

Qualified Hurricane Retirement Plan Distributions and Repayments

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**

Name. If married, file a separate form for each spouse required to file Form 8915. See instructions.

Your social security number

**Fill in Your Address Only
If You are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code

Part I Qualified Hurricane Distributions From Retirement Plans (other than IRAs)

1 Enter the amount, if any, from your 2008 Form 8915, line 6	1			
2 Enter the amount, if any, from your 2008 Form 8915, line 1	2			
3 Subtract line 2 from line 1. If zero or less, enter -0-			3	
4 Enter the total amount of any repayments you made in 2009. But do not include repayments made on or before the due date (including extensions) for filing your 2008 tax return. See instructions			4	
5 Add lines 3 and 4. This amount can be carried back to reduce the amount subject to tax in a prior year. See instructions			5	

Part II Qualified Hurricane Distributions From Traditional, SEP, SIMPLE, and Roth IRAs

6 Enter the amount, if any, from your 2008 Form 8915, line 13	6			
7 Enter the amount, if any, from your 2008 Form 8915, line 8	7			
8 Subtract line 7 from line 6. If zero or less, enter -0-			8	
9 Enter the total amount of any repayments you made in 2009. But do not include repayments made on or before the due date (including extensions) for filing your 2008 tax return. See instructions			9	
10 Add lines 8 and 9. This amount can be carried back to reduce the amount subject to tax in a prior year. See instructions			10	

**Sign Here Only If You
Are Filing This Form
by Itself and Not With
Your Tax Return**

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	