



Note: *The draft you are looking for begins on the next page.*

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Most forms and publications have a page on IRS.gov: [IRS.gov/Form1040](https://www.irs.gov/Form1040) for Form 1040; [IRS.gov/Pub501](https://www.irs.gov/Pub501) for Pub. 501; [IRS.gov/W4](https://www.irs.gov/W4) for Form W-4; and [IRS.gov/ScheduleA](https://www.irs.gov/ScheduleA) for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at [IRS.gov/FormsComments](https://www.irs.gov/FormsComments). Include “NTF” followed by the form or pub number (for example, “NTF1040”, “NTFW4”, “NTF501”, etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each “NTF” message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click [here](#).

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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 TIN | | OMB No. 1545-2234 | |
| | PARTICIPANT'S TIN | | Form 1098-Q (Rev. April 2025) | |
| | 1a Annuity amount on start date \$ _____ | | For calendar year _____ | |
| 1b Annuity start date | 2 Check if start date may be accelerated <input type="checkbox"/> | | Copy A For Internal Revenue Service Center | |
| | 3 Total premiums \$ _____ | | | |
| PARTICIPANT'S name | 5a January | dd | 5b February | dd |
| | \$ _____ | | \$ _____ | |
| Street address (including apt. no.) | 5c March | dd | 5d April | dd |
| | \$ _____ | | \$ _____ | |
| City or town, state or province, country, and ZIP or foreign postal code | 5e May | dd | 5f June | dd |
| | \$ _____ | | \$ _____ | |
| Account number (see instructions) | 5g July | dd | 5h August | dd |
| | \$ _____ | | \$ _____ | |
| Plan number | 5i September | dd | 5j October | dd |
| | \$ _____ | | \$ _____ | |
| Name of plan | 5k November | dd | 5l December | dd |
| | \$ _____ | | \$ _____ | |
| Plan sponsor's EIN | | For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099 | | |

Form **1098-Q** (Rev. 4-2025) Cat. No. 67073Z www.irs.gov/Form1098Q Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

| | | | | |
|--|---------------------------------------|--|--------------------|-------------------|
| ISSUER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | ISSUER'S TIN | OMB No. 1545-2234 | | |
| | PARTICIPANT'S TIN | Form 1098-Q (Rev. April 2025) | | |
| | 1a Annuity amount on start date \$ | For calendar year _____ | | |
| | 1b Annuity start date | 2 If checked, start date may be accelerated <input type="checkbox"/> | | |
| | 3 Total premiums \$ | 4 FMV of QLAC \$ | | |
| PARTICIPANT'S name | 5a January \$ | dd | 5b February \$ | dd |
| | 5c March \$ | dd | 5d April \$ | dd |
| Street address (including apt. no.) | 5e May \$ | dd | 5f June \$ | dd |
| | 5g July \$ | dd | 5h August \$ | dd |
| City or town, state or province, country, and ZIP or foreign postal code | 5i September \$ | dd | 5j October \$ | dd |
| | Account number (see instructions) | Plan number | 5k November \$ | 5l December \$ |
| Name of plan | | | Plan sponsor's EIN | |

Qualifying Longevity Annuity Contract Information

Copy B For Participant

This information is being furnished to the IRS.

NOVEMBER 15, 2024

Form **1098-Q** (Rev. 4-2025) (Keep for your records) www.irs.gov/Form1098Q Department of the Treasury - Internal Revenue Service

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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 held by your plan or traditional IRA (see section 401(a), 403(a), 403(b), or 408; 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 (TIN). For your protection, this form may show only the last four digits of your TIN (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 TIN to the IRS.

Plan number, name, and EIN. Shows, if the contract was purchased under a plan, the number of the plan, the name of the plan, and the 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, mm/dd/yyyy.

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 \$200,000. 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 of the reporting year.

Boxes 5a–5l. Show the amount of each premium paid for the contract and the date each premium payment was made in the reporting year. 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.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

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