

# 2019 IRA Reporting



ascend  
2019

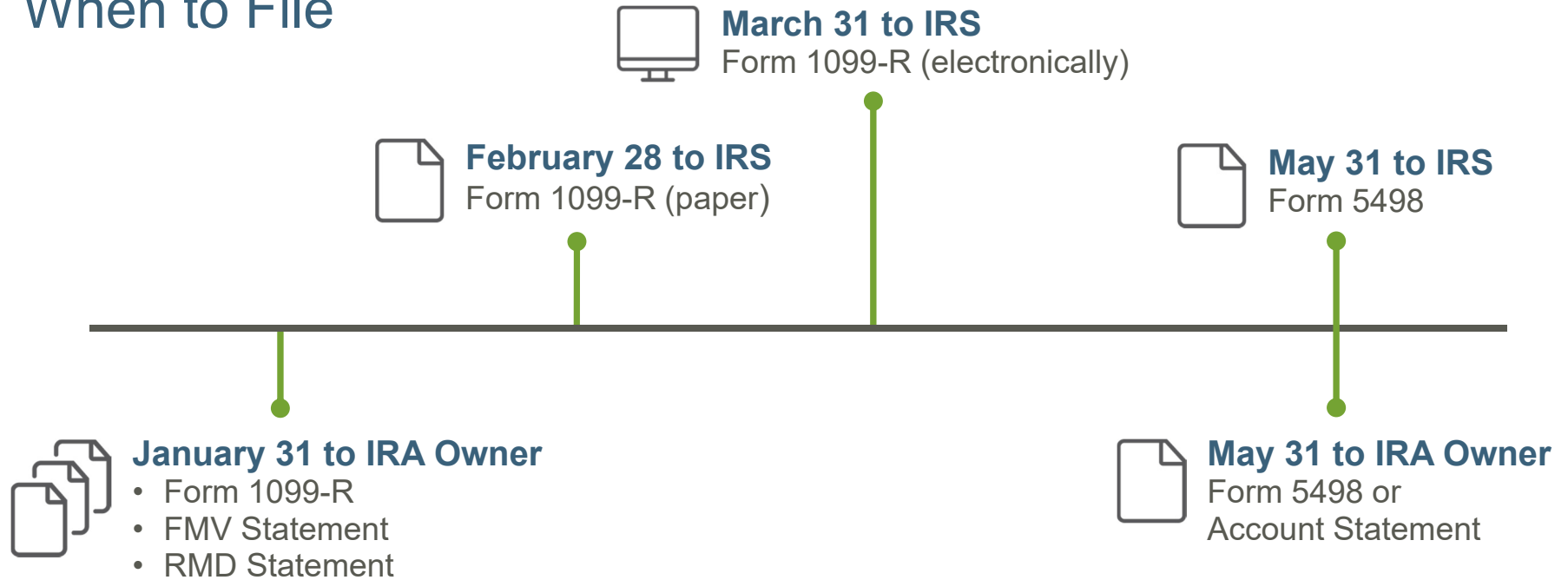
## Learning Objectives

- ✔ Identify due dates for IRA reporting
- ✔ Recognize when a required minimum distribution statement is required
- ✔ Understand when electronic filing of forms is required
- ✔ Accurately report contributions, fair market values, and distributions to IRA owners and to the IRS





# When to File



Saturday, Sunday, or legal holiday = deadline extended



**If 250 or more per  
form type, must  
file electronically**



IRS Form 4419 to apply for  
FIRE System

Minimum 45 days before due  
date of form

Proposed regulation would  
require number of forms filed  
after 12/31/18 to be aggregated

Paper filing IRS Form 1096 per form type

Can file electronically if less than 250 per form type



9896 VOID CORRECTED  
 PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. 1 Gross distribution OMB No. 1545-0119  
 \$ Taxable amount 2019 Form 1099-R  
 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2826 VOID CORRECTED  
 PAYER'S TIN TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code OMB No. 1545-0147  
 \$ 1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) 2019 Form 5498  
 \$ 2 Rollover contributions 3 Full IRA conversion amount 4 Rollover/converted contributions  
 Recipient's name  
 Street address (including apt. no.)  
 City or town, state or province, country, and ZIP or foreign postal code  
 TRUSTEE'S or ISSUER'S TIN PARTICIPANT'S name  
 Street address (including apt. no.)  
 City or town, state or province, country, and ZIP or foreign postal code  
 Account number (see instructions)  
 Form 1099-R Cat. No. 14439Q Do Not Cut or Separate

