9898 ☐ VOID ☐ CORRECTED

Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2a Taxable amount $		
	2b Taxable amount not determined ☐	Total distribution ☐	**Copy A For Internal Revenue Service Center**
PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	**File with Form 1096**
Type or machine print RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)	7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code	9 Your percentage of total distribution %		
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	
	12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

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Type or machine print PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2a Taxable amount $		
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PAYER'S Federal identification number / RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	**File with Form 1096**
Type or machine print RECIPIENT'S name	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)	7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code	9 Your percentage of total distribution %		
Account number (optional)	10 State income tax withheld $	11 State/Payer's state number	
	12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2a Taxable amount $		
		2b Taxable amount not determined ☐	Total distribution ☐	**Copy 1 For State, City, or Local Tax Department**
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.)		7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code		9 Your percentage of total distribution %		
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
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PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.)		7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code		9 Your percentage of total distribution %		
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2a Taxable amount $		
		2b Taxable amount not determined ☐	Total distribution ☐	**Copy B** **Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.**
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 **Federal income tax withheld** $	
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.)		7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code		9 Your percentage of total distribution %		This information is being furnished to the Internal Revenue Service.
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
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RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.)		7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code		9 Your percentage of total distribution %		This information is being furnished to the Internal Revenue Service.
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

Instructions to Recipient

Beginning this year, **all** distributions, both total and partial, from pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R. Form W-2P, which was previously used to report all partial distributions, has been eliminated.

Eligible Rollover Distribution.—If you received a distribution that is eligible to be rolled over, the plan administrator is required to give you an explanation of the rollover provisions of the law and, if applicable, the 5-year/10-year averaging provisions. Each of these provisions could affect the amount of tax you pay on this distribution. For example, any amount you roll over is not currently taxable. See **Pub. 575,** Pension and Annuity Income (Including Simplified General Rule), for more information about these provisions.

IRAs.—For distributions from an individual retirement arrangement (IRA) or simplified employee pension (SEP), generally the payer is not required to compute the taxable amount. Therefore, the amounts in Boxes 1 and 2a may be the same. See **Pub. 590,** Individual Retirement Arrangements (IRAs), and **Form 8606,** Nondeductible IRA Contributions, IRA Basis, and Nontaxable IRA Distributions, to determine the taxable amount.

Excess Distributions.—If the distribution you received is more than $128,228, you may owe an excise tax. See **Form 5329,** Return for Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts. The tax on excess distributions does not apply to beneficiaries unless you are a surviving spouse and elected not to have the estate pay the excess accumulation tax.

Death Benefit Exclusion.—If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a "death benefit exclusion" of up to $5,000. See Pub. 575.

(Continued on the back of Copy C.)

Instructions to Recipient

Beginning this year, **all** distributions, both total and partial, from pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R. Form W-2P, which was previously used to report all partial distributions, has been eliminated.

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(Continued on the back of Copy C.)

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2a Taxable amount $		
		2b Taxable amount not determined ☐	Total distribution ☐	**Copy C For Recipient's Records**
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	This information is being furnished to the Internal Revenue Service.
Street address (including apt. no.)		7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code		9 Your percentage of total distribution %		
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	Keep this copy for your records.
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
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PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	
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City, state, and ZIP code		9 Your percentage of total distribution %		
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	Keep this copy for your records.
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

Instructions to Recipient *(Continued from the back of Copy B.)*

Box 1.—Shows the total amount you received this year. The amount may have been received as periodic payments, as nonperiodic payments, or as a total distribution. Report this amount on Form 1040 or 1040A on the line for "Total IRA distributions" or "Total pensions and annuities," whichever applies, unless this is a lump-sum distribution and you are using **Form 4972,** Tax on Lump-Sum Distributions.

If you received a death benefit payment made by an employer because you are the beneficiary of a deceased employee and the payment was not made from the employer's pension, profit-sharing, or retirement plan, report this amount, less any allowable death benefit exclusion, on Form 1040 on the line for "Other income." See **Pub. 525,** Taxable and Nontaxable Income.

If an insurance contract has been transferred to another trustee, an amount will be shown in this box and Code 6 will be shown in Box 7.

