Form **5329**

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

OMB No. 1545-0074

2015

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 he	ome	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 country name Foreign province/state/county				
	1040NR, line 57, without	filing Form 5329. See the insti	ns, you may be able to report this ructions for Form 1040, line 59, or folete this part if you took a taxable dis	for Form 1040NR, line	57.		
	from a qualified retire Form 1040 or Form 1 the additional tax on	ement plan (including an IRA) or 1040NR—see above). You may a early distributions or for certain	modified endowment contract (unles also have to complete this part to ind Roth IRA distributions (see instruction	ss you are reporting this licate that you qualify fons).	tax directly on		
1	•		istributions, see instructions	1			
2	=	-	ect to the additional tax (see instruc				
•	7 7 7	-	ructions:				
3 4	•	itional tax. Subtract line 2 from	line 1				
7		• •	stribution from a SIMPLE IRA, you				
		amount on line 4 instead of 109		may have			
Part	Additional Tax or	n Certain Distributions Fro	om Education Accounts and A	BLE Accounts. Co	mplete this part if		
			or Form 1040NR, line 21, from a C				
		ition program (QTP), or an ABL					
5	Distributions included in	n income from a Coverdell ESA	A, a QTP, or an ABLE account .	5			
6			the additional tax (see instructions				
7	-	itional tax. Subtract line 6 from					
8			t on Form 1040, line 59, or Form 1040N				
Part			Traditional IRAs. Complete this nad an amount on line 17 of your 20		d more to your		
9		-	Form 5329 (see instructions). If zero, go				
10	•	A contributions for 2015 are	` 1 '1				
10		ntribution, see instructions. Other					
11		stributions included in income (1				
12	2015 distributions of pr	rior year excess contributions (see instructions) . 12				
13	Add lines 10, 11, and 1	2		13			
14		ibutions. Subtract line 13 from		14			
15							
16							
17			value of your traditional IRAs on Decemb				
Part	<u> </u>	,	nt on Form 1040, line 59, or Form 1040NF		to very Deth		
rait			Roth IRAs. Complete this part if punt on line 25 of your 2014 Form 5	•	to your Roth		
18		-	Form 5329 (see instructions). If zero, go				
19	If your Roth IRA contr	ributions for 2015 are less that see instructions. Otherwise, er	an your maximum				
20		your Roth IRAs (see instructio					
21			·	21			
22			line 18. If zero or less, enter -0				
23							
24							
25		. ,	he value of your Roth IRAs on Decembunt on Form 1040, line 59, or Form 1040,				

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Part				utions to Coverdell ESAs.						
				in is allowable or you had an ar					n 5329.	
26				your 2014 Form 5329 (see instruc	ctions).	if zero, go to	line 31	26		
27				for 2015 were less than the						
••				uctions. Otherwise, enter -0-	27			-		
28				as (see instructions)				-		
29		ines 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, 2015 line 59, or For dditional Ta x	5 (including 2015 contr rm 1040NR, line 57 . x on Excess Contrib	aller of line 32 or the value of ibutions made in 2016). Inclu	de this omplet	s amount or e this part if	Form you or y			ibuted
				n is allowable or you had an ar					n 5329.	
34				your 2014 Form 5329 (see instru	ctions).	If zero, go to	line 39	34		
35 36	maxir	num allowable	e contribution, see instru	for 2015 are less than the actions. Otherwise, enter -0-from Form 8853, line 8	35					
37		ines 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, 201	5 (including 2015 conti	aller of line 40 or the value ributions made in 2016). Inclu	de this	s amount or	Form	41		
Part \				utions to Health Savings A						
	sc	meone on you n line 49 of you	ur behalf, or your emplo ur 2014 Form 5329.	yer contributed more to your H	ISAs fo	or 2015 than	is allow	able or		
42				of your 2014 Form 5329. If zei	ro, go 1	to line 47 .		42		
43	allowa	able contributi	ion, see instructions. Ot	herwise, enter -0	43					
44			=	rm 8889, line 16				4.5		
45		ines 43 and 44						45		
46		•		ne 45 from line 42. If zero or les				46		
47			•	ions)				47		
48				id 47				48		
49				of line 48 or the value of your H						
B				ude this amount on Form 1040, line				49		
Part v				utions to an ABLE Accour	it. Cor	mplete this p	art if co	ntributio	ons to your A	ABLE
			5 were more than is allo							
50			•	ions)				50		
51	Additional tax. Enter 6% (.06) of the smaller of line 50 or the value of your ABLE account December 31, 2015. Include this amount on Form 1040, line 59, or Form 1040NR, line 57									
Part I								51		
rarti				ulation in Qualified Retirer		•	_	HAS).	Jomplete thi	s part if
F0			-	ed distribution from your qualif				50		
52		•	•	e instructions)				52		-
53		=						53		-
54 55				, enter -0				54		_
55	Additi	onai tax. Enter :		e this amount on Form 1040, line 5 I declare that I have examined this f				55	and to the h	nest of m
Are Fil	ing Thand No	nly 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 prepa	rer (other than t	anying attacked axpayer) is Date	s based o	i, and to the b	nest of my
		Print/Type prepa		Preparer's signature		Date	, Date		PTIN	
Paid Prepa			a.c. c name	1 Toparor o orginaturo			se	neck i	if	
Use (Only Firm's name Firm's E									
	Firm's address ▶ Phone no.).				