Form 5498  
 Do Not Cut or Separate F

On this page Form 1096 Annual Summary and Transmittal of U.S. Information Returns OMB No. 1545-0103  
 Department of the Treasury Internal Revenue Service 2019  
 FILER'S name  
 Street address (including room or suite number)  
 City or town, state or province, country, and ZIP or foreign postal code  
 Name of person to contact Telephone number  
 Email address Fax number  
 1 Employer identification number 2 Social security number 3 Total number of forms 4 Federal income tax withheld 5 Total amount reported with this Form 1096  
 6 Enter an "X" in only one box below to indicate the type of form being filed. 7 Form 1099-MISC with NEC in box 7, check  
 1096-ATC 1096-CD 1096-C 1096-D 1096-E 1096-F 1096-G 1096-H 1096-I 1096-J 1096-K 1096-L 1096-M 1096-N 1096-O 1096-P 1096-Q 1096-R 1096-S 1096-T 1096-U 1096-V 1096-W 1096-X 1096-Y 1096-Z  
 1096-10 1096-11 1096-12 1096-13 1096-14 1096-15 1096-16 1096-17 1096-18 1096-19 1096-20 1096-21 1096-22 1096-23 1096-24 1096-25 1096-26 1096-27 1096-28 1096-29 1096-30 1096-31 1096-32 1096-33 1096-34 1096-35 1096-36 1096-37 1096-38 1096-39 1096-40 1096-41 1096-42 1096-43 1096-44 1096-45 1096-46 1096-47 1096-48 1096-49 1096-50 1096-51 1096-52 1096-53 1096-54 1096-55 1096-56 1096-57 1096-58 1096-59 1096-60 1096-61 1096-62 1096-63 1096-64 1096-65 1096-66 1096-67 1096-68 1096-69 1096-70 1096-71 1096-72 1096-73 1096-74 1096-75 1096-76 1096-77 1096-78 1096-79 1096-80 1096-81 1096-82 1096-83 1096-84 1096-85 1096-86 1096-87 1096-88 1096-89 1096-90 1096-91 1096-92 1096-93 1096-94 1096-95 1096-96 1096-97 1096-98 1096-99 1096-00  
 Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.  
 Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.  
 Signature Title Date  
 Instructions  
 Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/form1096.  
 Reminder. The only acceptable method of electronically filing information returns filed on this form is box 6 with the IRS through the FIRE system. See Pub. 1520.  
 Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3021, 3022, 5498, and W-2s to the IRS.  
 Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2019 General Instructions for Certain Information Returns.  
 Forms 1099-QA and 5498-QA can be filed on paper only, regardless of the number of returns.  
 Who must file. Any person or entity who files any of the forms shown in box 6 above must file Form 1096 to transmit those forms to the IRS.  
 Enter the filer's name, address (including room, suite, or other unit number), and taxpayer identification number (TIN) in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3021, 3022, 5498, or W-2.  
 Adams, Alaska, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia  
 Department of the Treasury Internal Revenue Service Center Austin, TX 78721  
 For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns. Cat. No. 14400Q Form 1096 (2019)



# Safe Harbor for De Minimis Reporting Errors



Must correct if recipient requests



Applies to Forms 1099-R and 1042-S



Notice 2017-9 provides guidance

Withholding amounts not required to be corrected



Dollar amounts not required to be corrected

# Safe Harbor for De Minimis Reporting Errors



May require election in writing, online, or by phone



Election applies to information returns provided in year election made



Recipient may revoke at any time



Recipient must provide all necessary information in election

## Revenue Ruling 2018-17



### Escheatment

- Distribution included in gross income
- Income tax withholding applies
- Must be reported on Form 1099-R in IRA owner's name and TIN
- Effective January 1, 2019, or date it is reasonable to comply

# IRS Form 1099-R



Generate for distributions of \$10 or more; even if rolled over



File to IRA owner by January 31



File to IRS by February 28 (paper) or March 31 (electronically)

9898		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0119		2019		Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.				1 Gross distribution						Copy A For Internal Revenue Service Center  File with Form 1096.	
				2a Taxable amount							
				2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>				For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld					
				5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities					
				7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other			
City or town, state or province, country, and ZIP or foreign postal code				9a Your percentage of total distribution		9b Total employee contributions					
10 Amount allocable to IRR		11 1st year of		FATCA filing		12 State tax withheld		13 State/Payer's state no.		14 State distribution	
						15 Local tax withheld		16 Name of locality		17 Local distribution	
Form 1099-R Cat. No. 14436Q				www.irs.gov/Form1099R				Department of the Treasury - Internal Revenue Service			
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9898

VOID

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>			
			\$		2019					
			2a Taxable amount		\$			Form <b>1099-R</b>		
PAYER'S TIN			RECIPIENT'S TIN			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
						3 Capital gain (included in box 2a)			4 Federal income tax withheld	
\$			\$							
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities				
\$			\$							
Street address (including apt. no.)			7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other			
\$			\$		\$		%			
City or town, state or province, country, and ZIP or foreign postal code			9a Your percentage of total distribution %			9b Total employee contributions %				
\$			\$			\$				
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld		13 State/Payer's state no.		14 State distribution		
\$		\$	\$	\$		\$		\$		
Account number (see instructions)			Date of payment		15 Local tax withheld		16 Name of locality		17 Local distribution	
\$			\$		\$		\$		\$	

Form **1099-R** Cat. No. 14436Q

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# Distribution Codes – Traditional IRAs

9898

VOID

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$	OMB No. 1545-0119 <b>2019</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$	Total distribution <input type="checkbox"/>		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions % \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)	Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	



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# Distribution Codes – Traditional IRAs

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119  <span style="font-size: 2em; font-weight: bold;">2019</span>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>			
		\$						2a Taxable amount	
		\$		2b Taxable amount not determined <input type="checkbox"/>				Total distribution <input type="checkbox"/>	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld			
				\$		\$			
RECIPIENT'S name				5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
				\$		\$			
Street address (including apt. no.)				7 Distribution code(s)		8 Other			
				IRA/ SEP/ SIMPLE <input type="checkbox"/>		\$ %			
City or town, state or province, country, and ZIP or foreign postal code				9a Your percentage of total distribution %		9b Total employee contributions %			
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld		13 State/Payer's state no.	14 State distribution		
\$				\$			\$		
Account number (see instructions)		Date of payment	15 Local tax withheld		16 Name of locality		17 Local distribution		
			\$				\$		

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# Distribution Codes – Traditional IRAs