Box 2a.—This part of the distribution is generally taxable. However, if there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in Box 2b should be checked. You may want to get one of the following publications from IRS to help you figure the taxable amount: **Pub. 571,** Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations, **Pub. 575, Pub. 590, Pub. 721,** Tax Guide to U.S. Civil Service Retirement Benefits, or **Pub. 939,** Pension General Rule (Nonsimplified Method).

If this is a total distribution, you may be eligible for the 5-year/10-year averaging method. See Form 4972, for more information. 5-year/10-year averaging does not apply to IRAs or tax-sheltered annuities.

Box 2b.—If an "X" is entered in the first checkbox, the payer was unable to determine the taxable amount, and Box 2a should be blank. If an "X" is entered in the second checkbox, the distribution was a total distribution that closed out your account.

Box 3.—If you received a lump-sum distribution, you may be able to elect to treat this amount as a capital gain. See the instructions for Form 1040 for information about this distribution.

Box 4.—This is the amount of Federal income tax withheld on the distribution. **Include this on your income tax return as tax withheld, and attach Copy B to your return.** If you will receive payments next year and you want to increase or decrease your withholding or you want to elect not to have income tax withheld, you must submit to the payer a new **Form W-4P,** Withholding Certificate for Pension or Annuity Payments.

Box 5.—Amounts contributed or considered contributed by the individual that were not deductible or excludable by the individual when the contribution was made (minus such amounts previously distributed) are not taxable to the individual when distributed. This box will **not** show any contributions to an IRA or SEP but will show premiums paid on commercial annuities or insurance contracts.

Box 6.—If you got a lump-sum distribution that includes securities of the employer's company, the net unrealized appreciation (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you elect otherwise. See Pub. 575 for more information.

Box 7.—The code(s) listed identifies the distribution you received:

1—Early (premature) distribution, no known exception (See Form 5329. For a rollover of the entire distribution, do not file Form 5329. See Form 1040 instructions.); **2**—Early (premature) distribution exception applies (You need not file Form 5329.); **3**—Disability (You need not file Form 5329.); **4**—Death (You need not file Form 5329.); **5**—Prohibited transactions; **6**—Section 1035 exchange (a tax-free exchange of insurance contracts); **7**—Normal distribution; **8**—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1991; **9**—PS 58 costs (premiums paid by a trustee or custodian for current insurance protection, taxable to you currently); **P**—Excess contributions plus earnings/excess deferrals taxable in 1990; **A**—Qualifies for 5-year/10-year averaging; **B**—Qualifies for death benefit exclusion; **C**—Qualifies for both A and B; **D**—Excess contributions plus earnings/excess deferrals taxable in 1989.

If the IRA/SEP box is checked, you have received an IRA or SEP distribution.

Box 8.—If you receive an annuity contract as part of a distribution, the value of the contract is shown in this box. It is not taxable when you receive it and should not be included in Boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown in this box. You will need this information if you elect the special 5-year/10-year averaging method.

Box 9.—If a total distribution was made to more than one person, the percentage you received is shown here.

Boxes 10, 11, 12, and 13.—If state or local income tax was withheld from the distribution, these boxes may be completed.

Instructions to Recipient *(Continued from the back of Copy B.)*

Box 1.—Shows the total amount you received this year. The amount may have been received as periodic payments, as nonperiodic payments, or as a total distribution. Report this amount on Form 1040 or 1040A on the line for "Total IRA distributions" or "Total pensions and annuities," whichever applies, unless this is a lump-sum distribution and you are using **Form 4972,** Tax on Lump-Sum Distributions.

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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.
	2a Taxable amount $	1991	

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
		2a Taxable amount $		
		2b Taxable amount not determined ☐	Total distribution ☐	**Copy D For Payer**
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Amount in Box 2a eligible for capital gain election $	4 Federal income tax withheld $	
RECIPIENT'S name		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.)		7 Distribution code / IRA/SEP ☐	8 Other %	
City, state, and ZIP code		9 Your percentage of total distribution %		
Account number (optional)		10 State income tax withheld $	11 State/Payer's state number	
		12 Local income tax withheld $	13 Name of locality	

Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution $	OMB No. 1545-0119 **1991**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
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Form **1099-R** (Replaces Form W-2P) Department of the Treasury - Internal Revenue Service