Form **8915-D**

Qualified 2019 Disaster Retirement Plan Distributions and Repayments

► Go to www.irs.gov/Form8915D for instructions and the latest information.

► For coronavirus-related distributions, see Form 8915-E.

► Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attachment Sequence No. **915**

Name.	If married, file a separate form t	for each spouse required to file 2020	Form 8915-D. See instructions.		Your social	security	number
		Home address (number and street,	or P.O. box if mail is not delivered to you	r home)		,	Apt. no.
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return		City, town or post office, state, and ZIP code. If you have a foreign address, also complete below. See instructions.			the spaces	ne spaces If this is an amended return, check here ▶	
		Foreign country name	Foreign province/state/county Foreign province/state/county		Foreign post	Foreign postal code	
Qu tot PaCoIf ySe	aled \$100,000, you do not rt I below for that disaster. I properties a second of the	have qualified 2019 disaster dist See instructions. , Qualified 2018 Disaster Retirem 0 Form 8915- C , see the Caution s for the list of qualified 2019 disa	er disaster. If your qualified 2019 dis ributions available for that disaster in tent Plan Distributions and Repaymer in Column (a) in the instructions to finasters. The Puerto Rico Earthquakes alified 2019 disaster, see the instruct	2020 and shorts, if applications gure the amount disaster (DR-	ble. bunts for col -4473-PR) h	clude dis umn (a). as been	stributions in
War		ounts to enter in Part I, column (b), below. If you must use Worksheet	2, check this	box ►		
			mn before going to the next column.				
Caution: A 2020 distribution (for a disaster other than the Puerto Rico Earthquakes disaster) can't be a qualified 2019 disaster distribution unless it was made before June 17, 2020. See instructions. Disaster name ► Date last distribution made ►				(a) Total distribution in 2020	Qualified 2019 disaster distributions (see instructions)		(c) Allocation of column (b) (see instructions)
	different from the disaster If you filed 2019 Form form, and you are report amount from your 2019 If you filed 2019 Form 891 of those disasters is the d amount for that disaster fr If your situation isn't de If you are reporting only	15-D, and the disaster for which you a (s) for which you reported distribution 8915-D, you reported distribution ring distributions for that same (s) Form 8915-D, line 4, column (b) 5-D on which you reported distribution isaster for which you are reporting distribution line 4 of column (X) in Worksheet escribed above, see Worksheet 2 one disaster for 2020 and the or more, do not complete this p	ns for only one disaster on that disaster on this form, enter the). ons for more than one disaster and one stributions on this form, enter the 2 in the 2019 Form 8915-D instructions.				
2 3 4		ment plans (other than IRAs) m ional, SEP, and SIMPLE IRAs n IRAs made in 2020					
5	Totals. Add lines 1 thro \$100,000 and you did n	ough 4 in columns (a) and (b). I ot use Worksheet 2, you must See <i>Column (c)</i> in the instruction	If line 5, column (b), is more than complete column (c). Otherwise, ons				100,000
7 If you completed column (c), enter the excess of the amount on line 5, column (a), over the amount on line 6, column (c). Otherwise, enter the excess of the amount on line 5, column (a), over the sum of the amounts on lines 2 through 4 in column (b). Report these distributions under the normal rules in accordance with the instructions for your tax return							
Part			om Retirement Plans (Othe				
8	Did you enter an amount on line 2, column (b)? No. Skip lines 8 through 11, and go to line 12. Yes. If you completed line 2, column (c), enter that amount. Otherwise, enter the amount from line 2, column (b) Enter the applicable cost of distributions, if any. See instructions						
10	Subtract line 9 from line	8				10	
11	•	-	/ears, check this box $ ightharpoonup$ and en heck the box on line 26. Otherwise			11	

Preparer

Use Only

Firm's name

Firm's address ▶

self-employed

Firm's EIN ▶

Phone no.