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119  <b>2019</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
		2a Taxable amount					
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>					
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
Street address (including apt. no.)		7 Distribution code(s)		8 Other			
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld	13 State/Payer's state no.	14 State distribution		
Account number (see instructions)	Date of payment	15 Local tax withheld	16 Name of locality	17 Local distribution			

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# Distribution Codes – Traditional IRAs

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$	OMB No. 1545-0119 <b>2019</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$	Total distribution <input type="checkbox"/>		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		7 Distribution code(s) <input type="checkbox"/>	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions %		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	
Account number (see instructions)		Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$



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# Distribution Codes – Traditional IRAs

9898		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		2a Taxable amount		2019 Form 1099-R	
		2b Taxable amount not determined <input type="checkbox"/>			
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)		4 Federal income tax withheld	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	12 State tax withheld	13 State/Payer's state no.	14 State distribution
		<input type="checkbox"/>			
Account number (see instructions)	Date of payment		15 Local tax withheld	16 Name of locality	17 Local distribution

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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File with Form 1096.

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# Distribution Codes – Traditional IRAs

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		2a Taxable amount		2019 Form 1099-R	
PAYER'S TIN		3 Capital gain (included in box 2a)			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
RECIPIENT'S TIN		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name		7 Distribution code(s)		8 Other	
Street address (including apt. no.)		IRA/SEP/SIMPLE <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld	13 State/Payer's state no.	14 State distribution
Account number (see instructions)	Date of payment		15 Local tax withheld	16 Name of locality	17 Local distribution

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

**Copy A For Internal Revenue Service Center**

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**



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# Distribution Codes – Roth IRAs

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$	OMB No. 1545-0119 <b>2019</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$	Total distribution <input type="checkbox"/>		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions %		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	
Account number (see instructions)		Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

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# Distribution Codes – Roth IRAs

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CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		\$		<div style="font-size: 2em; font-weight: bold;">2019</div>	
		2a Taxable amount			
		\$		Form <b>1099-R</b>	
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)		4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
		<div style="border: 2px solid red; padding: 2px;">                     IRA/SEP/SIMPLE <input type="checkbox"/> </div>		\$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions %	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld	13 State/Payer's state no.	14 State distribution
\$			\$		\$
Account number (see instructions)		Date of payment	15 Local tax withheld	16 Name of locality	17 Local distribution
			\$		\$

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

**Copy A For Internal Revenue Service Center**  
File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**

Form **1099-R** Cat. No. 14436Q

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# Distribution Codes – Roth IRAs

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CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$	OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$	<b>2019</b> Form <b>1099-R</b>		
		2b Taxable amount not determined <input type="checkbox"/>			
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	<b>Copy A For Internal Revenue Service Center</b>  File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions %		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)	Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	



Form **1099-R** Cat. No. 14436Q

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# Distribution Codes – Excess Contributions

9898		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		2a Taxable amount		2019 Form 1099-R	
PAYER'S TIN		2b Taxable amount not determined <input type="checkbox"/>			
		RECIPIENT'S TIN		3 Capital gain (included in box 2a)	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld	13 State/Payer's state no.	14 State distribution
Account number (see instructions)	Date of payment		15 Local tax withheld	16 Name of locality	17 Local distribution

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**  
  
**Copy A For Internal Revenue Service Center**  
  
**File with Form 1096.**  
  
 For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**

Form 1099-R Cat. No. 14436Q www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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# Distribution Codes – Excess Contributions

9898		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		\$		2019	
		2a Taxable amount			
		\$		2b Taxable amount not determined <input type="checkbox"/>	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)	
				4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld	
\$		FATCA filing requirement <input type="checkbox"/>		\$	
				\$	
Account number (see instructions)		Date of payment		13 State/Payer's state no.	
				14 State distribution	
				\$	
				\$	
				15 Local tax withheld	
				16 Name of locality	
				17 Local distribution	
				\$	
				\$	

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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Form 1099-R Cat. No. 14436Q

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Department of the Treasury - Internal Revenue Service

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# Distribution Codes – Recharacterizations

9898		<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		\$		2019	
		2a Taxable amount			
		\$		2b Taxable amount not determined <input type="checkbox"/>	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)	
				4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
		IRA/SEP/SIMPLE <input type="checkbox"/>		\$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld	
\$		FATCA filing requirement <input type="checkbox"/>		\$	
				\$	
Account number (see instructions)		Date of payment		13 State/Payer's state no.	
				14 State distribution	
				\$	
				\$	
		15 Local tax withheld		16 Name of locality	
		\$		\$	
				\$	

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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Form 1099-R Cat. No. 14436Q

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Department of the Treasury - Internal Revenue Service

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# Distribution Codes – Recharacterizations

9898 <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$	OMB No. 1545-0119 <b>2019</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$	Total distribution <input type="checkbox"/>		
		2b Taxable amount not determined <input type="checkbox"/>			
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	<b>Copy A For Internal Revenue Service Center</b> <b>File with Form 1096.</b>	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
Street address (including apt. no.)		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions %		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)	Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

# R

Form **1099-R** Cat. No. 14436Q

[www.irs.gov/Form1099R](http://www.irs.gov/Form1099R)

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# Distribution Codes – Other

9898

VOID

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution		OMB No. 1545-0119	
		\$		2019	
		2a Taxable amount			
PAYER'S TIN		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
		RECIPIENT'S TIN		3 Capital gain (included in box 2a)	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 State tax withheld	
Account number (see instructions)		Date of payment		13 State/Payer's state no.	
				14 State distribution	
				15 Local tax withheld	
				16 Name of locality	
				17 Local distribution	

