



Learning Objectives

- Describe auditing procedures and the recommended corrections
- Identify the penalties associated with the three main areas of IRA compliance



Three Areas of IRA Compliance





Suggested Auditing Procedures

Review

- Rules
- Forms
- Operations
- Files

Evaluate Results

- Error patterns
- Root causes

Address Problems

- Training
- Procedure updates
- Follow up







CIP information

Opening documents

Amendments

Beneficiary information

IRA transaction documents

Contribution information

Distribution information

Other transaction paperwork



Plan Agreement and Disclosure Statement

- No signed document
- No written acknowledgement of receipt





Financial Disclosure

- Required assumptions not used
- Projections do not reflect early withdrawal penalties
- Blank financial disclosure provided
- No written acknowledgement of receipt





Amendments

- No evidence of amendment
- Only occasional occurrence
- Limited or non-existent documentation from acquired businesses



Corrections

Problem	Solution
No Opening	The financial organization may
Documents	ask the individual if he has the signed, original documents, and make copies for its files;
	ask the individual to sign new documents to legitimize the IRA from this point forward; or
	place a note in the file detailing the circumstances that may account for the loss of the documents (e.g., a merger or acquisition).
Missing Amendments	The financial organization may want to send a "catch-all" amendment to all affected IRA owners.



Penalties

Deficiency	Penalty
Failure to provide plan agreement or disclosure statement to IRA owners	\$50 for each failure
Failure to provide properly completed financial disclosure to IRA owners	\$50 for each failure
Failure to provide plan agreement or disclosure statement amendment to IRA owners when amendment is required by the law or regulation	\$50 for each failure



Pages 7-10

Bearcats Financial Organization asked you to audit a random sampling of IRA files. Assess the forms on pages 8-10 or slides 13-15 and determine whether they are compliant.





PART 1. IRA OWNER	PART 2. IRA CUSTODIAN
	To be completed by the IRA cust
Name (First/MI/Last) Hank Brackett	Name_Bearcats Financial Organization
Address Line 1 8931 E. North St.	Address Line 1 641 Dodge Way
Address Line 2	Address Line 2
City/State/ZIP Tucson, AZ 85701	City/State/ZIP Tucson, AZ 85701
Social Security Number 20030400	
Date of Birth 06/17/1956 Phone 520-516-5	
Email Address	☐ This is an amendment to an existing IRA.
Account Number 111T1	☐ This IRA contains only simplified employee pension (SEP) pla
Account Number 11111	assets.
PART 3. CONTRIBUTION INFORMATION	
Contribution Amount \$6,500.00 Cont	tribution Date <u>05/24/2016</u>
CONTRIBUTION TYPE (Select one)	
_	7 50
1. Regular (Includes catch-up contributions)	~5C \\ J
Contribution for Tax Year	
2. Rollover (Distribution from an IRA or eligible employer-s	
By selecting this transaction, I irrevocably designate this	
☐ 3. Transfer (Direct movement of assets from a Tradition)	URA into this kray
	IRA contribution, conversion or retirement plan rollover to a Roth IRA into this IRA)
By selecting this transaction, I irrevocably designate this	contribution as a recharacterization.
☐ 5. SEP Contribution (Contribution made funder a SEA plan)	contributions are reported for the year in which the contribution is made)
IF YOU ARE 70½ OR OLDER THIS YEAR, COMPLETE T (Checking any of the following wall require adjusting your requ	
☐ This is a rollover or transfer of assets removed last year. Da	
_	and the assets were removed from the IRA in any year after death.
The value of my portion of my deceased spouse's IRA on De	
☐ This is a recharacterization of a conversion or taxable retire	ement plan rollover to a Koth IKA made last year.
PART 4. INVESTMENT AND DEPOSIT INFORMAT	TION
INVESTMENT INFORMATION (Complete this section as ap,	plicable.)
Investment Description	Quantity or Amount Investment Number Term or Maturity Date Interes
DEPOSIT METHOD	
X Cash or Check (If the contribution type is transfer, the check	ck must be from a financial organization made payable to the custodian for this IRA
☐ Internal Account	
Account Number	Type (e.g., checking, savings, IRA)
External Account (e.g., EFT, ACH, wire) (Additional docume Name of Organization Sending the Assets	
Account Number	Type (e.g., checking, savings, IRA)
, resource resulting	Deposit Taken by
	Page 1
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Name of IRA Owner Hank Brackett		, Account I	Number <u>111T1</u>	
PART 5. BENEFICIARY DESIGNATION				
I designate that upon my death, the assets in this me terminates completely, and the percentage shanamed, my estate will be my beneficiary.	account be paid to the b are of any remaining ber	eneficiaries named below. The in reficiaries will be increased on a	nterest of any bene pro rata basis. If no	ficiary that predeceases beneficiaries are
☐ I elect not to designate beneficiaries at this tim	e and understand that I	may designate beneficiaries at a	later date.	
PRIMARY BENEFICIARIES (The total percenta indicated, the beneficiaries will be deemed to own	ge designated must equ	al 100%. If more than one benef		and no percentages are
Name Johnny Reach		Name		
Address 2543 Barris Dr.		Address		
City/State/ZIP Santa Fe, NM 87501		City/State/ZIP		
Date of Birth 08/23/1959 Relationship		Date of Birth	Relationship	
Tax ID (SSN/TIN) 400302000 Percent		Tax ID (SSN/TIN)	Perce	nt Designated
Name		Name		
Address		Address		
City/State/ZIP		City/State/ZIP		
Date of Birth Relationship _		Date of Birth	Relationship	
	Designated	Tax ID (SSN/TIN)		nt Designated
CONTINGENT BENEFICIARIES (The total perc are indicated, the beneficiaries will be deemed to ov beneficiaries if all primary beneficiaries have predec Name	vn equal share percentag	equal 100%. If more than one be tes in the IRA. The balance in the	neficiary is designate account will be paye	ed and no percentages able to these
Address		Name		
·	r	City/state/ZIP)	15 "	
City/State/ZIP	$\overline{}$	Date of Sirth		
Date of Birth Relationship _			Helationelip	
Tax ID (SSN/TIN) Percent	Designated	Tax ID (SSW/TIN)	Perce	nt Designated
Name		Neme		
Address		Address		
City/State/ZIP		City/State/ZIP		
Date of Birth Relation Trip		Date of Birth	Relationship	
Tax ID (SSN/TIN) Percent	Designated	Tax ID (SSN/TIN)		nt Designated
\square Check here if additional beneficiaries are listed	on an attached addendu	m. Total number of addendums		
PART 6. SPOUSAL CONSENT		PART 7. SIGNATURES		
Spousal consent should be considered if either the of the IRA owner is located in a community or man		Important: Please read befor		o of IDA contribution I om
	na. p. operty state.	making, and I state that I do qu	alify to make the cor	ntribution. I have received
CURRENT MARITAL STATUS I Am Not Married - I understand that if I be	ecome married in the	a copy of the IRA Application,	the 5305-A Custodia	Account Agreement, the
future, I should review the requirements for sp	ousal consent.	Financial Disclosure, and the terms and conditions that app		
☐ I Am Married – I understand that if I choose t	o designate a primary	and the Custodial Account Age		
beneficiary other than or in addition to my spo- sign below.	use, my spouse should	and conditions. Within seven d	lays from the date I o	pen this IRA I may revoke
CONSENT OF SPOUSE		it without penalty by mailing of I assume complete responsib		n notice to the custodian
I am the spouse of the above-named IRA owner. I a	cknowledge that I have	determining that I am el		ch year I make a
received a fair and reasonable disclosure of my	spouse's property and	contribution,	-	•
financial obligations. Because of the important tax of up my interest in this IRA, I have been advised to see		 ensuring that all contribed by the tax laws, and 	utions I make are w	ithin the limits set forth
I hereby relinquish any interest that I may have in t		 the tax consequences of 	any contributions	including rollover
the beneficiary designation indicated above. I assure		contributions) and distri	butions.	0 = (0 + (0 = : =
any adverse consequences that may result.		X Hank Bracke Signature of IRA Owner	tt	05/24/2016 Date (mm/dd/yyyy)
x		X		
Signature of Spouse	Date (mm/dd/yyyy)	Signature of Witness		Date (mm/dd/yyyy)
x		X		
Signature of Witness	Date (mm/dd/yyyy)	Signature of Custodian		Date (mm/dd/yyyy)
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METHOD II Growth can be projected

