Form **8930** Department of the Treasury Internal Revenue Service

Qualified Disaster Recovery Assistance 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 8930. See instructions.

OMB No. 1545-0074

Your social security number

If You	are Fi	Address Only ling This	Home address (number and street, or P.O. box if mail is not delivered to your home) City, town or post office, state, and ZIP code							Apt. no.		
		elf and Not ax Return									I	
Part		Qualified Dis	saster Re	ecovery	Assistance Distri	butions Fre	om Re	tirement l	Plans (C	ther	Than IRAs)	
1	Enter the amount, if any, from your 2011 Form 8930, line 6 1											
2	Enter the amount, if any, from your 2011 Form 8930, 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 2012. But do not include repayment											
	made on or before the due date (including extensions) for filing your 2011 tax return.								n. 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	/ear. See instr	ructions							5		
Part II Qualified Disaster Recovery Assistance Distributions From Traditional, SEP, SI										MPLE	E, and Roth I	RAs
6	Enter the amount, if any, from your 2011 Form 8930, line 13 6											
7	Enter the amount, if any, from your 2011 Form 8930, line 8 7											
8	Subtract line 7 from line 6. If zero or less, enter -0									8		
9	Enter	the total amo	not in	clude repa	ments							
	made on or before the due date (including extensions) for filing your 2011 tax return. S								n. 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		
Are Fi	iling 1 elf an	Only If You This Form d Not With Jeturn		and belief	erjury, I declare that I hav , it is true, correct, and con wledge.							
			Your signature						Da	te		
Paid		Print/Type prepar	rer's name		Preparer's signature		Da	te	Check	if	PTIN	
Prepar	arer								self-emplo	yed		
Use O		Firm's name ► Firm's							Firm's EIN	•		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Firm's address ►

Cat. No. 37744P

Phone no.

Form 8930 (2012)