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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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VOID

CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2010 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.
		2a Taxable amount \$		2010 Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>				
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name		5 Employee contributions / Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		7 Distribution code(s)		8 Other \$ %		
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$		
	1st year of desig. Roth contrib.	10 State tax withheld \$		11 State/Payer's state no.		12 State distribution \$
Account number (see instructions)		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$

Form 1099-R

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

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