# Attention:

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at www.irs.gov/form1099, for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit www.IRS.gov/orderforms. Click on Employer and Information Returns, and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit www.IRS.gov/FIRE) or the IRS Affordable Care Act Information Returns (AIR) program (visit www.IRS.gov/AIR).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

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| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | | 1 Gross distribution $ | OMB No. 1545-0119 2020 Form 1099-R | 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 TIN | RECIPIENT'S TIN | | 3 Capital gain (included in box 2a) $ | 4 Federal income tax withheld $ | File with Form 1096. |
| RECIPIENT'S name | | | 5 Employee contributions/ Designated Roth contributions or insurance premiums $ | 6 Net unrealized appreciation in employer's securities $ | For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns. |
| Street address (including apt. no.) | | | 7 Distribution code(s) IRA/ SEP/ SIMPLE ☐ | 8 Other $ % | |
| City or town, state or province, country, and ZIP or foreign postal code | | | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |
| 10 Amount allocable to IRR within 5 years $ | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement ☐ | 14 State tax withheld $ $ | 15 State/Payer's state no. | 16 State distribution $ $ |
| Account number (see instructions) | | 13 Date of payment | 17 Local tax withheld $ $ | 18 Name of locality | 19 Local distribution $ $ |



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| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | | 1 Gross distribution $ | OMB No. 1545-0119 2020 Form 1099-R | 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 TIN | RECIPIENT'S TIN | | 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) | IRA/ SEP/ SIMPLE ☐ | 8 Other $ % |
| City or town, state or province, country, and ZIP or foreign postal code | | | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |
| 10 Amount allocable to IRR within 5 years $ | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement ☐ | 14 State tax withheld $ $ | 15 State/Payer's state no. | 16 State distribution $ $ |
| Account number (see instructions) | | 13 Date of payment | 17 Local tax withheld $ $ | 18 Name of locality | 19 Local distribution $ $ |

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| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | 1 Gross distribution $ | OMB No. 1545-0119 2020 Form 1099-R | 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** |
| PAYER'S TIN | RECIPIENT'S TIN | 3 Capital gain (included in box 2a) $ | 4 Federal income tax withheld $ | **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.** |
| 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) IRA/ SEP/ SIMPLE ☐ | 8 Other $ % | This information is being furnished to the IRS. |
| City or town, state or province, country, and ZIP or foreign postal code | | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |

| 10 Amount allocable to IRR within 5 years $ | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement ☐ | 14 State tax withheld $ $ | 15 State/Payer's state no. | 16 State distribution $ $ |
|---|---|---|---|---|---|
| Account number (see instructions) | | 13 Date of payment | 17 Local tax withheld $ $ | 18 Name of locality | 19 Local distribution $ $ |

## Instructions for Recipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

**Qualified plans and section 403(b) plans.** If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for your tax return.

**IRAs.** For distributions from a traditional individual retirement arrangement (IRA), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer isn't required to compute the taxable amount. See the instructions for your tax return to determine the taxable amount. If you're at least age 70½ by the end of 2019 (age 72 by the end of later years), you must take minimum distributions from your IRA (other than a Roth IRA). If you don't, you're subject to a 50% excise tax on the amount that should've been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs.

**Roth IRAs.** For distributions from a Roth IRA, generally the payer isn't required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution.

**Loans treated as distributions.** If you borrow money from a qualified plan, section 403(b) plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, code L will be shown in box 7. See Pub. 575.

**Recipient's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer has reported your complete TIN to the IRS.

**Account number.** May show an account, policy, or other unique number the payer assigned to distinguish your account.

**Box 1.** Shows the total amount you received this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, a recharacterized IRA contribution; or you may have received it as periodic payments, nonperiodic payments, or a total distribution. Report the amount on Form 1040, 1040-SR, or 1040-NR on the line for "IRAs, pensions, and annuities" (or the line for "Taxable amount") and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you haven't reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you're self-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and code W will be shown in box 7. You need not report these amounts on your tax return. If code C is shown in box 7, the amount shown in box 1 is a receipt of reportable death benefits that is taxable in part.

