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## Form **5329**

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

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.g

► Attach to Form 1040 or Form 1040NR.

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

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 no                 | t delivered to your home                           |                                            | Apt. no.                      |  |  |
| 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. |                                           |                                                    | If this is an amended return, check here ▶ |                               |  |  |
|                                                                                              | ,                                              | Foreign country name                                                                                                             | Foreign postal code                       |                                                    |                                            |                               |  |  |
|                                                                                              |                                                | 0% tax on early distributions, you<br>t filing Form 5329. See the instr                                                          |                                           |                                                    |                                            |                               |  |  |
| Par                                                                                          | disaster distribution)<br>contract (unless you | before you reached age 59½ for are reporting this tax directly to indicate that you qualify for a see instructions.              | rom a qualified reti<br>on Form 1040 or F | rement plan (including an<br>orm 1040NR—see above) | IRA) or mo                                 | dified endowment also have to |  |  |
| 1                                                                                            | Early distributions include                    | ded in income. For Roth IRA di                                                                                                   | stributions, see ins                      | structions                                         | . 1                                        |                               |  |  |
| 2                                                                                            | Early distributions include                    | ded on line 1 that are not subje                                                                                                 | ect to the additiona                      | I tax (see instructions).                          |                                            |                               |  |  |
|                                                                                              |                                                | ception number from the instr                                                                                                    |                                           |                                                    | . 2                                        |                               |  |  |
| 3                                                                                            |                                                | ional tax. Subtract line 2 from                                                                                                  |                                           |                                                    |                                            |                               |  |  |
| 4                                                                                            | •                                              | 10) of line 3. Include this amount on S                                                                                          |                                           |                                                    |                                            |                               |  |  |
|                                                                                              | •                                              | he amount on line 3 was a dis                                                                                                    |                                           |                                                    |                                            |                               |  |  |
|                                                                                              |                                                | mount on line 4 instead of 109                                                                                                   |                                           |                                                    |                                            |                               |  |  |
| Part                                                                                         |                                                | Certain Distributions Fro                                                                                                        |                                           |                                                    |                                            |                               |  |  |
|                                                                                              |                                                | ccount (ESA), a qualified tuition                                                                                                | •                                         |                                                    | ,                                          |                               |  |  |
| 5                                                                                            |                                                | income from a Coverdell ESA                                                                                                      |                                           |                                                    | . 5                                        |                               |  |  |
| 6                                                                                            |                                                | n line 5 that are not subject to                                                                                                 |                                           |                                                    |                                            |                               |  |  |
| 7                                                                                            |                                                | ional tax. Subtract line 6 from                                                                                                  |                                           | •                                                  |                                            |                               |  |  |
| 8                                                                                            | •                                              | 10) of line 7. Include this amount on S                                                                                          |                                           |                                                    |                                            |                               |  |  |
|                                                                                              |                                                | Excess Contributions to                                                                                                          |                                           |                                                    |                                            | ed more to your               |  |  |
|                                                                                              |                                                | 018 than is allowable or you h                                                                                                   |                                           |                                                    |                                            | od more to year               |  |  |
| 9                                                                                            |                                                | utions from line 16 of your 2017 F                                                                                               |                                           |                                                    |                                            |                               |  |  |
| 10                                                                                           | •                                              | contributions for 2018 are                                                                                                       |                                           |                                                    |                                            |                               |  |  |
|                                                                                              |                                                | stribution, see instructions. Oth                                                                                                |                                           | 10                                                 |                                            |                               |  |  |
| 11                                                                                           |                                                | ributions included in income (s                                                                                                  |                                           | 11                                                 |                                            |                               |  |  |
| 12                                                                                           |                                                | or year excess contributions (s                                                                                                  |                                           | 12                                                 |                                            |                               |  |  |
| 13                                                                                           |                                                | 2                                                                                                                                |                                           |                                                    | . 13                                       |                               |  |  |
| 14                                                                                           |                                                | butions. Subtract line 13 from                                                                                                   |                                           |                                                    |                                            | ,                             |  |  |
| 15                                                                                           |                                                | 2018 (see instructions)                                                                                                          |                                           |                                                    | . 15                                       |                               |  |  |
| 16                                                                                           |                                                | ,                                                                                                                                |                                           |                                                    | . 16                                       | ,                             |  |  |
| 17                                                                                           | •                                              | s) of the <b>smaller</b> of line 16 <b>or</b> the value 19). Include this amount on Schedule 4                                   | •                                         |                                                    | ~                                          |                               |  |  |
| Part                                                                                         |                                                | Excess Contributions to                                                                                                          |                                           |                                                    |                                            | e to your Both                |  |  |
|                                                                                              |                                                | allowable or you had an amo                                                                                                      |                                           |                                                    | ibuteu mon                                 | e to your riotir              |  |  |
| 18                                                                                           |                                                | utions from line 24 of your 2017 F                                                                                               |                                           |                                                    | 18                                         |                               |  |  |
| 19                                                                                           | •                                              | butions for 2018 are less that                                                                                                   |                                           |                                                    |                                            |                               |  |  |
| 13                                                                                           |                                                | see instructions. Otherwise, en                                                                                                  |                                           | 19                                                 |                                            |                               |  |  |
| 20                                                                                           |                                                | your Roth IRAs (see instruction                                                                                                  |                                           | 20                                                 |                                            |                               |  |  |
| 21                                                                                           |                                                |                                                                                                                                  | •                                         |                                                    | . 21                                       |                               |  |  |
| 22                                                                                           |                                                | butions. Subtract line 21 from                                                                                                   |                                           |                                                    |                                            |                               |  |  |
| 23                                                                                           | =                                              | 2018 (see instructions)                                                                                                          |                                           |                                                    | 23                                         |                               |  |  |
| 24                                                                                           |                                                |                                                                                                                                  |                                           |                                                    |                                            |                               |  |  |
| 25                                                                                           |                                                | 06) of the <b>smaller</b> of line 24 <b>or</b> the val                                                                           |                                           |                                                    | -                                          |                               |  |  |
|                                                                                              |                                                | 019) Include this amount on Schedul                                                                                              |                                           |                                                    | 9 25                                       |                               |  |  |

