
Tax Forms & Publications

Work Request Notification (WRN)/Circulation

Product Form 1099-QA

Title Distributions from ABLE Accounts

Tax year 2015


Processing year 2016

This is the First circulation of this product for your review and comments. This circulation can be used to support any necessary work requests.

Authority for changes that may impact a Unified Work Request (UWR) *(For changes, see Description of Major Changes below)*
P.L. 113-295, Division B

Signature of Approving Official

8GSNB

 Digitally signed by 8GSNB
DN: cn=8GSNB, email=Jason.P.Healey@irs.gov
Date: 2015.03.26 09:27:04 -04'00'

Circulation signature date

03/26/2015

Description of Major Changes *(A description of changes to a form's instructions that may impact a UWR is also included, as applicable)*

This is a new form, Form 1099-QA, Distributions from ABLE Accounts. P.L. 113-295, ABLE Act of 2014 allows individuals and families to draw money set aside in a separate account for the purpose of supporting individuals with disabilities for maintaining health, independence, and quality of life, without impacting eligibility for other social service programs, such as Medicaid.

Comments: Comments are due **30** days after the date this circulation is signed and issued, unless a different date is specified here: _____. Comments should be sent via email to both the Tax Law Specialist and Reviewer listed below. We will accept comments after the due date, but may not be able to consider any comments *(timely or not)* for this revision if implementing the comments would require a late UWR. If we need to make significant changes based on comments or other new information received, we normally will issue a subsequent circulation of this product; otherwise, these changes are final unless indicated otherwise in the Description of Major Changes.

Name of Tax Law Specialist Janice Y. Martin

Name of Reviewer Melody G. DeVoe

Email address janice.y.martin@irs.gov

Email address melody.g.devoy@irs.gov

XXXX

VOID CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution	OMB No. 1545-XXXX	2015	Distributions from ABLER Accounts
		\$	Form 1099-QA		
PAYER'S/TRUSTEE'S federal identification no. RECIPIENT'S social security number		2 Earnings	3 Basis	4 Trustee-to-trustee transfer <input type="checkbox"/>	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
RECIPIENT'S name		\$	5 Check if ABLER account terminated in 2015 <input type="checkbox"/>	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>	
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

CORRECTED (if checked)

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution	OMB No. 1545-XXXX	2015	Distributions from ABLE Accounts
		\$			
PAYER'S/TRUSTEE'S federal identification no.		2 Earnings	Form 1099-QA	Copy B For Recipient	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		\$			
RECIPIENT'S social security number		3 Basis	4 Trustee-to-trustee transfer <input type="checkbox"/>		
RECIPIENT'S name		5 If checked, ABLE account terminated in 2015 <input type="checkbox"/>	6 If this box is checked, the recipient is not the designated beneficiary <input type="checkbox"/>		
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

Form **1099-QA**

(keep for your records)

www.irs.gov/form1099qa

Department of the Treasury - Internal Revenue Service

INTERNAL USE ONLY
DRAFT AS OF
March 16, 2015

Instructions for Recipient

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your SSN, ITIN, or ATIN. However, the payer or trustee has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the gross distribution paid to you this year from an Achieving a Better Life Experience (ABLE) savings account.

Box 2. Shows the earnings part of the gross distribution shown in box 1. Generally, amounts distributed that are used to pay for qualified disability expenses, transferred between trustees, or rolled over to another ABLE account within 60 days, are not included in income. Report taxable amounts as "Other Income" on Form 1040. Also see Form 5329 and its separate instructions.

Box 3. Shows your basis in the gross distribution reported in box 1.

Box 4. This box is checked if a trustee-to-trustee transfer was made from one ABLE account to another ABLE account.

Box 5. This box is checked if the ABLE account was terminated in 2015.

Box 6. The designated beneficiary is the individual named in the document creating the trust or custodial account to receive the benefit of the funds in the account. If this box is checked, you (the recipient) are not the designated beneficiary of this ABLE account. You may be subject to additional taxes and/or penalties on the box 1 gross distribution. See Form 5329 and its separate instructions and the Instructions for Form 1040 (line 21, "Other income").

DRAFT
March 16, 2015

VOID CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution	OMB No. 1545-XXXX 2015 Form 1099-QA
		\$	
		2 Earnings	
		\$	
PAYER'S/TRUSTEE'S federal identification no.	RECIPIENT'S social security number	3 Basis	4 Trustee-to-trustee transfer <input type="checkbox"/>
RECIPIENT'S name		5 Check if ABLÉ account terminated in 2015 <input type="checkbox"/>	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>
		Street address (including apt. no.)	
City or town, state or province, country, and ZIP or foreign postal code		<p>Copy C</p> <p>For Payer</p> <p>For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.</p>	
Account number (see instructions)			

Form **1099-QA**

www.irs.gov/form1099qa

Department of the Treasury - Internal Revenue Service

Instructions for Payer/Trustee

and 5498-QA.

To complete Form 1099-QA, use:

- the 2015 General Instructions for Certain Information Returns, and
- the 2015 Instructions for Form 1099-QA.

To order these instructions and additional forms, go to www.irs.gov/form1099qa or call 1-800-TAX-FORM (1-800-829-3676).

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

Due dates. Furnish Copy B of this form to the recipient by February 1, 2016.

File Copy A of this form with the IRS by February 29, 2016. The IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-QA, 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).

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DRAFT AS OF
March 16, 2015