



# Invesco IRA Required Minimum Distribution (RMD) Form

Use this form to request an RMD or change an existing systematic RMD from your Invesco IRA. We recommend that you speak with a tax advisor or financial professional regarding the consequences of this transaction.

- Use this form to send your RMD to a qualified charity as a Qualified Charitable Distribution (QCD).
- For a SEP, SARSEP or SIMPLE IRA, the RMD can be treated as a QCD only if the plan is not ongoing, meaning no employer contributions have been or will be made within or for the year the QCD is taken.
- Do not use this form to request an RMD from an Invesco beneficiary IRA. Please submit the IRA Beneficiary Transfer/Distribution Form.

*\*Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | IRA Information

IRA Type (Select one.)

Traditional

SEP

SARSEP

SIMPLE

Invesco Account Number or Plan ID

## 2 | Account Owner Information

Social Security Number\*

Date of Birth (mm/dd/yyyy)

Account Registration (Please print name as it appears on account.)

Email Address

## 3 | Contact Preference

In some cases, Invesco will attempt to contact you for more information or to resolve any discrepancies that may be present with your request. The preferred method you provide below will be used for this request only and will not be added to your account for future contact.

Please provide your preferred method of contact (Select One.)

Please contact my financial professional on record.

Please contact me at



**4 | Federal Income Tax Withholding Election**

The distributions you receive from your IRA are subject to a default federal income tax withholding rate of 10%. For Qualified Charitable Distributions and Roth IRAs only, a default federal income tax withholding rate is not applied.

You can choose to have a different rate by entering a rate between 0% and 100% in the box below. Generally, you can't choose less than 10% for payments to be delivered outside of the United States and its possessions, or if your only address of record is a P.O. Box.

By providing a withholding percentage below and signing this distribution form, you acknowledge that you have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2, the Marginal Rate Tables, and you would like a rate of withholding different from the default withholding rate. Important: The instructions and Marginal Rate Tables on the attached sample IRS Form W-4R are valid for the tax year shown in the upper right corner of the Form W-4R. If you are submitting this distribution form in a subsequent calendar year, please see irs.gov for the most current version of Form W-4R.

I want federal income tax withheld at the rate of \* %.

**Important:** If you do not provide a rate in the box above, the default withholding rate of 10% will be applied to your distribution (does not apply to Qualified Charitable Distributions or Roth IRAs).

Please note that the withholding rate designation made above supersedes any previous designations. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**5 | Required Minimum Distribution Instructions (Complete A, B, and C, if applicable)**

I authorize Invesco Investment Services, Inc. (IIS) to distribute from the account referenced in section 1 as indicated below. Furthermore, I understand and agree to the terms listed below.

- If I do not select a distribution frequency below, I direct IIS to process an immediate, one-time distribution.
- If the selected payment date for an annual draft has already passed, I direct IIS to process the current year payment as of the date the request was received in good order.
- If I do not provide a payment date below, I direct IIS to distribute on the 10<sup>th</sup> of the month, in accordance with the frequency indicated below.

**A. Frequency: (Select one.)**

- I wish to take an immediate, one-time distribution.
- I wish to establish or modify a series of periodic distributions. (This option is not available for QCD's.)

Beginning on  (month)  (year).

Monthly - One draft per month on the following payment date (e.g., 10th, 25th, etc.):

Quarterly - One draft per quarter on the following payment date (e.g., 10th, 25th, etc.):

Annually - One draft per year on the following payment date (e.g., 10th, 25th, etc.):

Required Minimum Distribution Instructions section continues on the next page.

**B. Distribution Method:** *(Select one.)*

**Life Expectancy Method** - I would like Invesco to calculate my RMD using the method selected below.

**Note:** If this method is selected, the "proportionate" option is the only distribution allocation option available. Shares will be redeemed from each fund proportionate to that fund's value with respect to the total value of your account(s) on December 31<sup>st</sup> of the prior year.

*(Select one.)*

Internal Revenue Service (IRS) Uniform Lifetime Table.