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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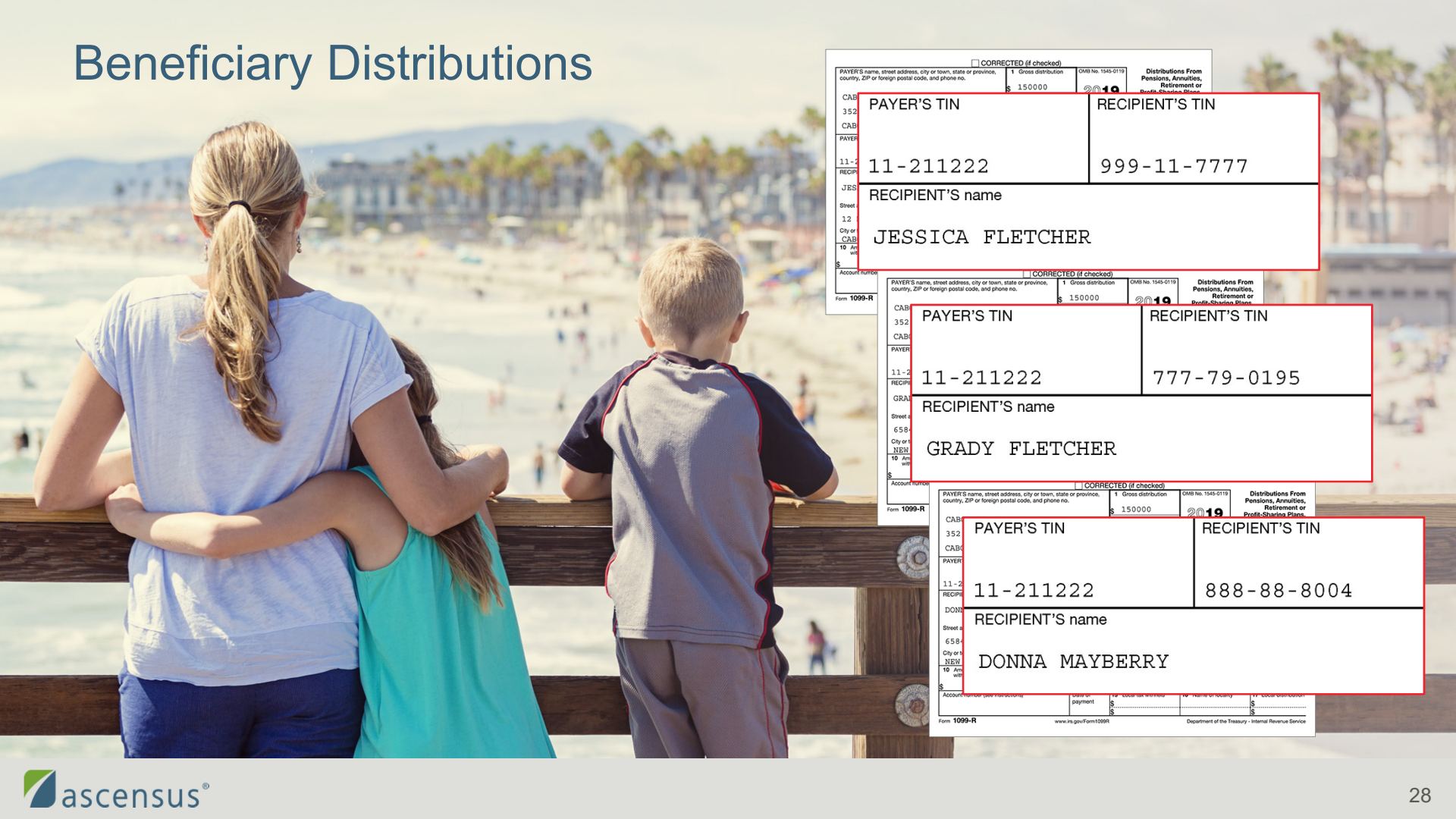
Form 1099-R Cat. No. 14436Q

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# Beneficiary Distributions



<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$ 150000	2019	
CAB 352	<b>PAYER'S TIN</b>	<b>RECIPIENT'S TIN</b>		
CAB				
PAYER				
11-2 RECIPIENT'S TIN	11-211222	999-11-7777		
JES	<b>RECIPIENT'S name</b>			
Street				
12 City or town, state or ZIP or foreign postal code	<b>JESSICA FLETCHER</b>			
10 Annuity with				
\$				
Account number				
Form 1099-R	<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119	
	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$ 150000	2019
CAB 352	<b>PAYER'S TIN</b>	<b>RECIPIENT'S TIN</b>		
CAB				
PAYER				
11-2 RECIPIENT'S TIN	11-211222	777-79-0195		
GRA	<b>RECIPIENT'S name</b>			
Street				
658 City or town, state or ZIP or foreign postal code	<b>GRADY FLETCHER</b>			
10 Annuity with				
\$				
Account number				
Form 1099-R	<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119	
	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$ 150000	2019
CAB 352	<b>PAYER'S TIN</b>	<b>RECIPIENT'S TIN</b>		
CAB				
PAYER				
11-2 RECIPIENT'S TIN	11-211222	888-88-8004		
DON	<b>RECIPIENT'S name</b>			
Street				
658 City or town, state or ZIP or foreign postal code	<b>DONNA MAYBERRY</b>			
10 Annuity with				
\$				
Account number				
Form 1099-R	Box or payment	No. of distributions	Net amount received	11-Total gross amount
	\$	\$	\$	\$
Form 1099-R	www.irs.gov/Form1099-R		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$ 150000	2019	
CAB 352	<b>PAYER'S TIN</b>	<b>RECIPIENT'S TIN</b>		
CAB				
PAYER				
11-2 RECIPIENT'S TIN	11-211222	777-79-0195		
GRA	<b>RECIPIENT'S name</b>			
Street				
658 City or town, state or ZIP or foreign postal code	<b>GRADY FLETCHER</b>			
10 Annuity with				
\$				
Account number				
Form 1099-R	<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119	
	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$ 150000	2019
CAB 352	<b>PAYER'S TIN</b>	<b>RECIPIENT'S TIN</b>		
CAB				
PAYER				
11-2 RECIPIENT'S TIN	11-211222	888-88-8004		
DON	<b>RECIPIENT'S name</b>			
Street				
658 City or town, state or ZIP or foreign postal code	<b>DONNA MAYBERRY</b>			
10 Annuity with				
\$				
Account number				
Form 1099-R	Box or payment	No. of distributions	Net amount received	11-Total gross amount
	\$	\$	\$	\$
Form 1099-R	www.irs.gov/Form1099-R		Department of the Treasury - Internal Revenue Service	