| Part \  |                            |                                           |                                                                                             | utions to Coverdell ESAs.                                                      |                        |                                |              |                      |                |          |
|---------|----------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------|--------------------------------|--------------|----------------------|----------------|----------|
|         |                            |                                           |                                                                                             | n is allowable or you had an ar                                                |                        |                                |              |                      | 5329.          |          |
|         |                            |                                           |                                                                                             | your 2017 Form 5329. See instruc                                               | ctions. I              | t zero, go to                  | line 31      | 26                   |                |          |
| 27      |                            |                                           |                                                                                             | s for 2018 were less than the                                                  | 27                     |                                |              |                      |                |          |
| 28      |                            |                                           |                                                                                             | uctions. Otherwise, enter -0-                                                  |                        |                                |              |                      |                |          |
|         |                            | ines 27 and 28                            |                                                                                             |                                                                                |                        |                                |              | 29                   |                |          |
|         |                            |                                           |                                                                                             | ne 29 from line 26. If zero or les                                             |                        |                                |              | 30                   |                |          |
| 31      |                            | ~                                         |                                                                                             | ions)                                                                          |                        |                                |              | 31                   |                |          |
|         |                            |                                           | •                                                                                           | nd 31                                                                          |                        |                                |              | 32                   |                |          |
|         |                            |                                           |                                                                                             | aller of line 32 or the value of                                               |                        |                                |              | 02                   |                |          |
|         | Decei<br>4 (For            | mber 31, 2018<br>m 1040), line s          | 3 (including 2018 contrik<br>59, or Form 1040NR, lin                                        | putions made in 2019). Include the 57                                          | this am                | ount on Sc                     | hedule<br>   | 33                   | lovor contrib  |          |
| rait    |                            |                                           |                                                                                             | n is allowable or you had an an                                                |                        | •                              |              |                      | -              | Juleu    |
| 34      |                            |                                           |                                                                                             | your 2017 Form 5329. See instruc                                               |                        |                                |              | 34                   | 0020.          |          |
|         |                            |                                           |                                                                                             | for 2018 are less than the                                                     |                        | 1 2610, go to                  | 11116 33     | 34                   |                |          |
|         |                            |                                           |                                                                                             | uctions. Otherwise, enter -0-                                                  | 35                     |                                |              |                      |                |          |
|         |                            |                                           |                                                                                             | from Form 8853, line 8                                                         |                        |                                |              |                      |                |          |
|         |                            | ines 35 and 36                            | •                                                                                           |                                                                                |                        |                                |              | 37                   |                |          |
|         |                            |                                           |                                                                                             | ne 37 from line 34. If zero or les                                             |                        |                                |              | 38                   |                |          |
| 39      |                            | •                                         |                                                                                             | ions)                                                                          |                        |                                |              | 39                   |                |          |
|         |                            |                                           | •                                                                                           | nd 39                                                                          |                        |                                |              | 40                   |                |          |
|         |                            |                                           |                                                                                             | naller of line 40 or the value                                                 |                        |                                |              |                      |                |          |
|         |                            |                                           |                                                                                             | outions made in 2019). Include                                                 |                        |                                |              |                      |                |          |
|         |                            |                                           |                                                                                             | ne 57 <sup>′</sup>                                                             |                        |                                |              | 41                   |                |          |
| Part V  |                            |                                           |                                                                                             | utions to Health Savings A                                                     |                        |                                |              | ete this             | part if you,   |          |
|         | sc                         | meone on you                              |                                                                                             | yer contributed more to your H                                                 |                        |                                |              |                      |                | mount    |
| 42      |                            |                                           |                                                                                             | of your 2017 Form 5329. If zer                                                 | n an t                 | n line 47                      |              | 42                   |                |          |
