(Rev. February 2021)

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

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

OMB No. 1545-0074

Attachment Sequence No. 29

Department of the Treasury ► Go to www.irs.gov/Form5329 for instructions and the latest information. Internal Revenue Service (99)

	of individual subject to additional	tax. If married filing jointly, see instruction	ns.		Your soci	ial security nu	mber
		Home address (number and street), or	r P.O. box if mail is not delivere	d to your home		Apt. no.	
Fill in Your Address Only f 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 ▶		
VICII	Tour rax neturn y	Foreign country name Foreign province/state/county			Foreign postal code		
		10% tax on the full amount of without filing Form 5329. See in		you may be able to r	eport this	s tax direct	ly on
Par	Additional Tax of	on Early Distributions. Comped retirement plan (including an	plete this part if you too				_
	directly on Schedu	le 2 (Form 1040)—see above).	You may also have to co	omplete this part to inc	dicate tha	at you quali	
1	=	lible in income (see instructions	T		1		
2	•	led on line 1 that are not subjec	•	,			
2		ception number from the instru			3		
3 4	•	ional tax. Subtract line 2 from lint (0.10) of line 3. Include this a			4		
7		he amount on line 3 was a dist	·	·			
		ount on line 4 instead of 10%. S		irut, you may navo to			
Part	Additional Tax o	n Certain Distributions Fro	m Education Accou	nts and ABLE Acco	unts. Co	omplete this	s part
	if you included an	amount in income, on Scheduition program (QTP), or an ABL	ule 1 (Form 1040), line 8				
5	Distributions included in	income from a Coverdell ESA,	a QTP, or an ABLE acco	unt	5		
6		n line 5 that are not subject to th	•	,	6		
7	•	ional tax. Subtract line 6 from li			7		
8		% (0.10) of line 7. Include this a			8		
Part	traditional IRAs for	on Excess Contributions to 2020 than is allowable or you h	nad an amount on line 17	of your 2019 Form 53	29.	ted more to	your
9	•	outions from line 16 of your 2019		ns. If zero, go to line 15	9		
10		contributions for 2020 are les		40			
11		ee instructions. Otherwise, ente ributions included in income (se		10	_		
12		or year excess contributions (se	,	12			
13					13		
14		outions. Subtract line 13 from lir		r-0	14		
15		2020 (see instructions)			15		
16	Total excess contribution	ns. Add lines 14 and 15			16		
17		(0.06) of the smaller of line 16 contributions made in 2021). Include			17		
Part		on Excess Contributions to	·		buted me	ore to your	Roth
		is allowable or you had an amo					
18		outions from line 24 of your 2019		ns. If zero, go to line 23	18		
19		utions for 2020 are less than you tions. Otherwise, enter -0		19			
20	-	your Roth IRAs (see instructions		20			
21					21		
22	•	outions. Subtract line 21 from lin			22		
23		2020 (see instructions)			23		
24		ns. Add lines 22 and 23			24		
25	Additional tax. Enter 6%	(0.06) of the smaller of line 24	or the value of your Both	IBAS on December 31			

2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6

Part '				tributions to Coverdell ESAs. Con nan is allowable or you had an amoun	•			•
26							26	1 3029.
27	Enter the excess contributions from line 32 of your 2019 Form 5329. See instructions. If zero, go to line 31 If the contributions to your Coverdell ESAs for 2020 were less than the							
21	maximum allowable contribution, see instructions. Otherwise, enter -0 27							
28			· ·	as (see instructions)	28			
29							29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0						30	
31	Exces	ss contributio	ons for 2020 (see instruct	ions)			31	
32	Total	32						
33				maller of line 32 or the value of you butions made in 2021). Include this a				
							33	
Part \				ibutions to Archer MSAs. Comple				olover contributed
				nan is allowable or you had an amount		,		•
34				of your 2019 Form 5329. See instruction			34	
35				or 2020 are less than the maximum				
			,	herwise, enter -0	35			
36				from Form 8853, line 8	36			
37	Add I	ines 35 and 3	36				37	
38	Prior	year excess	contributions. Subtract li	ne 37 from line 34. If zero or less, ente	er -0		38	
39	Excess contributions for 2020 (see instructions)						39	
40	Total	excess conti	ributions. Add lines 38 an	id 39			40	
41				smaller of line 40 or the value of y				
			,	butions made in 2021). Include this a				
				<u> </u>			41	
Part \				tributions to Health Savings Ac	•	•		
				nployer contributed more to your HS	SAs for 202	0 than is al	Iowab	le or you had ar
			ne 49 of your 2019 Form		1: 47		40	1
42				of your 2019 Form 5329. If zero, go to	o line 47		42	1
43				2020 are less than the maximum	43			
44				herwise, enter -0	43		-	
44 45							45	
46				ne 45 from line 42. If zero or less, ente			46	
47		-		ions)			47	
48			`	id 47			48	
49				aller of line 48 or the value of your H				
			, ,	2021). Include this amount on Schedule			49	
Part V	Ш	Additional	Tax on Excess Contr	ibutions to an ABLE Account. C	omplete thi	s part if con	tributi	ons to your ABLE
		account for 2	2020 were more than is a	llowable.				
50			•	ions)			50	
51			` ,	maller of line 50 or the value of yo				
Doub I				n Schedule 2 (Form 1040), line 6			51	
Part I				nulation in Qualified Retirement quired distribution from your qualified			AS). (complete this par
52	Minim	num required	distribution for 2020 (see	e instructions)			52	
53	Amount actually distributed to you in 2020						53	
54	Subtract line 53 from line 52. If zero or less, enter -0						54	
55	Addit	t ional tax. Er	· · · · · · · · · · · · · · · · · · ·	Include this amount on Schedule 2 (F			55	
Sign H	lere O	nly if You	Under penalties of perjury, I ded	clare that I have examined this form, including accorplete. Declaration of preparer (other than taxpayer) is	ompanying atta	chments, and to	the bes	st of my knowledge and
Are Fil	ling This Form						p. op	
by Itself an Your Tax F		Not With				<u></u>		
Tour I	ax Ke		Your signature	Dropovov's signature	Doto	Date		DTIN
Paid		Print/Type prep	parer's name	Preparer's signature	Date	Check		PTIN
Prepa	arer					self-em	hioyea	
Use (Only Firm's name ► Firm's EIN ►							
		Firm's address ▶ Phone no.						