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$ 150000	2019	
CAB 352	<b>PAYER'S TIN</b>	<b>RECIPIENT'S TIN</b>		
CAB				
PAYER				
11-2 RECIPIENT'S TIN	11-211222	888-88-8004		
DON	<b>RECIPIENT'S name</b>			
Street				
658 City or town, state or ZIP or foreign postal code	<b>DONNA MAYBERRY</b>			
10 Annuity with				
\$				
Account number				
Form 1099-R	Box or payment	No. of distributions	Net amount received	11-Total gross amount
	\$	\$	\$	\$
Form 1099-R	www.irs.gov/Form1099-R		Department of the Treasury - Internal Revenue Service	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  CABOT COVE BANK  352 SHORELINE AVENUE  CABOT COVE, ME 04046		<b>1</b> Gross distribution \$ 150000		OMB No. 1545-0119  <b>2019</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		<b>2a</b> Taxable amount \$ 150000		Form <b>1099-R</b>		
		<b>2b</b> Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in each year to return.</b>
<b>PAYER'S TIN</b>  11-211222	<b>RECIPIENT'S TIN</b>  44-433444	<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$ 15000		
<b>RECIPIENT'S name</b>  <b>RECIPIENT'S name</b>  THE SETH HAZLITT LIVING TRUST; JESSICA FLETCHER, TRUSTEE  NEW YORK CITY, NY 10001		<b>5</b> Employee contributions/Deferred Roth		<b>6</b> Net unrealized appreciation in		
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	<b>12</b> State tax withheld \$	<b>13</b> State/Payer's state no.	<b>14</b> State distribution \$	
Account number (see instructions)		Date of payment	<b>15</b> Local tax withheld \$	<b>16</b> Name of locality	<b>17</b> Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

# FMV Statement



December 31 balance  
of prior year



Due by  
January 31



May include  
accrued earnings



Any written  
format



Even if no account  
statement is required

# RMD Statement



Informs IRA owner  
that RMD is due  
for year



Due by  
January 31



States that IRS will  
be notified of  
certain information

# RMD Statement

<b>Alternative 1</b>	<b>Alternative 2</b>
Inform IRA owner that RMD required	
Communicate deadline to distribute RMD	
Communicate that IRS will be notified IRA owner is required to receive RMD	
Provide RMD amount	Offer to calculate RMD amount upon request



# IRS Form 5498



Generate for all contribution types and FMV



File to IRS May 31

2020  VOID  CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$	OMB No. 1545-0747 <b>2019</b> Form 5498	<b>IRA Contribution Information</b>
		2 Rollover contributions \$		
		3 Roth IRA conversion amount \$	4 Recharacterized contributions \$	<b>Copy A</b>  <b>For Internal Revenue Service Center</b> File with Form 1096.
PARTICIPANT'S TIN		5 FMV of account \$	6 Life insurance cost included in box 1 \$	
PARTICIPANT'S name		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>	9 SIMPLE contributions \$	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
Street address (including apt. no.)		10 Roth IRA contributions \$	11 Check if RMD for 2020 <input type="checkbox"/>	
Foreign postal code		12a RMD date	12b RMD amount \$	
		13a Postponed/late contrib. \$	13b Year    13c Code	
		14a Repayments \$	14b Code	
Account number (see instructions)		15a FMV of certain specified assets \$	15b Code(s)	

Form **5498**      Cat. No. 50010C      [www.irs.gov/Form5498](http://www.irs.gov/Form5498)      Department of the Treasury - Internal Revenue Service

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Rollover by tax return deadline, for the year in which it is returned



Will not count towards one-per-12-month rule

Nonspouse beneficiaries may roll over to inherited IRAs



Rollover Wrongful IRS Levy



Pretax amount rolled over to Roth IRA will be taxable

2828  VOID  CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)		OMB No. 1545-0747		<b>IRA Contribution Information</b>
		\$		<b>2019</b>		
		2 Rollover contributions		\$		
TRUSTEE'S or ISSUER'S TIN		PARTICIPANT'S TIN		3 Roth IRA conversion amount		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
				\$		
PARTICIPANT'S name		PARTICIPANT'S name		5 FMV of account		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
Street address (including apt. no.)		City or town, state or province, country, and ZIP or foreign postal code		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
City or town, state or province, country, and ZIP or foreign postal code		City or town, state or province, country, and ZIP or foreign postal code		9 SIMPLE contributions		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
Account number (see instructions)		Account number (see instructions)		11 Check if RMD for 2020 <input type="checkbox"/>		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
Account number (see instructions)		Account number (see instructions)		12b RMD amount		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
Account number (see instructions)		Account number (see instructions)		13b Year		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
Account number (see instructions)		Account number (see instructions)		14a Repayments		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		
Account number (see instructions)		Account number (see instructions)		15a FMV of certain specified assets		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
				\$		