if you were to withdraw your IRA assets at the indicated times. These projections are based on the following assumptions.

CONTRIBUTION (Select one)

- Regular. An annual \$1,000 deposit is made on the first day of
- Rollover, Transfer, or Conversion.* A one-time \$1,000 deposit is made on the first day of the first year.

Your Age on Your Birth Date in Contribution Year 60 Investment Instrument 3 Year CD

Length of Time Deposit 1 Year

Rate of Interest 4.5

Annually Compounding Method

FINANCIAL PROJECTIONS

Number of Years in IRA Program	Total Accumulation of IRA Dollars	Amount After Fees and Penalties
1 Year	s 1.045.00	s_1,045.00
2 Years	s 2,137.03	s 2.137.03
3 Years	\$ 3,278.19	s 3,278,19
4 Years	\$ 4,470.71	(s 4,470)
5 Years	\$ 5.77 8.8 9	3 5,71689
End of the Year You Reach Age	Accumulation of IRA Dollars	Amount Artel Fees and Penalties
60	s 1,045.00	\$ 1,045.00
65	s 7,019.15	\$ 7,019.15
70	s 14,484.03	s 14,484.03

ADDITIONAL FINANCIAL DISCLOSURE INFORMATION

The account values shown are projections based on many assumptions. These projections have been reduced by any applicable fees. They are not guaranteed, but depend upon many factors, including the interest rates and terms of future funding instruments.

We may charge you an annual service fee or other fees in connection with your IRA. If we do not charge these fees now, we may do so in the future after giving you notice. If you do not pay these fees separately, they may be paid from the assets of your IRA.

CURRENT FEES

\$	
\$\$	
\$	
\$	

*Conversion applies to Roth IRAs only

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METHOD III Growth cannot be projected

The financial projections below show the amount that would be available The value of your IRA will be dependent solely upon the performance of any investment instrument used to fund your IRA. Therefore, no projection of the growth of your IRA can reasonably be shown or guaranteed.

> Terms and conditions of the IRA that affect your investment are listed below.

INVESTMENT OPTIONS

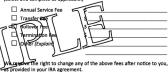
Your IRA will be invested in products that we offer directly or those we offer through a relationship with a registered securities broker-dealer.

There are certain fees and charges connected with your IRA investments. These fees and charges may include the following.

- Sales Commissions
- Set Up Fees
- Investment Management Fees
 Annual Maintenance Fees
- Distribution Fees Surrender or Termination Fees

To find out what fees apply, refer to the investment prospectus or contract.

There may be certain fees and charges connected with the IRA itself. (Select and complete as applicable.)



FARNINGS

The method for computing and allocating annual earnings (e.g., interest, dividends) on your IRA will differ based on the nature and issuer of the investments chosen. Refer to the investment prospectus or contract for the methods used for computing and allocating annual earnings.

Other terms or conditions that apply to your IRA include the following.

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Application

Compliant?

No

Why or why not?

The application is not signed by the trustee.



Financial Disclosure

Compliant?

Yes, so long as the financial organization doesn't charge additional transaction fees.

Why or why not?

