

☐ VOID ☐ CORRECTED

ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		1 ABL contributions	OMB No. 1545-2262 2025 Form 5498-QA
		2 ABL to ABL Rollovers	
ISSUER'S TIN	BENEFICIARY'S TIN	3 Cumulative contributions	4 Fair market value
BENEFICIARY'S name		5 Check if account opened in 2025 <input type="checkbox"/>	6 Basis of eligibility
Street address (including apt. no.)		7 Code	
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)			

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Information**

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Form **5498-QA** 41-0852411 www.irs.gov/Form5498QA Department of the Treasury - Internal Revenue Service

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