Form **5498**

Cat. No. 50010C

[www.irs.gov/Form5498](http://www.irs.gov/Form5498)

Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)	OMB No. 1545-0747
CABOT COVE BANK 352 SHORELINE AVENUE CABOT COVE, ME 04046		\$	2019
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions	Form 5498
PARTICIPANT'S TIN		\$	4 Recharacterized contributions
TRUSTEE'S or ISSUER'S TIN		3 Roth IRA conversion amount	\$
PARTICIPANT'S TIN		\$	\$
TRUSTEE'S or ISSUER'S TIN		5 FMV of account	
11-211222		333-44-4444	
PARTICIPANT'S name		7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/>	
ADELE METZGER		8 SEP contributions	
CABOT COVE, ME 04046		\$	\$
14a Repayments		14b Code	
Account number (see instructions)		15a FMV of certain specified assets	
\$		15b Code(s)	
\$		\$	

Form 5498 (keep for your records) www.irs.gov/Form5498 Department of the Treasury - Internal Revenue Service

# Method 1

CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)	OMB No. 1545-0747
CABOT COVE BANK 352 SHORELINE AVENUE CABOT COVE, ME 04046		\$	2019
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions	Form 5498
PARTICIPANT'S TIN		\$	4 Recharacterized contributions
TRUSTEE'S or ISSUER'S TIN		3 Roth IRA conversion amount	\$
PARTICIPANT'S TIN		\$	\$
TRUSTEE'S or ISSUER'S TIN		5 FMV of account	
11-211222		222-11-2222	
PARTICIPANT'S name		7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/>	
MORT METZGER AS BENEFICIARY OF ADELE METZGER		8 SEP contributions	
CABOT COVE, ME 04046		\$	\$
14a Repayments		14b Code	
Account number (see instructions)		15a FMV of certain specified assets	
\$		15b Code(s)	
\$		\$	

Form 5498 (keep for your records) www.irs.gov/Form5498 Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)	OMB No. 1545-0747
CABOT COVE BANK 352 SHORELINE AVENUE CABOT COVE, ME 04046		\$	2019
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions	Form 5498
PARTICIPANT'S TIN		\$	4 Recharacterized contributions
TRUSTEE'S or ISSUER'S TIN		3 Roth IRA conversion amount	\$
PARTICIPANT'S TIN		\$	\$
TRUSTEE'S or ISSUER'S TIN		5 FMV of account	
11-211222		\$ 0.00	
PARTICIPANT'S name		7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/>	
ADELE METZGER		8 SEP contributions	
CABOT COVE, ME 04046		\$	\$
14a Repayments		14b Code	
\$			
Account number (see instructions)		15a FMV of certain specified assets	
\$		15b Code(s)	
\$			

Form 5498 (keep for your records) www.irs.gov/Form5498 Department of the Treasury - Internal Revenue Service

# Method 2

CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)	OMB No. 1545-0747
CABOT COVE BANK 352 SHORELINE AVENUE CABOT COVE, ME 04046		\$	2019
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions	Form 5498
PARTICIPANT'S TIN		\$	4 Recharacterized contributions
TRUSTEE'S or ISSUER'S TIN		3 Roth IRA conversion amount	\$
PARTICIPANT'S TIN		\$	\$
TRUSTEE'S or ISSUER'S TIN		5 FMV of account	
11-211222		\$ 86500.00	
PARTICIPANT'S name		7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/>	
MORT METZGER AS BENEFICIARY OF ADELE METZGER		8 SEP contributions	
CABOT COVE, ME 04046		\$	\$
14a Repayments		14b Code	
\$			
Account number (see instructions)		15a FMV of certain specified assets	
\$		15b Code(s)	
\$			

Form 5498 (keep for your records) www.irs.gov/Form5498 Department of the Treasury - Internal Revenue Service

# Account Statement



**No contributions = no statement  
(if FMV statement was provided)**



**File to IRA owner by May 31**



**Can use Form 5498 or substitute  
form**

2828     VOID     CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$	OMB No. 1545-0747  <b>2019</b> Form 5498	<b>IRA Contribution Information</b>
		2 Rollover contributions \$		
TRUSTEE'S or ISSUER'S TIN		3 Roth IRA conversion amount \$	4 Recharacterized contributions \$	<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
PARTICIPANT'S TIN		5 FMV of account \$	6 Life insurance cost included in box 1 \$	
PARTICIPANT'S name		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>	8 SEP contributions \$	<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
City or town, state or province, country, and ZIP or foreign postal code		9 SIMPLE contributions \$	10 Roth IRA contributions \$	
		11 Check if RMD for 2020 <input type="checkbox"/>	12a RMD date	
		12b RMD amount \$	13a Postponed/late contrib. \$	
		13b Year	13c Code	
		14a Repayments \$	14b Code	
		15a FMV of certain specified assets \$	15b Code(s)	