The financial disclosure shows projected amounts for the first 5 years of investment and ages 60, 65, and 70 based on the appropriate assumptions.





Withholding

- Failure to provide notice
- Failure to withhold correct amount
- Failure to report and remit withholding to the IRS



Corrections

Problem	Solution
Withholding Notice	No remedial action is available if withholding notices and elections are absent.
and Election	Financial organizations should make sure current operations include correct withholding procedures.



Penalties

Deficiency	Penalty
Failure to give notice to recipients of their right to waive federal withholding on IRA distributions	\$10 for each failure
Failure to withhold federal income tax required to be withheld on IRA distributions	Financial organization liable for the payment of the tax required to be withheld
Failure to keep records necessary to report withholding to the IRS	\$50 for each account for which proper records were not kept



Pages 13-16

Assess the Withdrawal Authorization form and Form 1099-R on pages 14-16 or slides 23-25 and determine whether the transaction and reporting were properly completed.





	withholding notice information.
PART 1. IRA OWNER	PART 2. IRA TRUSTEE OR CUSTODIAN
	To be completed by the IRA trustee or custodi
Name (First/MI/Last) Hank Brackett	Name Bearcats Financial Organization
Social Security Number200-30-0400	Address Line 1 641 Dodge Way
Date of Birth06/17/1956 Phone(520) 516-5116	Address Line 2
Email Address	City/State/ZIPTucson, AZ 85701
Account Number 111T1 Suffix	Phone (520) 555-7777 Organization Number 12345
ACCOUNT TYPE (Select one) ☑ Traditional IRA ☐ SIMPLE IRA	
PART 3. BENEFICIARY OR FORMER SPOUSE INFORMATION	DN
This section should only be completed by a beneficiary taking a death with spouse taking a withdrawal as a result of a court-approved property settle	hdrawal or transferring inherited IRA assets to another IRA, or by a former
	- '
Name (First/MI/Last)	Address Line 1
Tax ID (SSN/TIN) Date of Birth Phone	Address Line 2
Date of Birth Phone	City/State/ZIP
PART 4. WITHDRAWAL INFORMATION	PARTS. WITHOLDING ELECTION From W-4PIOMB No. 1545-007
☐ This Withdrawal Will Gose This RA WITHDRAWAL REASON (Select only) ☐ 1. Transfer to Another IRA	your withholding election will remain in effect for any subseque withdrawal unless you change or revoke the election. FEDERAL WITHHOLDING (Select one)
2. Normal Withdrawal Age 59 Jordan	✓ Withhold _10.00 _% (Must be 10% or greater)
☐ 3. Early Withdrawal (Under age 59½) (Select a, b, or c if applicable)	Withhold Additional Federal Income Tax of \$
a. Disability	(If applicable)
 b. Direct Conversion to a Roth IRA, Substantially Equal 	
	☐ Do Not Withhold Federal Income Tax
Periodic Payments, or IRS Levy	
Periodic Payments, or IRS Levy c. SIMPLE IRA Withdrawal in the First Two Years (No IRS penalty exception)	STATE WITHHOLDING (If applicable, select one)
Periodic Payments, or IRS Levy c. SIMPLE IRA Withdrawal in the First Two Years (No IRS penalty exception) 4. Death Withdrawal by a Beneficiary	STATE WITHHOLDING (If applicable, select one) Name of Withholding State
Periodic Payments, or IRS Levy c. s.IMPLE IRA Withdrawal in the First Two Years (No IRS penalty exception) 4. Death Withdrawal by a Beneficiary 5. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan	STATE WITHHOLDING (If applicable, select one) Name of Withholding State Withhold%
Periodic Payments, or IRS Levy c. SIMPLE IRA Withdrawal in the First Two Years (No IRS penofly exception) 4. Death Withdrawal by a Beneficiary 5. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction	STATE WITHHOLDING (If applicable, select one) Name of Withholding State
Periodic Payments, or IRS Levy c. SIMPLE IRA Withdrawal in the First Two Years (No IRS penoity exception) 4. Death Withdrawal by a Beneficiary 5. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction	STATE WITHHOLDING (if applicable, select one) Name of Withholding State
Periodic Payments, or IRS Levy C. SIMPLE RIA Withdrawal in the First Two Years (No IRS penolty exception) 4. Death Withdrawalb ya Beneficiary 5. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Einter the net income attributable to the excess and select a or b) Net Income Attributable	STATE WITHHOLDING (If applicable, select one) Name of Withholding State
Periodic Payments, or IRS Levy G. SIMPLE IRA Withdrawal in the First Two Years (No IRS penalty exception) 4. Death Withdrawal by a Beneficiary S. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Enter the net income attributable to the excess and select a or b) Net Income Attributable A. Excess Contributed and Removed in the Same Year	STATE WITHHOLDING (If applicable, select one) Name of Withholding State Withhold
Periodic Payments, or IRS Levy C SIMPLE IRA Withdrawal in the First Two Years (No IRS penoty exception) 1. Death Withdrawal by a Beneficiary 5. Direct Rollower to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Einter the net income citributable to the excess and select or b) Net Income Artibutable a. Excess Contributed and Removed in the Same Year b. Excess Contributed and Removed in the Mext Year	STATE WITHHOLDING (if applicable, select one) Name of Withholding State Withhold % Withhold S Do Not Withhold State Income Tax PART 6. WITHDRAWAL SUMMARY This section may be completed for informational purposes only.
Periodic Payments, or IRS Levy G. SIMPEL RIA Withdrawal in the First Two Years (No IRS pendity exception) J. Death Withdrawal by a Beneficiary S. Direct Rollower to an Eligible Employer-Sponsored Retirement Plan For Prohibited Transaction T. Excess Contribution Removed Before the Excess Removal Deadline (Einter the net income attributable to the excess and select a or b) Net Income Attributable D. Excess Contributed and Removed in the Same Year D. Excess Contributed in One Year and Removed in the Next Year S. Excess Contributed in One Year and Removed in the Next Year	STATE WITHHOLDING (if applicable, select one) Name of Withholding State Withhold
Periodic Payments, or IRS Levy C. SIMPLE IRA Withdrawal in the First Two Years (No IRS penalty exception) 4. Death Withdrawal by a Beneficiary S. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Enter the net income attributable to the excess and select a or b) Net Income Attributable a. Excess Contributed and Removed in the Same Year b. Excess Contributed in One Year and Removed in the Next Year S. Excess Contributed in One Year and Removed in the Mext Year S. Excess Contribution Removed After the Excess Removal Deadline 9. SEP or SIMPLE IRA Excess Contribution Removed Under the EPCRS	STATE WITHHOLDING (If applicable, select one) Name of Withholding State Withhold
Periodic Payments, or IRS Levy G. SIMPLE IRA Withdrawal in the First Two Years (No IRS penoly) exception 4. Death Withdrawal by a Beneficiary S. Direct Rollower to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Enter the net income attributable to the excess and select a or b) Net Income Attributable a. Excess Contributed and Removed in the Same Year b. Excess Contributed in One Year and Removed in the Next Year S. Excess Contributed in One Year and Removed in the Next Year S. Excess Contributed in One Year and Removed in the PECRS 9. SEP or SIMPLE IRA Excess Contribution Removed Under the EPCRS 10. Recharacterization (Inter the net income attributable to the recharacterized amount and select a or b)	STATE WITHHOLDING (if opplicable, select one) Name of Withholding State Withhold % Withhold 5 Do Not Withhold State Income Tax PART 6. WITHDRAWAL SUMMARY This section may be completed for informational purposes only. Trustee or Custodian Penalities and Fees Gross Withdrawal Amount* \$5,500.06 Federal Withholding Amount \$500.00
Periodic Payments, or IRS Levy C sIMBUE RIA Withdrawal in the First Two Years (No IRS penolty exception) 4. Death Withdrawal by a Beneficiary 5. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Einter the net income attributable to the excess and select a or b) Net Income Attributable a. Excess Contributed and Removed in the Same Year 8. Excess Contributed in One Year and Removed in the Next Year 8. Excess Contribution Removed After the Excess Removal Deadline 9. SEP or SIMPLE IRA Excess Contribution Removed Under the EPCRS 10. Recharacterization (Enter the net income attributable to the recharacterized amount and select a or b) Net Income Attributable	STATE WITHHOLDING (if applicable, select one) Name of Withholding State Withhold
Periodic Payments, or IRS Levy G. SIMPEL RIA Withdrawal ail the First Two Years (No IRS pendity exception) 4. Death Withdrawal by a Beneficiary S. Direct Rollower to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Enter the net income attributable to the excess and select a or b) Net income Attributable a. Excess Contributed and Removed in the Same Year b. Excess Contributed in One Year and Removed in the Next Year S. Excess Contributed in One Year and Removed in the Next Year 9. SEP or SIMPLE IRA Excess Contribution Removed Under the EPCRS 10. Recharacturization (Enter the net income attributable to the rechroacterized amount and select a or b) Net Income Attributable a. Same+Year Recharacterization	STATE WITHHOLDING (if applicable, select one) Name of Withholding State Withhold
Periodic Payments, or IRS Levy SIMPLE IRA Withdrawal in the First Two Years (No IRS penalty exception) 4. Death Withdrawal by a Beneficiary 5. Direct Rollover to an Eligible Employer-Sponsored Retirement Plan 6. Prohibited Transaction 7. Excess Contribution Removed Before the Excess Removal Deadline (Enter the net income attributable to the excess and select a or b) Net Income Attributable a. Excess Contributed and Removed in the Same Year 8. Excess Contribution In One Year and Removed In the Next Year 8. Excess Contribution Removed After the Excess Removal Deadline 9. SEP or SIMPLE IRA Excess Contribution Removed Under the EPCRS 10. Recharacterization (Enter the net income attributable to the recharacterized amount and select a or b) Net Income Attributable	STATE WITHHOLDING (if applicable, select one) Name of Withholding State Withhold



