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Form **5329**

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

OMB No. 1545-0074

2015

Attachment Sequence No. **29**

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.

Name of individual subject to additional tax. If married filing jointly, see instructions.						Your social security number	
		Home address (number and street), o	or P.O. box if mail is not	delivered to your home		Apt. no.	
If You Form	Your Address Only If Are Filing This by Itself and Not 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).			If this is an amended return, check here ▶		
	,	Foreign country name	Foreign pro	vince/state/county	Foreign posta	al code	
		10% tax on early distributions filing Form 5329. See the instru					
Par	from a qualified retire Form 1040 or Form 1	n Early Distributions. Complement plan (including an IRA) or modonR—see above). You may also early distributions or for certain R	nodified endowmer so have to complet	nt contract (unless you are r e this part to indicate that y	eporting this	s tax directly on	
1	Early distributions include	ded in income. For Roth IRA dis	tributions, see ins	tructions	1		
2	Early distributions include	ded on line 1 that are not subject	ct to the additiona	I tax (see instructions).			
	Enter the appropriate ex	ception number from the instru	ictions:		2		
3	Amount subject to addit	3					
4	Additional tax. Enter 10%	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57.					
	Caution: If any part of t	the amount on line 3 was a dist	tribution from a Si	MPLE IRA, you may have			
	to include 25% of that a	mount on line 4 instead of 10%	(see instructions).				
	(ESA), a qualified tui Distributions included in Distributions included of	ount in income, on Form 1040 o tion program (QTP), or an ABLE n income from a Coverdell ESA, n line 5 that are not subject to t	account. a QTP, or an ABL he additional tax (E account see instructions)	5	vings account	
7	Amount subject to addit	tional tax. Subtract line 6 from li	ine 5		7		
8		(.10) of line 7. Include this amount			8		
Part		Excess Contributions to 1				d more to your	
		2015 than is allowable or you ha		-			
9	•	utions from line 16 of your 2014 Fo	•	ctions). If zero, go to line 15	9		
10	-	contributions for 2015 are	•				
		ntribution, see instructions. Othe		10			
11		tributions included in income (se	,	11			
12		or year excess contributions (se		12			
13		2			13		
14	•	butions. Subtract line 13 from li			14		
15					15		
16		ons. Add lines 14 and 15			16		
17		06) of the smaller of line 16 or the value this amount					
Part		s made in 2016). Include this amount			17		
rait		n Excess Contributions to F s allowable or you had an amou			buted more	to your Roth	
18		utions from line 24 of your 2014 Fo			18		
19		butions for 2015 are less than	·				
10		see instructions. Otherwise, ent		19			
20	2015 distributions from	your Roth IRAs (see instructions	s)	20			
21					21		
22	Prior year excess contril	22					
23	Excess contributions for	23					
24	Total excess contribution	24					
25		(.06) of the smaller of line 24 or the smade in 2016). Include this amoun			25		

Part	_			outions to Coverdell ESAs. (an is allowable or you had an am				•	
26				your 2014 Form 5329 (see instruct			26		
	maxir	num allowable	e contribution, see instru	·	27 28				
		ines 27 and 28	•				29		
	Prior	vear excess co		ne 29 from line 26. If zero or less		⊢	30		
		•		ions)			31		
			•	nd 31		-	32		
	Decei 1040,	mber 31, 2015 line 59, or Fo	5 (including 2015 conti orm 1040NR, line 57 .	aller of line 32 or the value of yributions made in 2016). Includ	e this amount or	n Form	33		
Part V	A A	dditional Tax	x on Excess Contrib	outions to Archer MSAs. Cor	nplete this part if	you or yo			
				n is allowable or you had an am			4 Form 5329).	
				your 2014 Form 5329 (see instruct	ions). If zero, go to	line 39	34		
	maxir	num allowable	e contribution, see instru	s for 2015 are less than the uctions. Otherwise, enter -0-from Form 8853, line 8	35 36				
37	Add li	ines 35 and 36	6				37		
38	Prior	year excess co	ontributions. Subtract li	ne 37 from line 34. If zero or less	s, enter -0	[38		
39	Exces	ss contribution	ns for 2015 (see instruct	ions)		[39		
40	Total	excess contrib	butions. Add lines 38 ar	nd 39		[40		
	Dece	mber 31, 2015	5 (including 2015 conti	raller of line 40 or the value or ributions made in 2016). Includ	e this amount or	n Form	41		
				outions to Health Savings A				fvou	
	sc	meone on you		oyer contributed more to your HS					
				of your 2014 Form 5329. If zero	, go to line 47	[42		
	If the contributions to your HSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0								
		ines 43 and 44					45		
			-	46					
		•		ne 45 from line 42. If zero or less ions)		-	47		
			•	nd 47		-	48		
49	Additi	onal tax. Enter	6% (.06) of the smaller	of line 48 or the value of your HS, ude this amount on Form 1040, line 5	As on December 3	1, 2015	49		
	`		,	utions to an ABLE Account				vour ABI F	
			5 were more than is allo		••••••			,	
50	Exces	ss contribution	ns for 2015 (see instruct	ions)			50		
51									
				n Form 1040, line 59, or Form 10			51		
Part I	yc	ou did not rece	eive the minimum requir	ulation in Qualified Retirem ed distribution from your qualifie	ed retirement plar	١.		te this part if	
		•	•	e instructions)		-	52		
		53							
				s, enter -0			54		
55	Additi	onai tax. Enter :		e this amount on Form 1040, line 59. I declare that I have examined this for			chments and to	the best of my	
Are Fili	ing Th	only If You nis Form by ot With Your	knowledge and belief, it is tr preparer has any knowledge Your signature	ue, correct, and complete. Declaration of	preparer (other than t	barrying attached taxpayer) is larger	pased on all info	rmation of which	
		Print/Type prepar	arer's name	Preparer's signature	Date		PTIN		
Paid							ck Lif employed		
Prepa		Firm's name	>		'	Firm's EIN			
Use C	וחי	Firm's address				Phone no			