V Additional Tax or	n Excess Contributions to	Roth IRAs. Comp	olete this part if you cont	ributed more	to your R	oth		
		s allowable or you had an amo							
18	•	utions from line 24 of your 2015 F	•	ctions). If zero, go to line 23	18				
19	allowable contribution,	ibutions for 2016 are less tha see instructions. Otherwise, en	ter -0	19					
20		your Roth IRAs (see instruction	•	20					
21									
22		butions. Subtract line 21 from							
23		r 2016 (see instructions)							
24		ons. Add lines 22 and 23							
25		(0.06) of the smaller of line 24 or this made in 2017). Include this amou	•		6 25				

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Part				utions to Coverdell ESAs.						
				in is allowable or you had an ar			-		n 5329.	
26				your 2015 Form 5329 (see instruc	ctions).	. If zero, go to	line 31	26		_
27				for 2016 were less than the						
••				uctions. Otherwise, enter -0-	27					
28				as (see instructions)				-		
29		nes 27 and 28						29		_
30				ne 29 from line 26. If zero or les				30		
31				ions)				31		
32				id 31				32		
33 Part	Decei 1040, VI A	mber 31, 2016 line 59, or For dditional Ta x	6 (including 2016 contr rm 1040NR, line 57 x on Excess Contrib	aller of line 32 or the value of ibutions made in 2017). Inclu-	de this omplet	s amount or	r Form you or y			buted
		-		n is allowable or you had an ar					n 5329.	
34				your 2015 Form 5329 (see instruc	ctions).	. If zero, go to	line 39	34		
35 36	maxir	num allowable	e contribution, see instru	for 2016 are less than the actions. Otherwise, enter -0-from Form 8853, line 8	35					
37		nes 35 and 36	•					37		
38				ne 37 from line 34. If zero or les				38		
39		-		ions)				39		
40			•	id 39				40		_
								40		
41	Dece	mber 31, 2016	6 (including 2016 contr	naller of line 40 or the value ributions made in 2017). Inclu-	de thi	s amount or	Form	41		
Part \	77.			utions to Health Savings A					nort if you	
	sc	meone on you		yer contributed more to your H		•				amount
42	Enter	the excess co	ontributions from line 48	of your 2015 Form 5329. If zer	o, go	to line 47 .		42		
43	allowa	able contributi	ion, see instructions. Ot	are less than the maximum herwise, enter -0	43					
44			=	rm 8889, line 16						
45		nes 43 and 44						45		
46		•		ne 45 from line 42. If zero or les				46		
47	Exces	ss contribution	ns for 2016 (see instruct	ions)				47		
48	Total	excess contrib	butions. Add lines 46 an	ld 47				48		
49	Additi	onal tax. Enter	6% (0.06) of the smaller	of line 48 or the value of your H	SAs or	n December 3	1, 2016			
	(including 2016 contributions made in 2017). Include this amount on Form 1040, line 59, or Form 1040NR, line 57						line 57	49		
Part V	ША	dditional Ta	x on Excess Contrib	utions to an ABLE Accour	ıt. Co	mplete this p	art if cor	ntributio	ons to your A	BLE
	ac	count for 201	6 were more than is allo	wable.						
50	Exces	ss contribution	ns for 2016 (see instruct	ions)				50		
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account of						unt on			
	December 31, 2016. Include this amount on Form 1040, line 59, or Form 1040NR, line 57							51		
Part I	yc	ou did not rece	eive the minimum requir	ulation in Qualified Retiren ed distribution from your qualif	ied ret	tirement plan	١.	RAs). (Complete this	s part if
52		•	•	e instructions)				52		
53	Amount actually distributed to you in 2016							53		
54				, enter -0				54		
55	Additi	onal tax. Enter (, ,	de this amount on Form 1040, line				55		
Are Fi	ling Th and No	nly If You nis Form by ot With Your	knowledge and belief, it is tr preparer has any knowledge	I declare that I have examined this fue, correct, and complete. Declaration	orm, indo	cluding accomp arer (other than t	axpayer) is	achments based o	i, and to the be	est of my of which
		Print/Type prepa	Your signature	Prenarer's signature		Dato	Date		PTIN	
Paid Prepa			iici STIdIIIE	Preparer's signature		Date	sel	eck if-employe	if	
Use (Only Firm's name Firm's Ell					Firm's EIN				
	-	Firm's address ▶ Phone no.								