Name of IRA Owner	Hank Brackett	, Account Number	111T1
PART 7. WITHDRAWAL INSTI	RUCTIONS		
ASSET HANDLING (Assets identified	below will be liquidated immediately unless o	otherwise specified in the Special Instruc	tions section.)
Asset Description	Amount to be Withdrawn	Special Instructions	
PAYMENT METHOD			
Check (If the withdrawal reason is	transfer to another IRA, direct conversion to made payable to the receiving organization.)	a Roth IRA, or direct rollover to an eligib I	ole employer-sponsored
Internal Account			
Account Number	Type /	e.g., checking, savings, IRA)	
	vire) (Additional documentation may be requi		
Name of Organization Receiving th			onal)
Account Number	Type (e.g., checking, savings, IRA)	
PART 8. SIGNATURES			
X Hank Brackett Signature of Recipient X Motary Public/Signature Guargete (Trace) X Amy Latiman Buthorized Signature of Trusteen Country Muthorized Sig		11/24/j The problems Date (mm/dd/y 11/24/j Date (mm/dd/y	2018
WITHHOLDING NOTICE INFO	ORMATION (Form W-4P/OMB No. 1545-00	174)	
Basic Information About Withholding From	m Pensions and Annuities. Generally, federal incor ty, and certain deferred compensation plans; from	me tax withholding applies to the taxable par	t of payments made from
Caution: There may be penalties for not p	aying enough tax during the year, through either w t explains the estimated tax requirements and pena	ithholding or estimated tax payments. New	
use Form W-4P (or a substitute form, such	otherwise, 10 percent federal income tax will be wit as this form), provided by the trustee or custodian cent. This substitute form should be used only for	, to instruct your trustee or custodian to with	hhold no tax from your IRA
Nonperiodic Payments. Payments made f nonperiodic payments must have at least :	rom IRAs that are payable upon demand are treate LO percent income tax withheld.	d as nonperiodic payments for federal incon	ne tax purposes. Generally,
our election will remain in effect for any	subsequent withdrawal unless you change or revoke	e it.	
Withdrawals by a nonresident alien genera the nonresident alien's country of residence	. U.S. citizen or resident alien may not waive withh illy are subject to a tax withholding rate of 30 perce e and the United States and if the nonresident alie fies the documentation requirements as provided u	ent. A reduced withholding rate may apply if n submits Form W-8BEN, Certificate of Forei	there is a tax treaty betwee gn Status of Beneficial Owne
or more information, Publication 515, Wi he IRS website at www.irs.gov or by callin	thholding of Tax on Nonresident Aliens and Foreign g 1-800-TAX-FORM.	Entities, and Publication 519, U.S. Tax Guide	for Aliens, are available on
Revoking the Exemption From Withholdin custodian and check the appropriate box o	If you want to revoke your previously filed exen in that form.	nption from withholding, file another Form V	V-4P with the trustee or
Statement of Income Tax Withheld From total amount of your IRA distributions and custodian.	Your IRA. By January 31 of next year, your trustee the total federal income tax withheld during the year.	or custodian will provide a statement to you ear. Copies of Form W-4P will not be sent to	and to the IRS showing the the IRS by the trustee or
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Distributions From	ı	MB No. 1545-0119	ОМ	ion	ss distribut	1 (PAYER'S name, street address, city or town, state or province,		
ensions, Annuities, Retirement or	P	0010			00.00		country, ZIP or foreign postal code, and phone no.		
rofit-Sharing Plans, IRAs, Insurance	Pr	2018	4	nt	able amour		BEARCATS FINANCIAL ORGANIZATION		
Contracts, etc.		orm 1099-R	Fe		00.00	5	641 DODGE WAY		
Copy B Report this	n 🗌	Total distributio		··	able amour determined	-			TUCSON, AZ 85701
income on you federal tax return. If this	tax	Federal income withheld	4	cluded	oital gain (in oox 2a)		I	RECIPIENT'S TIN	PAYER'S TIN
form shows		500.00	\$				000	200-30-4	13-2457689
tax withheld ir box 4, attach		appreciation in	6	:h	oloyee contr signated Rot	- 1	RECIPIENT'S name		
this copy to	curities	employer's sec			tributions or ırance prem		HANK BRACKETT		
your return	ı	Other	\$	I IRA/	ribution	7 [. 1	Street address (including apt. no
This information is		Otrio	ľ	SÉP/ SIMPLE	le(s)			•	, , ,
4	%		\$	\boxtimes	7			•	8931 E. NORTH ST
the IRS.	tributions	Total employee con	l	of total %	r percentage ribution		eign postal code	•	City or town, state or province, coursely TUCSON, AZ 85701
14 State distribution \$	tate no.	State/Payer's st	13	eld	e tax withhe	2 8	FATCA filing requirement	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
\$									3
17 Local distribution	у	Name of localit	16	eld	al tax withhe	5 l	Date of		Account number (see instructions)
\$			ļ				payment		
\$									



