		CTED (if	checked	d)				
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. 1545-223	4		
		12-3456789					Qualifying	
Financial Intelligence Associates		PARTICIPANT'S TIN			Form 1098- C	Lon	gevity Annuity	
12022 Sundown Valley Dr Suite 230		xxx-xx-1234			(Rev. December 2019) For calendar year		Contract	
Reston, VA 20191 888-555-1212		1a Annuity amount on start date					Information	
888-333-1212		\$	8000.00 20 23					
		1b Annuity start date		5	2 If checked, start of	ate may	e may Copy B	
San		07/01/2022			be accelerated		For Participant	
		3 Total premiums		4 FMV of QLAC				
		\$	35	00.00	\$	48000.00		
PARTICIPANT'S name		5a Januar	у	dd	5b February	dd	This information is	
Kris Q Public		\$	400.00	10	\$ 400.0	10	being furnished	
		5c March		dd	5d April	dd	to the IRS.	
Street address (including apt. no.)		\$	400.00	10	\$ 400.0	10		
		5e May		dd	5f June	dd		
1 Main St		\$	400.00	10	\$ 400.0	10		
		5g July		dd	5h August	dd		
City or town, state or province, country, and ZIP or foreign postal code		\$	400.00	10	\$ 400.0	10		
Melrose, NY 12121		5i Septer	nber	dd	5j October	dd		
Account number (see instructions)	Plan number	\$	400.00	10	\$ 400.0	10		
111-5555555	760-4517	5k November		dd	5I December dd			
		\$	400.00	10	\$ 400.0	10		
Name of plan	Plan sponsor's EIN				•	•	<u> </u>	
AAA QLAC Plans 4	44-12345467							

www.irs.gov/Form1098Q

Financial Intelligence Associates 12022 Sundown Valley Dr Suite 230 Reston, VA 20191

Kris Q Public 1 Main St Melrose, NY 12121

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

(Keep for your records)



Department of the Treasury - Internal Revenue Service