|         |                            |                                           |                                                                                             | are less than the maximum                                                      | o, go t                | J III 10 - 17 .                |              | 72                   |                |          |
| 70      |                            |                                           |                                                                                             | herwise, enter -0                                                              | 43                     |                                |              |                      |                |          |
| 44      |                            |                                           |                                                                                             | rm 8889, line 16                                                               |                        |                                |              |                      |                |          |
|         |                            |                                           |                                                                                             |                                                                                |                        |                                |              | 45                   |                |          |
|         |                            |                                           |                                                                                             | ne 45 from line 42. If zero or les                                             |                        |                                |              | 46                   |                |          |
| 47      |                            | •                                         |                                                                                             | ions)                                                                          |                        |                                |              | 47                   |                |          |
|         |                            |                                           | •                                                                                           | nd 47                                                                          |                        |                                |              | 48                   |                |          |
|         |                            |                                           |                                                                                             | ne 48 <b>or</b> the value of your HSAs on I                                    |                        |                                |              |                      |                |          |
|         |                            |                                           |                                                                                             | ount on Schedule 4 (Form 1040), line                                           |                        |                                |              | 49                   |                |          |
| Part V  | III A                      | dditional Ta                              | x on Excess Contrib                                                                         | utions to an ABLE Accoun                                                       | t. Con                 | plete this p                   | art if cor   | ntribution           | ns to your Al  | BLE      |
|         | ac                         | count for 201                             | 8 were more than is allo                                                                    | owable.                                                                        |                        |                                |              |                      | -              |          |
| 50      | Exces                      | ss contribution                           | ns for 2018 (see instruct                                                                   | ions)                                                                          |                        |                                |              | 50                   |                |          |
| 51      | Addit                      | ional tax. Ent                            | er 6% (0.06) of the sm                                                                      | naller of line 50 or the value of                                              | of your                | ABLE acco                      | unt on       |                      |                |          |
|         |                            | mber 31, 2018.                            | . Include this amount on                                                                    | Schedule 4 (Form 1040), line 59                                                | , or For               | m 1040NR,                      | line 57      | 51                   |                |          |
| Part I  |                            |                                           |                                                                                             | ulation in Qualified Retiren                                                   |                        |                                |              | <b>₹As).</b> Co      | mplete this    | part if  |
|         |                            |                                           |                                                                                             | ed distribution from your qualif                                               |                        | <b>.</b>                       |              |                      |                |          |
|         |                            | •                                         | ,                                                                                           | e instructions)                                                                |                        |                                |              | 52                   |                |          |
|         |                            | _                                         |                                                                                             |                                                                                |                        |                                |              | 53                   |                |          |
| 54      |                            |                                           |                                                                                             | , enter -0                                                                     |                        |                                |              | 54                   |                |          |
| 55      | Additio                    | onal tax. Enter 50                        |                                                                                             | s amount on Schedule 4 (Form 1040), li                                         |                        |                                |              | 55                   |                |          |
| Are Fil | ing Th<br>Ind No           | nly if You<br>nis Form by<br>ot With Your | Under penalties of perjury,<br>knowledge and belief, it is tr<br>preparer has any knowledge | I declare that I have examined this foue, correct, and complete. Declaration . | orm, incl<br>of prepar | uding accomp<br>er (other than | taxpayer) is | chments,<br>based on | and to the bes | of which |
|         |                            |                                           | Your signature                                                                              |                                                                                |                        |                                | Date         |                      |                |          |
| Paid    |                            | Print/Type prepa                          | rer's name                                                                                  | Preparer's signature                                                           |                        | Date                           |              | eck if               | PTIN           |          |
| Prepa   |                            | er                                        |                                                                                             |                                                                                |                        |                                |              |                      |                |          |
| Use (   |                            |                                           |                                                                                             |                                                                                |                        |                                |              |                      |                |          |
|         | Firm's address ► Phone no. |                                           |                                                                                             |                                                                                |                        |                                |              |                      |                |          |