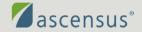
Withdrawal Authorization

Compliant?

No

Why or why not?

The withholding amount is under 10%.



Form 1099-R

Compliant?

No

Why or why not?

It shows \$5,000.00 in boxes 1 and 2a – it should show \$5,500.00.





Reporting

- Lack of documentation to support transactions
- Form 5498 incorrectly completed
- Form 1099-R incorrectly completed





Reporting

- FMV or RMD statement does not contain required language
- Reporting corrections are not completed correctly



Corrections

Problem	Solution
Incorrect Reporting Forms	The examiner may find that some IRS reporting forms do not accurately reflect the IRA transactions that took place.
	According to the <i>Instructions for Forms 1099-R and 5498</i> , corrections to reporting forms should be made as soon as possible following the discovery of the error.
	250 or more corrections of any Forms 5498 or 1099-R – send corrections electronically. Limit applies separately to each form. IRS proposed regulations would aggregate this total for returns filed after December 31, 2018.
	Financial organizations must use Form 1096 to transmit paper corrections.



Penalties

Deficiency	Penalty
Failure to timely file Forms 5498 with IRS or IRA owner	\$50 per return, no maximum
Failure to timely file Forms 1099-R with IRS or IRA owner	Tiered penalty structure (\$50, \$100, or \$270 per return)
Failure to provide FMV statements to IRA owners	\$50 for each failure
Failure to provide account statements to IRA owners	\$50 for each failure
Failure to provide RMD statements to IRA owners	Unspecified



Pages 21-29

Assess the file for Johnny Reach on pages 22-24 or slides 34-36.



Bearcats Financial Organization

641 Dodge Way

Tucson, AZ 85701

12/31/2018 Statement

Johnny Reach

5/23/2018 - IRA Contribution for 2018\$4,000.00

Year-to-date earnings \$250.00 12/31/2018 Balance \$4,250.00

This information is being sent to the IRS.



