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Your Federal Tax Return for
FREE!!

Department of the Treasury Internal Revenue Service (99)

Name of individual subject to additional tax. If married filing jointly, see instructions.

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

Attachment Sequence No. 29 Your social security number

		Home address (number and street), or P.O. box	if mail is not 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						n amended eck here ►
	,	Foreign country name	Foreign province/state	e/county	Foreign po	stal code
		10% tax on the full amount of the ea without filing Form 5329. See instruction		ou may be able to r	eport this	tax directly on
Par	Additional Tax of disaster distribution endowment contraction have to complete	on Early Distributions. Complete the on) before you reached age 59½ from act (unless you are reporting this tax of this part to indicate that you qualify for istributions. See instructions.	nis part if you took m a qualified retin lirectly on Schedule	ement plan (includi e 2 (Form 1040)—se	ing an IR ee above)	A) or modified . You may also
1	Early distributions include	dible in income (see instructions). For Ro	oth IRA distribution:	s, see instructions.	1	
2	Early distributions include	ded on line 1 that are not subject to the	additional tax (see	instructions).		
	Enter the appropriate ex	cception number from the instructions:			2	
3	Amount subject to addit	tional tax. Subtract line 2 from line 1 .			3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8				4	
		the amount on line 3 was a distribution		A, you may have to		
		ount on line 4 instead of 10%. See instru			_	
Part		on Certain Distributions From Edu				
		amount in income, on Schedule 1 (Fo I tuition program (QTP), or on Schedule				avings account
5	Distributions included in	income from a Coverdell ESA, a QTP,	or an ABLE accoun	t	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)					
7						
8	Additional tax. Enter 10	8				
Part		on Excess Contributions to Tradit				ed more to your
		2021 than is allowable or you had an a		-		
9	•	outions from line 16 of your 2020 Form 53	1	. If zero, go to line 15	9	
10	,	contributions for 2021 are less than	•			
		see instructions. Otherwise, enter -0		10		
11		ributions included in income (see instru	· –	11		
12		or year excess contributions (see instru	′	12		
13	Add lines 10, 11, and 12					
14		14				
15	Excess contributions for	15				
16		ns. Add lines 14 and 15			16	
17		(0.06) of the smaller of line 16 or the va				
David		contributions made in 2022). Include this a			17	
Part		on Excess Contributions to Roth			buted mo	re to your Roth
40		is allowable or you had an amount on I			10	
18	•	outions from line 24 of your 2020 Form 53	1	. If zero, go to line 23	18	
19	contribution, see instruc	utions for 2021 are less than your max stions. Otherwise, enter -0-		19		
20	2021 distributions from	your Roth IRAs (see instructions)		20		
21	Add lines 19 and 20 .	21				
22	Prior year excess contril	22				
23	Excess contributions for	23				
24	Total excess contribution	ns. Add lines 22 and 23			24	
25		6 (0.06) of the smaller of line 24 or the vaributions made in 2022). Include this am	•		25	

Part \				ntributions to Coverdell ESA than is allowable or you had an a	•			•
26				of your 2020 Form 5329. See instru			26	
				ESAs for 2021 were less than	1 1 1	3		
	maxir							
28	2021	distributions	from your Coverdell ES	SAs (see instructions)	. 28			
29	Add I	ines 27 and 2	28				29	
30	Prior	year excess	contributions. Subtract	line 29 from line 26. If zero or less	s, enter -0		30	
31	Exces	ss contribution	ons for 2021 (see instru	ctions)			31	
32	Total	excess cont	ributions. Add lines 30 a	and 31			32	
	Dece (Form	mber 31, 20 n 1040), line 8	21 (including 2021 cont 8	smaller of line 32 or the value of tributions made in 2022). Include	this amount or	n Schedule 2	33	
Part \				tributions to Archer MSAs. C				•
				than is allowable or you had an a				ı 5329.
				of your 2020 Form 5329. See instr	1 1	, go to line 39	34	
	allow	able contribu	ution, see instructions. (s for 2021 are less than the maximum of the formum of the control of the formum of the formum of the formum of the control of the formum of th	. 35			
			-	s from Form 8853, line 8				
							37	
		-		line 37 from line 34. If zero or less			38	
			•	ctions)			39	
				and 39			40	
	Dece	mber 31, 20	21 (including 2021 cont	smaller of line 40 or the value tributions made in 2022). Include	this amount or	n Schedule 2	41	
Part V				ntributions to Health Saving				this part if you
raitv				employer contributed more to yo				
			ne 49 of your 2020 Forr		ul 110A3 101 2	טבו נוומוו ו5 מ	iiowab	ie or you riad ar
42				18 of your 2020 Form 5329. If zero	an to line 47		42	
				2021 are less than the maxin			72	
				Otherwise, enter -0				
				Form 8889, line 16			-	
			,				45	
				line 45 from line 42. If zero or less			46	
				ctions)			47	
			,	and 47			48	
				maller of line 48 or the value of y				
				n 2022). Include this amount on Sci			49	
Part V	Ш	Additional		tributions to an ABLE Accou			itributi	ons to your ABLE
50							50	
	Excess contributions for 2021 (see instructions)							
				on Schedule 2 (Form 1040), line 8			51	
Part I				umulation in Qualified Retire				Complete this par
				equired distribution from your qua		. •	/-	
52				see instructions)			52	
53	Amou	53						
		-		ss, enter -0			54	
55	Addit	tional tax. E	nter 50% (0.50) of line 5	4. Include this amount on Schedu	ile 2 (Form 104	0), line 8 .	55	
Are Fili	ing Tl	only if You his Form	Under penalties of perjury, I d belief, it is true, correct, and co	declare that I have examined this form, includ complete. Declaration of preparer (other than tax	ing accompanying a kpayer) is based on a	attachments, and to all information of wh	the bes	it of my knowledge and arer has any knowledge
by Itse Your T		Not With	- Vanna i e			-		
- Jul I	ax nt		Your signature	Droparov'a signatura	Data	Date		DTIN
Paid Prepa	arer	Print/Type pre	parer's name	Preparer's signature	Date	Check self-em		PTIN
Use C	Liveria name h							
		Firm's address						