IRS Joint Life Expectancy Table. *(This option is only available if your spouse is and has been your sole primary beneficiary during the entire calendar year for which you are taking the distribution and he or she is more than ten years younger than you.)*

My spouse's date of birth is: (mm/dd/yyyy):   /   /    .

**Important:** If IIS did not service your IRA at the close of last year, please provide the prior year-end value *(including any transfers or rollovers received into the account in the current year that were disbursed from the resigning plan in the prior year)*:

\$    ,    .  .

**Specific Dollar Amount** - I have calculated the amount of my RMD and would like to distribute the following dollar amount from my account. I understand the amount of my RMD will change each year and it is my responsibility for recalculating my RMD amount and provide IIS with new distribution instructions as applicable.

\$    ,    .  . I understand that the amount of the distribution I receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. *(This will be the amount of your one-time distribution or each installment, as applicable.)*

**C. Allocation of Distribution:** *(Complete only if specific dollar amount method is selected in 5B.)*

If I do not select an allocation of distribution method, I direct IIS to distribute using the proportionate method.

**Note:** If redeeming from multiple funds, then multiple checks or Automated Clearing House (ACH) may be sent.

**Proportionate** - Shares will be redeemed from each fund proportionate to that fund's value with respect to the total value of your account on the day IIS receives your request in good order.

**Distribution From Specific Fund(s)** - Please indicate the fund(s) and redemption amount(s) below.

Fund Number	Fund Name	Percentage	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

**6 | Delivery Options (Refer to section 8 to determine if a signature guarantee is required.)**

**Note:** If no selection is made below OR the option selected requires a signature guarantee and a guarantee is not provided in section 8, IIS will send a check payable to the account owner and mail to the account owner's address of record. U.S. Postal Service will not forward checks to forwarding address.

Select only one payment option (A, B, or C)

**A. Deliver Distribution Proceeds by Check:**

- Mail check to the account owner's address of record.
- Mail check to third party address (Signature guarantee required.)
- This is a Qualified Charitable Distribution (QCD). A signature guarantee is required in section 8.
  - Make check payable to the qualified charity and mail to account owner's address of record.
  - Make check payable to the qualified charity and mail to qualified charity address.

Make check payable to:

Account Number (if applicable)

Mailing Address (Including apartment or P.O. Box number.)

City

State

ZIP

**B. Deliver Distribution Proceeds to My Bank Account:** (If bank information is provided and a single delivery option is not selected, proceeds will be sent via ACH. Signature guarantee required if the bank instructions are not already on file.)

- Wire proceeds to my bank account. (Not available for systematic distributions. An incoming wire fee may be assessed by your financial institution.)
- ACH transfer to my bank account. (Allow 2-3 business days to receive your proceeds.)

**Note:**

- Notarized Signature(s) of bank account owner(s) is required in section 7 if the Invesco account owner is not listed in the bank account registration.
- Unless instructed otherwise, IIS will replace your current systematic bank information with the new bank information provided in this section.
- Temporary or starter checks are not acceptable.
- If a voided company or corporate check is provided and the name on the bank account is different than the plan name, then a letter from that financial institution verifying the authorized signers must be included.

Account Type:  Checking  Savings

Name(s) on Bank Account	
<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	
<b>Complete <u>all</u> fields or attach your voided check here</b>	
Bank Name	
<input style="width: 100%;" type="text"/>	
Routing Number	Account Number
<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

**C. Deposit Distribution Proceeds into Invesco Account or Brokerage Account.**

- Deposit the proceeds into a new account in kind. *(Please complete and attach the appropriate Invesco application. Your fund selections will remain the same.)*
- Deposit the proceeds into my existing account in kind. *(Fund selections will remain the same.)*

Account Number:

- Deposit the proceeds in kind into my brokerage account identified below. I understand the fund selection will remain the same. *(A letter of acceptance from the new custodian must be attached.)*

Type of retirement plan

Brokerage Account Number

Brokerage Firm Name

**7 | Notarized Signature of Bank Account Owner(s)**

**Note:** Notarized signatures of bank account owner(s) is required if different from the Invesco account registration.

By signing this form and providing bank instructions, I understand and acknowledge that:

- IIS may debit my bank account for ACH drafts paid to the Invesco account.
- IIS may accept written instructions to remit redemption proceeds to this bank account.
- This authorization will remain in full force and effect, and IIS may continue to honor instructions to draft this bank account until written notice from the Invesco account owner is provided revoking this authority by providing replacement bank instructions.