TRADITIONAL IRAC CONTRIBUTION AND INVESTMENT SELECTION

PART 1. IRA OWNER		PART 2. IRA TRUSTEE OR CUSTODIAN				
			To be comp	leted by the IRA trustee	or custodia	
Name (First/MI/Last)Johnny Reach		Name	Bearcats Financia	I Organization		
Social Security Number 400-30-2000		Address Line 1 _	641 Dodge Way			
Date of Birth 08/23/1959 Phone (5	05) 777-4444	Address Line 2				
Email Address		City/State/ZIP	Tucson, AZ 85701	1		
Account Number 222T2	Suffix	Phone (520) 555-7777	Organization Number _	12345	
PART 3. CONTRIBUTION INFORMATION						
Contribution Amount 4000.00	Contribution Da	te 05/23/2018				
CONTRIBUTION TYPE (Select one)						
■ 1. Regular (Includes catch-up contributions) Contribution for Tax Year 2018						
2. Rollover (Distribution from a Traditional IRA, SII Traditional IRA)			retirement plan that	t is being deposited into	this	
By selecting this transaction, I irrevocably design 3. Transfer (Direct movement of assets from a Transfer)			TOOTRAL 7	n		
☐ 4. Recharacterization (A nontaxable movement of			JUAN \			
By selecting this transaction, I irrevocably design	ate this contributio	n ar a recharacterization	on \	l "u		
□ 5. SEP Contribution (Contribution made under a si	mplified employee	bAnsion (SAP) lolon SEP	couthbutions are h	eported for the year in	which the	
contribution is made)	11/	/				
IF YOU ARE 70% OR OLDER THIS YEAR COMP	LETELTHE FOLLY	WING IF APPLICAB	ILE			
Checking any of the following will Maquire all usting vo This is a rollover or transfer of assets removed lest						
☐ This is a rollover of transfer of assets reminived less. ☐ This is a transfer from the deceased spouse's Trade		ssets were removed fr	om the IPA in any w	ear after death		
The value of my portion of my deceased spouse's						
PART 4. INVESTMENT AND DEPOSIT INFO	ORMATION					
INVESTMENT INFORMATION (Complete this section	on as applicable.) Quantity					
Investment Description	or Amount	Status (new or existing)	Investment Number	Term or Maturity Date	Interest Rate	
DEPOSIT METHOD						
Cash or Check (If the contribution type is transfer,	the check must be a	from a financial organi	zation made navahl	e to the trustee for this	IRA)	
Internal Account	the encon must be j	rom a jinanciai organi	cotton made payous	e to the trustee jor this	,,,,,	
Account Number		Type (e.g., checki	ng, savings, IRA)			
External Account (e.g., EFT, ACH, wire) (Additional Name of Organization Sending the Assets				er (Optional)		
Account Number		Type (e.g., checking, savings, IRA)				
		Deposi	t Taken by			
PART 5. SIGNATURE						
I certify that all of the information provided by me is a	ccurate and may be	e relied upon by the tro	ustee or custodian. I	certify that the contril	oution	
described above is eligible to be contributed to the IR/	A and I authorize th	e deposit to be investe				
X Johnny Reach				05/23/2018		
Signature of IRA Owner			Date (i	mm/dd/yyyy)		
107 / 2314 (Rev. 10/2018)				©20	Page 1 of 118 Ascensus, LI	



TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code BEARCATS FINANCIAL ORGANIZATION	PRECTED (if checked) 1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ 4000.00	OMB No. 1545-0747	IRA Contribution Information
641 DODGE WAY	2 Rollover contributions	Form 5498	mormation
TUCSON, AZ 85701	3 Roth IRA conversion amount	4 Recharacterized contributions	Сору В
TRUSTEE'S or ISSUER'S TIN PARTICIPANT'S TIN	5 FMV of account	\$ 6 Life insurance cost included box 1	in For Participant
13-2457689 400-30-2000	\$4250.00	\$	
PARTICIPANT'S name JOHNNY REACH	7 IRA SEP SEP 8 SEP contributions	SIMPLE Roth IRA 9 SIMPLE contributions \$	This information is being furnished to
Street address (including apt. no.) 2543 BARRIS DR.	10 Roth IRA contributions	11 If checked, required minimum distribution for 2019	the IRS.
City or town, state or province, country, and ZIP or foreign postal code	12a RMD date	12b RMD amount	
SANTA FE, NM 87501	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	Department of the Treasury	- Internal Revenue Service



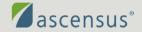
File

Compliant?

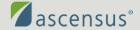
No

Why or why not?

The file contains no opening documents.



Assess the forms for Hank Brackett on pages 25-29 or slides 39-43.





ROTH IRA Simplifier* ROTH INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

PART 1. ROTH IRA OWNER	PART	2. ROTH IRA CUST	ODIAN	
	TAKI		be completed by the Roti	ı IRA custodian
Name (First/MI/Last) Hank Brackett	Name	Bearcats Fina	. ,	i ii on custouiui
Address Line 1 8931 E. North St.		s Line 1 641 Dodge W		
Address Line 2		s Line 2	w)	
City/State/ZIP Tucson, AZ 85701		ate/ZIPTucson, AZ 85	5701	
Social Security Number 200-30-4000		(520) 555-7777		12345
Date of Birth 06/17/1956 Phone (520)				12010
Email Address	010-0110	☐ This is an amendmen	t to an existing Roth IRA.	
Account Number111R1				
PART 3. CONTRIBUTION INFORMATION				
Contribution Amount \$65,256.00	Contribution Date 07/2	8/2017		
CONTRIBUTION TYPE (5.1.				
CONTRIBUTION TYPE (Select one)		-50	// n	
☐ 1. Regular (Includes catch-up contributions) Contribution for Tax Year	175	\bigcirc		
2. Rollover (Distribution from a Roth IRA or eligible By selecting this transaction, I irrevocable designate	1. \ 1111	1. 11.	tited ato the Roth IRA)	
3. Transfer (Direct movement assets from a Roth IF				
	11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	raditional IRA contribution	,		
By selecting this transaction, I he vocably designate				
☐ 5. Conversion (A taxable movement from a Traditional	al IRA or SIMPLE IRA into th	is Roth IRA)		
By selecting this transaction, I irrevocably designate	this contribution as a conv	ersion.		
PART 4. INVESTMENT AND DEPOSIT INFORM	MATION			
INVESTMENT INFORMATION (Complete this section of	as applicable.)			
Investment Description	Quantity or Amount	Investment Number	Term or Maturity Date	Interest Rate
DEPOSIT METHOD				
☐ Cash or Check (If the contribution type is transfer, the	check must be from a finan	cial organization made pa	yable to the custodian for	this Roth IRA.)
☐ Internal Account				
Account Number	Type (e	.g., checking, savings, IRA		
External Account (e.g., EFT, ACH, wire) (Additional doc	umentation may be require	ed and fees may apply.)		
Name of Organization Sending the Assets			mber (Optional)	
Account Number	Type (e.	g., checking, savings, IRA		
		Deposit Taken by		
6098 / 2400R-C (Rev. 4/2015)				Page 1 of 13 2018 Ascensus, LLC
0030 / 24000-C (NBV 4/2013)			0.	LO AG PEGGETSUS, ELC