**Box 2a.** This part of the distribution is generally taxable. 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 free publications from the IRS to help you figure the taxable amount. See *Additional information* on the back of Copy 2. For an IRA distribution, see *IRAs* and *Roth IRAs*, earlier. For a direct rollover, other than from a qualified plan, sec. 403(b) plan, or governmental sec. 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, zero should be shown and you must enter zero (-0-) on the "Taxable amount" line of your tax return. If you roll over a distribution (other than a distribution from a designated Roth account) from a qualified plan, sec. 403(b) plan, or governmental sec. 457(b) plan to a designated Roth account in the same plan or to a Roth IRA,

*(Continued on the back of Copy C)*

☐ CORRECTED (if checked)

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | 1 Gross distribution $ | OMB No. 1545-0119 2020 Form 1099-R | 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 TIN | RECIPIENT'S TIN | 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) IRA/ SEP/ SIMPLE ☐ | 8 Other $ % | This information is being furnished to the IRS. |
| City or town, state or province, country, and ZIP or foreign postal code | | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |

| 10 Amount allocable to IRR within 5 years | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement ☐ | 14 State tax withheld | 15 State/Payer's state no. | 16 State distribution |
|---|---|---|---|---|---|
| $ | | | $ | | $ |
| | | | $ | | $ |
| Account number (see instructions) | | 13 Date of payment | 17 Local tax withheld | 18 Name of locality | 19 Local distribution |
| | | | $ | | $ |
| | | | $ | | $ |

## Instructions for Recipient *(continued)*

you must include on the "Taxable amount" line of your tax return the amount shown in this box plus the amount in box 6, if any.

If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information.

If you're an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a hasn't been reduced by the exclusion amount. See the instructions for your tax return for more information.

**Box 2b.** If the first box is checked, the payer was unable to determine the taxable amount and box 2a should be blank, except for an IRA. It's your responsibility to determine the taxable amount. If the second box is checked, the distribution was a total distribution that closed out your account.

**Box 3.** If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D (Forms 1040 and 1040-SR)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the Instructions for Form 8949.

**Box 4.** Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return. Generally, if you receive payments that aren't eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P.

**Box 5.** Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the portion that's your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract reportable under section 6050Y. This box doesn't show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

**Box 6.** If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the distribution to a designated Roth account in the same plan or to a Roth IRA, see the instructions for box 2a. For a direct rollover to a designated Roth account in the same plan or to a Roth IRA, the NUA is included in box 2a. If you didn't receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which isn't taxed until you sell the securities.

**Box 7.** The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to an additional 10% tax. See the Instructions for Form 5329.

**1—** Early distribution, no known exception (in most cases, under age 59½).
**2—** Early distribution, exception applies (under age 59½).
**3—** Disability.
**4—** Death.
**5—** Prohibited transaction.
**6—** Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts).
**7—** Normal distribution.
**8—** Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2020.
**9—** Cost of current life insurance protection.
**A—** May be eligible for 10-year tax option (see Form 4972).
**B—** Designated Roth account distribution.

**Note:** If code B is in box 7 and an amount is reported in box 11, see the Instructions for Form 5329.

**C—** Reportable death benefits under section 6050Y.
**D—** Annuity payments from nonqualified annuities that may be subject to tax under section 1411.
**E—** Distributions under Employee Plans Compliance Resolution System (EPCRS).

*(Continued on the back of Copy 2)*

☐ CORRECTED (if checked)

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | 1 Gross distribution $ | OMB No. 1545-0119 2020 Form 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
|---|---|---|---|---|
| | | 2a Taxable amount $ | | |
| | | 2b Taxable amount not determined ☐ | Total distribution ☐ | Copy 2 File this copy with your state, city, or local income tax return, when required. |
| PAYER'S TIN | RECIPIENT'S TIN | 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) | IRA/ SEP/ SIMPLE ☐ | 8 Other $ % |
| City or town, state or province, country, and ZIP or foreign postal code | | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |

| 10 Amount allocable to IRR within 5 years $ | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement ☐ | 14 State tax withheld $ $ | 15 State/Payer's state no. | 16 State distribution $ $ |
|---|---|---|---|---|---|
| Account number (see instructions) | | 13 Date of payment | 17 Local tax withheld $ $ | 18 Name of locality | 19 Local distribution $ $ |

