

CORRECTED (if checked)

ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191 888-555-1212	ISSUER'S TIN 12-3456789	OMB No. 1545-2234		Qualifying Longevity Annuity Contract Information	
	PARTICIPANT'S TIN xxx-xx-1234	Form 1098-Q (Rev. December 2019)			
	1a Annuity amount on start date \$ 8000.00	For calendar year 20 22			
	1b Annuity start date 07/01/2020	2 If checked, start date may be accelerated <input checked="" type="checkbox"/>		Copy B For Participant	
	3 Total premiums \$ 35000.00	4 FMV of QLAC \$ 48000.00			
PARTICIPANT'S name Kris Q Public	5a January \$ 400.00 10	dd	5b February \$ 400.00 10		This information is being furnished to the IRS.
Street address (including apt. no.) 1 Main St	5c March \$ 400.00 10	dd	5d April \$ 400.00 10		
	5e May \$ 400.00 10	dd	5f June \$ 400.00 10		
City or town, state or province, country, and ZIP or foreign postal code Melrose, NY 12121	5g July \$ 400.00 10	dd	5h August \$ 400.00 10		
	5i September \$ 400.00 10	dd	5j October \$ 400.00 10		
Account number (see instructions) 111-55555555	Plan number 760-4517		5k November \$ 400.00 10		
			5l December \$ 400.00 10		
Name of plan AAA QLAC Plans 4	Plan sponsor's EIN 44-12345467				

Form **1098-Q** (Rev. 12-2019)

(Keep for your records)

www.irs.gov/Form1098Q

Department of the Treasury - Internal Revenue Service

Tax Form Issuer, Inc
12021 Sunset Valley Dr
Suite 230
Preston, VA 20191

Kris Q Public
1 Main St
Melrose, NY 12121

