## **Attention:**

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at <a href="https://www.irs.gov/form1099">www.irs.gov/form1099</a>, for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit <a href="www.IRS.gov/orderforms">www.IRS.gov/orderforms</a>. Click on <a href="Employer and Information Returns">Employer and Information Returns</a>, and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit <a href="www.IRS.gov/FIRE">www.IRS.gov/FIRE</a>) or the IRS Affordable Care Act Information Returns (AIR) program (visit <a href="www.IRS.gov/AIR">www.IRS.gov/AIR</a>).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

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ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ISSUER'S federal iden	itification no.	fication no. OMB No. 1545-2234		Qualifying							
		PARTICIPANT'S taxpayer identification no.		2017	Longevity Annuity Contract								
		1a Annuity amount o	n start date			Information							
			\$		Form <b>1098-Q</b>								
		1b Annuity start date 3 Total premiums \$		2 Check if start date may be accelerated  4 FMV of QLAC  \$		Copy A For Internal Revenue Service Center							
							PARTICIPANT'S name		<b>5a</b> January	dd	<b>5b</b> February	dd	File with Form 1096.
									\$		\$		For Privacy Act
		<b>5c</b> March	dd	<b>5d</b> April	dd	For Privacy A and Paperwo							
Street address (including apt. no.)		\$		\$		Reduction Act Notice,							
		<b>5e</b> May \$	dd	<b>5f</b> June \$	dd	see the contraction of the contr							
		<b>5g</b> July	dd	<b>5h</b> August	dd	Certain Information							
City or town, state or province, country, and ZIP or foreign postal code		\$		\$		Returns.							
		5i September	dd	5j October	dd	]							
Account number (see instructions)	Plan no.	\$		\$									
		<b>5k</b> November	dd	5I December	dd								
		\$		\$									
Name of plan	Plan sponsor's employer identification no.												
- 4000 0													

Form 1098-Q Cat. No. 67073Z www.irs.gov/form1098q Department of the Treasury - Internal Revenue Service

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	CORRECTED	(if checked)
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ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		PARTICIPANT'S taxpayer identification no.  1a Annuity amount on start date  1b Annuity start date		OMB No. 1545-2234 2017 Form 1098-Q	Qualifying Longevity Annuity Contract Information	
				2 If checked, start date may be accelerated		Copy B For Participant
		3 Total premiums		4 FMV of QLAC		
PARTICIPANT'S name  Street address (including apt. no.)		<b>5a</b> January \$	dd	<b>5b</b> February	dd	This information is being furnished to
		<b>5c</b> March	dd	<b>5d</b> April	dd	the Internal Revenue Service.
		<b>5e</b> May \$	dd	<b>5f</b> June	dd	
City or town, state or province, country, and ZIP or foreign postal code		<b>5g</b> July	dd	<b>5h</b> August	dd	
Account number (see instructions)	Plan no.	5i September \$	dd	5j October \$	dd	
		5k November \$	dd	5I December \$	dd	
Name of plan	Plan sponsor's employer identification no.					

Form **1098-Q** 

(Keep for your records)

www.irs.gov/form1098q Department of the Treasury - Internal Revenue Service

## **Instructions for Participant**

The information on this Form 1098-Q is submitted to the IRS by the issuer of your qualifying longevity annuity contract (QLAC) to report the status of the contract. Prior to annuitization, the value of any QLAC purchased after July 1, 2014, held by your plan or IRA (section 401(a), 403(a), 403(b), 408 (other than a Roth IRA) or eligible governmental plan under section 457(b)), is not included when calculating the required minimum distribution (RMD) from your plan or IRA.

You will receive this statement annually beginning with the first year in which premiums are paid and ending with the earlier of the year in which you attain age 85 or die. In the event of your death, if the sole beneficiary under the contract is your surviving spouse, this annual statement will be furnished to your surviving spouse until distributions commence, or if earlier, the year in which your surviving spouse dies.

If you have questions about your QLAC, contact the issuer at the address and phone number shown on the front of the form.

**Account number.** May show an account or other unique number the issuer assigned to distinguish your account.

Participant's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Plan number, name, and employer identification number.** Shows, if the contract was purchased under a plan, the

number of the plan, the name of the plan, and the employer identification number (EIN) of the plan sponsor.

**Box 1a. Annuity amount on start date.** If the payments have not started, shows the annuity amount payable on start date.

**Box 1b. Annuity start date.** If the payments have not started, shows the date on which the annuity is scheduled to start. The date reported is shown in the format month, day, and year (mmddyyyy).

**Box 2.** If checked, shows that the start date may be accelerated.

**Box 3.** Shows the cumulative total amount of premiums paid for the contract. Your cumulative total premiums paid for all QLACs cannot exceed \$125,000. Also, QLACs purchased under an IRA cannot exceed 25% of your total IRA account balances and QLACs purchased under an employer's plan cannot exceed 25% of your account balance in the plan. If you have paid more than that, contact your contract issuer.

**Box 4.** Shows the fair market value (FMV) of your QLAC as of December 31, 2017.

**Boxes 5a–5I.** Shows the amount of each premium paid for the contract and the date each premium payment was made in 2017. If there is more than one payment per month, the box for that month will include the total payments for the month and the date of the last payment in the month.

**Future developments.** For the latest information about developments related to Form 1098-Q and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1098q.

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ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ISSUER'S federal identification no.  PARTICIPANT'S taxpayer identification no.				Qualifying Longevity Annuity Contract	
		1a Annuity amount on start date				Information	
				Form <b>1098-Q</b>			
		<b>1b</b> Annuity start date		2 Check if start date raccelerated	may be	Copy C For Issuer	
		3 Total premiums		4 FMV of QLAC			
		\$					
PARTICIPANT'S name  Street address (including apt. no.)		<b>5a</b> January	dd	<b>5b</b> February	dd	For Privacy Ac and Paperwork Reduction Ac Notice, see the 2017 Genera	
		<b>5c</b> March	dd	<b>5d</b> April	dd		
		<b>5e</b> May	dd	5f June	dd	Instructions for Certain Information	
		<b>5g</b> July	dd	<b>5h</b> August	dd	Returns.	
City or town, state or province, country, and ZIP or foreign postal code		\$		\$			
		5i September	dd	5j October	dd		
Account number (see instructions)	Plan no.	\$		\$			
		5k November	dd	5I December	dd		
		\$		\$			
Name of plan	Plan sponsor's employer identification no.						

Form **1098-Q** 

www.irs.gov/form1098q

Department of the Treasury - Internal Revenue Service

## Instructions for Issuer

To complete Form 1098-Q, use:

- the 2017 General Instructions for Certain Information Returns, and
- the 2017 Instructions for Form 1098-Q.

To order these instructions and additional forms, go to www.irs.gov/form1098q.

**Caution:** Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

**Due dates.** Furnish Copy B of this form to the participant by January 31, 2018.

File Copy A of this form with the IRS by February 28, 2018. If you file electronically, the due date is April 2, 2018. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option.

**Need help?** If you have questions about reporting on Form 1098-Q, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).