Name of Roth IRA Owner	Hank Brackett	, Acc	ount Number	111R1
PART 5. BENEFICIARY DESIGNATION				
I designate that upon my death, the assets in the me terminates completely, and the percentage named, my estate will be my beneficiary.				
☐ I elect not to designate beneficiaries at this t	me and understand that I	may designate beneficiaries at a	later date.	
PRIMARY BENEFICIARIES (The total percentindicated, the beneficiaries will be deemed to ow			iciary is designated	and no percentages are
Name Johnny Reach		Name		
Address 2543 Barris Dr.		Address		
City/State/ZIP Santa Fe, NM 87501		City/State/ZIP		
Date of Birth08/23/1959 Relationship	Friend	Date of Birth	Relationship	
Tax ID (SSN/TIN) 400302000 Perce	nt Designated 100.00	Tax ID (SSN/TIN)	Perce	ent Designated
Name		Name		
Address		Address		
City/State/ZIP		City/State/ZIP		
Date of Birth Relationship		Date of Birth	Relationship	
Tax ID (SSN/TIN) Perce	nt Designated	Tax ID (SSN/TIN)	Perce	ent Designated
CONTINGENT BENEFICIARIES (The total percentage designated must equal 100%. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Roth IRA. The balance in the account will be poyable to these beneficiaries if all primary beneficiaries if all primary beneficiaries will be representative.				
Name		Name	_//_n_	
Address		Address	15	
City/State/ZIP	Г.	City/6tate/ZIP)		
Date of Birth Relationship		Date of Bicts		
Tax ID (SSN/TIN) Perce	nt Designated	Tax ID (SSN/TIN)	Perce	ent Designated
Name	\ \\\\	Name J		
Address	7/ 11/4	Address		
City/State/ZIP	7/ JL V	City/State/ZIP		
Date of Birth Relationship		Date of Birth	Dalasia a abia	
	nt Designated	Tax ID (SSN/TIN)		
Check here if additional beneficiaries are liste	d on an attached addendu	m. Total number of addendums	attached to this Ro	oth IRA
PART 6. SPOUSAL CONSENT		PART 7. SIGNATURES		
Spousal consent should be considered if either the	trust or the residence of	Important: Please read befo	re sianina	
the Roth IRA owner is located in a community or i		I understand the eligibility requ	irements for the type	
CURRENT MARITAL STATUS	am making, and I state that I do qualify to make the contribution. I have received			
I Am Not Married − I understand that if I		a copy of the Roth IRA Application, 5305-RA Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement, I understand that the terms		
future, I should review the requirements for I Am Married – I understand that if I choose	and conditions that apply to thi	and conditions that apply to this Roth IRA are contained in this Application and		
beneficiary other than or in addition to my sp		the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven days from the date I open this Roth IRA I may revoke it		
sign below.	without penalty by mailing or d			
CONSENT OF SPOUSE		I assume complete responsib		ruce to the eastonian.
I am the spouse of the above-named Roth IRA ow	 determining that I am e 		A each year I make a	
have received a fair and reasonable disclosure of i financial obligations. Because of the important ta	contribution, ensuring that all contrib	utions I make are w	within the limits set forth	
up my interest in this Roth IRA, I have been advised to see a tax professional. by the tax laws, and				
I hereby relinquish any interest that I may have consent to the beneficiary designation indicate		 the tax consequences of contributions and conve 		
responsibility for any adverse consequences that	x Hank Bracket		07/28/2017	
	-	Signature of Roth IRA Owner		Date (mm/dd/yyyy)
x		X		
Signature of Spouse	Date (mm/dd/yyyy)	Signature of Witness		Date (mm/dd/yyyy)
x		X		
Signature of Witness	Date (mm/dd/yyyy)	Signature of Custodian		Date (mm/dd/yyyy)
6098 / 2400R-C (Rev. 4/2015)				Page 2 of 13 ©2018 Ascensus, LLC