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CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)	OMB No. 1545-0747		<b>IRA Contribution Information</b>	
		\$	<b>2019</b>			
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions	Form <b>5498</b>			<b>Copy B</b>
		\$				
PARTICIPANT'S TIN		3 Roth IRA conversion amount	4 Recharacterized contributions		<b>For Participant</b>	
		\$	\$			
PARTICIPANT'S name		5 FMV of account	6 Life insurance cost included in box 1			<b>This information is being furnished to the IRS.</b>
		\$	\$			
Street address (including apt. no.)		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>	9 SIMPLE contributions			
		\$	\$			
City or town, state or province, country, and ZIP or foreign postal code		10 Roth IRA contributions	11 If checked, required minimum distribution for 2020 <input type="checkbox"/>			
		\$				
		12a RMD date	12b RMD amount			
			\$			
		13a Postponed/late contrib.	13b Year	13c Code		
		\$				
		14a Repayments	14b Code			
		\$				
Account number (see instructions)		15a FMV of certain specified assets	15b Code(s)			
		\$				

Form **5498**

(keep for your records)

[www.irs.gov/Form5498](http://www.irs.gov/Form5498)

Department of the Treasury - Internal Revenue Service

# IRA Reporting Exercise





# IRA Reporting

1. In January 2019, Sam Booth, age 58, withdrew \$4,400 from his Traditional IRA to pay his daughter's higher education expenses. He waived withholding and the distribution closed his IRA.



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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			<b>1</b> Gross distribution <b>\$ 4400</b>		OMB No. 1545-0119	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
			<b>2a</b> Taxable amount <b>\$ 4400</b>		<b>2019</b> Form <b>1099-R</b>	
			<b>2b</b> Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>	
PAYER'S TIN	RECIPIENT'S TIN		<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$	
RECIPIENT'S name <b>SAM BOOTH</b>			<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.)			<b>7</b> Distribution code(s) <b>1</b>		<b>8</b> Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code			<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$	
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>		<b>12</b> State tax withheld \$	
<b>13</b> State/Payer's state no.		<b>14</b> State distribution \$		<b>15</b> Local tax withheld \$		
<b>16</b> Name of locality		<b>17</b> Local distribution \$		<b>18</b> State distribution \$		
Account number (see instructions)			Date of payment			

**Copy A**  
**For**  
**Internal Revenue**  
**Service Center**

**File with Form 1096.**

For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**

Form **1099-R** Cat. No. 14436Q

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# IRA Reporting

2. Eve Simpson (SSN 111-11-2221) died in July 2018. Her friends, Ethan Craig (SSN 456-78-9123) and Loretta Speigel (SSN 234-56-9876) each inherited half of her Traditional IRA. In 2019, Ethan and Loretta both take lump-sum distributions of their shares (\$14,250). They both choose 10% withholding. The fair market value of the Traditional IRA on December 31, 2018, is \$28,000. The fair market value of the Traditional IRA on December 31, 2019, is \$0.

*In this scenario, use method 2 when completing Form 5498 year-of-death reporting.*



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TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$	OMB No. 1545-0747 <b>2018</b> Form <b>5498</b>		<b>IRA Contribution Information</b>
		2 Rollover contributions \$	4 Recharacterized contributions \$		
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	3 Roth IRA conversion amount \$	6 Life insurance cost included in box 1 \$		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
	111-11-2221	5 FMV of account \$ 0	7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		
PARTICIPANT'S name <b>EVE SIMPSON</b>		8 SEP contributions \$	9 SIMPLE contributions \$		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.</b>
Street address (including apt. no.)		10 Roth IRA contributions \$	11 Check if RMD for 2019 <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		12a RMD date \$	12b RMD amount \$		
		13a Postponed/late contrib. \$	13b Year	13c Code	
Account number (see instructions)		14a Repayments \$	14b Code		
		15a FMV of certain specified assets \$	15b Code(s)		

Form **5498**

Cat. No. 50010C

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TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$	OMB No. 1545-0747 <b>2018</b> Form <b>5498</b>		<b>IRA Contribution Information</b>
		2 Rollover contributions \$	4 Recharacterized contributions \$		
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	3 Roth IRA conversion amount \$	6 Life insurance cost included in box 1 \$		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
	456-78-9123	5 FMV of account \$ <b>14000</b>	7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		
PARTICIPANT'S name ETHAN CRAIG AS BENEFICIARY OF EVE SIMPSON		8 SEP contributions \$	9 SIMPLE contributions \$		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.</b>
Street address (including apt. no.)		10 Roth IRA contributions \$	11 Check if RMD for 2019 <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		12a RMD date \$	12b RMD amount \$		
		13a Postponed/late contrib. \$	13b Year	13c Code	
		14a Repayments \$	14b Code		
Account number (see instructions)		15a FMV of certain specified assets \$	15b Code(s)		

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TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$	OMB No. 1545-0747 <b>2018</b> Form <b>5498</b>		<b>IRA Contribution Information</b>
		2 Rollover contributions \$	4 Recharacterized contributions \$		
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	3 Roth IRA conversion amount \$	6 Life insurance cost included in box 1 \$		<b>Copy A</b>  <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>
	234-56-9876	5 FMV of account <b>\$14000</b>	7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		
PARTICIPANT'S name LORETTA SPEIGEL AS BENEFICIARY OF EVE SIMPSON		8 SEP contributions \$	9 SIMPLE contributions \$		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.</b>
Street address (including apt. no.)		10 Roth IRA contributions \$	11 Check if RMD for 2019 <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		12a RMD date \$	12b RMD amount \$		
		13a Postponed/late contrib. \$	13b Year	13c Code	
Account number (see instructions)		14a Repayments \$	14b Code		
		15a FMV of certain specified assets \$	15b Code(s)		