Signature of Bank Account Owner(s)\*

**X**

Date (mm/dd/yyyy)

/  /

Signature of Bank Account Owner(s)\*

**X**

Date (mm/dd/yyyy)

/  /

**Certification of Acknowledgement of Notary Public:**

State of \_\_\_\_\_, in the County of \_\_\_\_\_ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on

(Date – mm/dd/yyyy) \_\_\_\_\_ .

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Seal

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**8 | Authorization and Signature of Account Owner (Please sign and date below.)**

I acknowledge that I have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2, including the Marginal Rate Tables. If selected, I certify that I am eligible for a Qualified Charitable Distribution and will comply with applicable requirements, and that I have consulted with a tax or financial advisor as to its eligibility under Internal Revenue Service (IRS) rules and amount does not exceed the annual aggregate limit. If I am requesting a QCD from a SEP, SARSEP or SIMPLE IRA, I certify that the plan is not ongoing, and that no employer contributions have been or will be made to the plan for the year the QCD is taken.

By signing this form, (i) I authorize and direct IIS to take actions as specified above, and (ii) I agree to indemnify and hold harmless IIS, its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco funds (collectively, "Invesco") from and against any and all actions, suits, claims, costs, losses, liabilities, damages and expenses of any kind or character that may be incurred directly or indirectly as a result of the actions taken by Invesco in accordance with the instructions and other provisions set forth herein.

Signature\*

Date (mm/dd/yyyy)

X

/  /

**A signature guarantee is required under the following circumstances:**

- Redemption proceeds will exceed \$250,000 per fund.
- Redemption proceeds to be paid to someone other than the account owner.
- Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.
- Proceeds of an unscheduled redemption will be sent to an address of record or bank account that has been on your Invesco account for less than 15 days.

<p><b>Signature Guarantee:</b> (Please place signature guarantee stamp below.)</p>	<p>Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. <b>A signature guarantee may NOT be obtained through a notary public.</b></p>
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**Note:** Endorsement guarantee is not acceptable.

**9 | Mailing Instructions**

Please send completed and signed form to:

**(Direct Mail)**

Invesco Investment Services, Inc.  
P.O. Box 219078  
Kansas City, MO 64121-9078

**(Overnight Mail)**

Invesco Investment Services, Inc.  
801 Pennsylvania Ave  
Suite 219078  
Kansas City, MO 64105-1307

**For additional assistance please contact an Invesco Client Services representative at 800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time.**

**Additional Information**

**RMDs:** You must begin taking RMDs by April 1 of the calendar year following the year in which you attain age 73<sup>1</sup>. All subsequent RMDs must be taken by December 31 each year. If you do not take your RMD for a given year, the IRS may assess a penalty of 25% of the difference between the amount required to be distributed and the amount actually distributed.

RMD is not required from Roth assets in your SIMPLE IRA participant account.

**QCDs:** You must be age 70½ or older on the date of the distribution, which must be made payable directly to a qualified charity. The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions.

QCDs are federally tax free, and are not subject to tax withholding. The QCD will be reported to the Internal Revenue Service (IRS) on Form 1099-R, and will count toward your RMD if you are aged 73 or older and are required to take minimum distributions.

<sup>1</sup> The SECURE Act 2.0 of 2022 changed the RMD age from 72 to 73 for taxpayers born on or after 1951. We recommend that you speak with your tax advisor regarding your individual situation.

**SAMPLE FOR TAX INFORMATIONAL PURPOSES**

Form **W-4R**

**Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

**2026**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
Address		
City or town, state, and ZIP code		

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	<b>2</b> <b>SAMPLE ONLY</b> %
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<b>Sign Here</b>	<b>SAMPLE ONLY</b>	
	Your signature (This form is not valid unless you sign it.)	Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic

payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2026 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

\* If married filing separately, use \$400,450 instead for this 37% rate.

## General Instructions *(continued)*

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.