PART 1. RECIPIENT	PART 2. ACCEPTING ROTH IRA TRUSTEE OR CUSTODIAN
Individual requesting the transfer	To be completed by the Roth IRA trustee or custodian receiving the asset
Name (First/MI/Last) Hank Brackett	NameBearcats Financial Organization
Date of Birth 06/17/1956 Phone (520) 516-5116	Address Line 1 641 Dodge Way
Email Address	Address Line 2 AZ 95704
Account Number 111R1 Suffix	City/State/ZIP Tucson, AZ 85701
ACCEPTING ACCOUNT TYPE (Select one)	Phone (520) 555-7777 Organization Number 12345 Contact Name Raoul Estaban
☑ Roth IRA ☐ Inherited Roth IRA	Contact Name
PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT ROT	TH IDA OWNED
TART 5. RELATIONSHIP OF RECIFIENT TO CURRENT ROT	III IRA OWNER
RELATIONSHIP TYPE (Select one)	
I am the current Roth IRA owner.	7 5
☐ I am the former spouse of the current Roth IRA owner.	55 11.1
☐ I am the spouse beneficiary of the original Roth IRA owner transferring	assets to my own Both IFA.
· · · · · · · · · · · · · · · · · · ·	
☐ I am the beneficiary of the original Roth IRA owner transfer ing asset to	to an inherited Roth IRA.
	15
PART 4. CURRENT ROTH IRA OWNER	PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN
TAKT 4. CORREST ROTTING WINER	TAKE 5. CORRENT ROTH INA TROSTEE OR COSTODIAN
Name (First/MI/Last) Hank Brackett	NameStutz Financial Organization
Social Security Number 200-30-4000	Address Line 1 1623 S. Prairie St.
Account Number 111R1 Suffix	Address Line 2
CURRENT ACCOUNT TYPE (Select one)	City/State/ZIP Tucson, AZ 85701
Roth IRA Inherited Roth IRA	Phone(520) 777-5555
Koth ika Innerited koth ika	
PART 6. LIFE EXPECTANCY PAYMENT INSTRUCTIONS	
	completed if the recipient is a beneficiary receiving life expectancy payment
IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR	THIS YEAR, COMPLETE THE FOLLOWING. (Select one)
Distribute my life expectancy payment to me before transferring the Ro	oth IRA assets.
Retain my life expectancy payment amount. I understand that I am resp	ponsible for satisfying my life expectancy payment.
☐ Include the amount that represents my life expectancy payment in the expectancy payment.	transfer. I understand that I am responsible for satisfying my life
	Page 1 of
6302 / 2425 (Rev. 10/2017)	©2018 Ascensus,



Name of Recipient	Hank Brackett	, Account Number	111R1
PART 7. TRANSFER INSTE	UCTIONS		
	re) Transfer DateImmediatel \$\foatsize{\mathrm{3}}\] This Transfer Will Close the Current Roth IRA	у	
☐ Recurring Transfer Transfer Amount Frequency (Select one) ☐ N	Transfer Start Date Ionthiy □ Quarterly □ Semi-Annually □ Annua	ally Other	
	ting IRA type is an inherited Roth IRA, the Name of Recip Bearcats Financial Organization ame of Accepting Roth IRA Trustee or Custodian HAMB Brackett Name of Recipient	**	ustodian of
ASSET HANDLING (Investment Asset Description	s identified below will be liquidated immediately unl Amount to be Transferred	ess otherwise specified in the Specia Special Instruction	,
for determining that this Roth IR responsibility for any consequent consequences that may arise from	toth IFA september of the all incompates provided the control of t	h transfers and agree to comply with It the trustee or custodian is not res	h those rules. I assume
X Hank Brackett Signature of Recipient		07/28 Date (mm/dd,	8/2018
x	f required by the trustee or custodian)	Date (mm/dd,	

Page 2 of 2 ©2018 Ascensus, LLC

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	☐ CORR	ECTED (if checked)			
TRUSTEE'S or ISSUER'S name, stre province, country, and ZIP or foreign BEARCATS FINANC'I 641 DODGE WAY	postal code	IFA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a) Rollover contributions	OMB No. 1545-0747 2018		IRA Contribution Information
TUCSON, AZ 85701	-	3 Roth IRA conversion amount	4 Recharacterized contributions		Сору В
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	\$ 5 FMV of account	\$ 6 Life insurance cost indubox 1	cluded in	For Participant
13-2457689	200-30-4000	\$66365.44	<u> </u>		
PARTICIPANT'S name HANK BRACKETT		7 IRA SEP SEP SEP contributions	SIMPLE Roth IR/ 9 SIMPLE contribution	ons	This information is being furnished to
Street address (including apt. no.) 8931 E. NORTH ST	· .	10 Roth IRA contributions \$ 12a RMD date	11 If checked, required midistribution for 2019 12b RMD amount	iinimum	the IRS.
City or town, state or province, coun	ry, and ZIP or foreign postal code		\$		
TUCSON, AZ 85701	-	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)	<u> </u> ⊅ www.irs.gov/Form5498	Department of the Tr	easury -	Internal Revenue Service



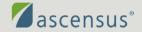
Roth IRA Application

Compliant?

No

Why or why not?

The application is not signed by the custodian.



Roth IRA Transfer Request

Compliant?

No

Why or why not?

Though an IRA Transfer Request form is not required by the IRS, Ascensus recommends completing and retaining a transfer request signed by the accepting trustee or custodian and the IRA owner.



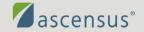
Form 5498

Compliant?

Yes

Why or why not?

Form 5498 shows the FMV and does not show the transfer as a reportable transaction.



Record Retention



Federal and state law requirements apply



Sources vary on length of time



Electronic media becoming more common



Penalties

Deficiency	Penalty
Failure to properly retain records – negligence	Secretary of Treasury may assess a civil penalty
Failure to properly retain records – willful violation	Imprisoned for a year or fined



IRA Master Files

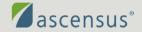
Current Forms File	Opening documents Ancillary forms
Amendment File	Amendment Cover letter (dated) Mailing list
Withholding File	Withholding elections Mailing list Dates of mailings
General Correspondence File	Correspondence to IRA owners Mailing list Dates of mailings
CIP File	Documents from IRA owner Date of receipt



Ascensus Support

Let our experts review your IRA program with our on-site Compliance Review.

Visit Stacy at the Q&A session for more answers to your compliance questions.





Questions?

Thank you for attending

Maintaining IRA Compliance





We Appreciate Your Opinion

Please complete the electronic course survey for this course located on the Ascend 2019 mobile app.



We help over 9 million Americans save for life's biggest moments. Education. Healthcare. Retirement.