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			<b>1</b> Gross distribution \$ <b>14250</b>		OMB No. 1545-0119  <b>2019</b>  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>		
			<b>2a</b> Taxable amount \$ <b>14250</b>					
			<b>2b</b> Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>			
PAYER'S TIN		RECIPIENT'S TIN		<b>3</b> Capital gain (included in box 2a) \$			<b>4</b> Federal income tax withheld \$ <b>1425</b>	
		456-78-9123						
RECIPIENT'S name			<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$			
ETHAN CRAIG								
Street address (including apt. no.)			<b>7</b> Distribution code(s) <b>4</b>		<b>8</b> Other \$ %			
			IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>					
City or town, state or province, country, and ZIP or foreign postal code			<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$			
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	<b>12</b> State tax withheld \$		<b>13</b> State/Payer's state no.		<b>14</b> State distribution \$
Account number (see instructions)			Date of payment		<b>15</b> Local tax withheld \$		<b>16</b> Name of locality \$	
							<b>17</b> Local distribution \$	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			<b>1</b> Gross distribution <b>\$ 14250</b>		OMB No. 1545-0119  <b>2019</b>  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
			<b>2a</b> Taxable amount <b>\$ 14250</b>			
			<b>2b</b> Taxable amount not determined <input checked="" type="checkbox"/>			
			Total distribution <input checked="" type="checkbox"/>			
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld <b>\$ 1425</b>		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
	234-56-9876					
RECIPIENT'S name			<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$	
LORETTA SPEIGEL						
Street address (including apt. no.)			<b>7</b> Distribution code(s) <b>4</b>		<b>8</b> Other \$ %	
			IRA/ SEP/ SIMPLE <input checked="" type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code			<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$	
<b>10</b> Amount allocable to IRR within 5 years \$		<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	<b>12</b> State tax withheld \$		<b>13</b> State/Payer's state no.
Account number (see instructions)			Date of payment		<b>15</b> Local tax withheld \$	
					<b>16</b> Name of locality	
					<b>17</b> Local distribution \$	

Form **1099-R** Cat. No. 14436Q

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# IRA Reporting

3. On April 12, 2020, Harry McGraw, age 54, makes a \$7,000 regular contribution to his Traditional IRA for 2019. As of December 31, 2019, the fair market value of his IRA is \$71,540.



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TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) <b>\$ 7000</b>	OMB No. 1545-0747 <b>2019</b> Form <b>5498</b>		<b>IRA Contribution Information</b>
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions \$	4 Recharacterized contributions \$		
PARTICIPANT'S TIN		3 Roth IRA conversion amount \$	6 Life insurance cost included in box 1 \$		<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>
PARTICIPANT'S name <b>HARRY MCGRAW</b>		5 FMV of account <b>\$ 71540</b>	7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		
Street address (including apt. no.)		8 SEP contributions \$	9 SIMPLE contributions \$		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
City or town, state or province, country, and ZIP or foreign postal code		10 Roth IRA contributions \$	11 Check if RMD for 2020 <input type="checkbox"/>		
		12a RMD date	12b RMD amount \$		
		13a Postponed/late contrib. \$	13b Year	13c Code	
		14a Repayments \$	14b Code		
Account number (see instructions)		15a FMV of certain specified assets \$	15b Code(s)		

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## IRA Reporting

4. In October 2019, Jessica Fletcher, age 62, rolled over \$22,000 from her Traditional IRA at Beantown Trust Company to her Traditional IRA at Cabot Cove Bank within the 60-day restriction period. This transaction closed her IRA at Beantown Trust Company. She waived withholding in anticipation of performing the rollover. As of December 31, 2019, the fair market value of her IRA at Cabot Cove Bank is \$31,800.



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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  <b>BEANTOWN TRUST COMPANY</b>		1 Gross distribution <b>\$ 22000</b>	OMB No. 1545-0119  <b>2019</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount <b>\$ 22000</b>	Form <b>1099-R</b>		
PAYER'S TIN		RECIPIENT'S TIN	2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	<b>Copy A</b> For <b>Internal Revenue Service Center</b>  File with Form 1096.
			3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S name  JESSICA FLETCHER		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
Street address (including apt. no.)		7 Distribution code(s) <b>7</b>	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)		Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

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TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>CABOT COVE BANK</b>		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$	OMB No. 1545-0747  <b>2019</b>  Form <b>5498</b>	<b>IRA Contribution Information</b>
TRUSTEE'S or ISSUER'S TIN		2 Rollover contributions \$ <b>22000</b>	4 Recharacterized contributions \$	
PARTICIPANT'S TIN		3 Roth IRA conversion amount \$	6 Life insurance cost included in box 1 \$	<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>
PARTICIPANT'S name  JESSICA FLETCHER		5 FMV of account \$ <b>31800</b>	7 IRA <input checked="" type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>	
Street address (including apt. no.)		8 SEP contributions \$	9 SIMPLE contributions \$	<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.</b>
City or town, state or province, country, and ZIP or foreign postal code		10 Roth IRA contributions \$	11 Check if RMD for 2020 <input type="checkbox"/>	
		12a RMD date	12b RMD amount \$	
		13a Postponed/late contrib. \$	13b Year    13c Code	
Account number (see instructions)		14a Repayments \$	14b Code	
		15a FMV of certain specified assets \$	15b Code(s)	

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# Questions?

# Thank you for attending 2019 IRA Reporting

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