## Instructions for Recipient *(continued)*

**F—** Charitable gift annuity.
**G—** Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA.
**H—** Direct rollover of a designated Roth account distribution to a Roth IRA.
**J—** Early distribution from a Roth IRA, no known exception (in most cases, under age 59½).
**K—** Distribution of traditional IRA assets not having a readily available FMV.
**L—** Loans treated as distributions.
**M—** Qualified plan loan offset.
**N—** Recharacterized IRA contribution made for 2020 and recharacterized in 2020.
**P—** Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2019.
**Q—** Qualified distribution from a Roth IRA.
**R—** Recharacterized IRA contribution made for 2019 and recharacterized in 2020.
**S—** Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½).
**T—** Roth IRA distribution, exception applies.
**U—** Dividend distribution from ESOP under section 404(k).
**Note:** This distribution isn't eligible for rollover.
**W—** Charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements.

If the IRA/SEP/SIMPLE box is checked, you've received a traditional IRA, SEP, or SIMPLE distribution.

**Box 8.** If you received an annuity contract as part of a distribution, the value of the contract is shown. It isn't taxable when you receive it and shouldn't be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they're 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. You'll need this information if you use the 10-year tax option (Form 4972). If charges were made for qualified long-term care insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here.

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

**Box 9b.** For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

**Box 10.** If an amount is reported in this box, see the Instructions for Form 5329 and Pub. 575.

**Box 11.** The first year you made a contribution to the designated Roth account reported on this form is shown in this box.

**Box 12.** If box 12 is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement under FATCA. You may also have a filing requirement. See the Instructions for Form 8938.

**Box 13.** Shows the date of payment for reportable death benefits under section 6050Y.

**Boxes 14–19.** If state or local income tax was withheld from the distribution, boxes 16 and 19 may show the part of the distribution subject to state and/or local tax.

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**Additional information.** You may want to see:
**Form W-4P, Form 4972, Form 5329, Form 8606**
Pub. 525, Taxable and Nontaxable Income
Pub. 560, Retirement Plans for Small Business
Pub. 571, Tax-Sheltered Annuity Plans
Pub. 575, Pension and Annuity Income
Pub. 590-A, Contributions to IRAs
Pub. 590-B, Distributions from IRAs
Pub. 721, U.S. Civil Service Retirement Benefits
Pub. 939, General Rule for Pensions and Annuities
Pub. 969, HSAs and Other Tax-Favored Health Plans

☐ VOID ☐ CORRECTED

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. | | 1 Gross distribution $ | OMB No. 1545-0119 2020 Form 1099-R | 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 TIN | RECIPIENT'S TIN | 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 $ | For Privacy Act and Paperwork Reduction Act Notice, see the **2020 General Instructions for Certain Information Returns.** |
| Street address (including apt. no.) | | 7 Distribution code(s) IRA/ SEP/ SIMPLE ☐ | 8 Other $ % | |
| City or town, state or province, country, and ZIP or foreign postal code | | 9a Your percentage of total distribution % | 9b Total employee contributions $ | |

| 10 Amount allocable to IRR within 5 years $ | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement ☐ | 14 State tax withheld $ $ | 15 State/Payer's state no. | 16 State distribution $ $ |
|---|---|---|---|---|---|
| Account number (see instructions) | | 13 Date of payment | 17 Local tax withheld $ $ | 18 Name of locality | 19 Local distribution $ $ |

# Instructions for Payer

To complete Form 1099-R, use:

- The 2020 General Instructions for Certain Information Returns, and
- The 2020 Instructions for Forms 1099-R and 5498.

To order these instructions and additional forms, go to *www.irs.gov/Form1099R*.

**Caution:** Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, or 5498 that you print from the IRS website.

**Due dates.** Furnish Copies B, C, and 2 of this form to the recipient by February 1, 2021.

File Copy A of this form with the IRS by March 1, 2021. If you file electronically, the due date is March 31, 2021. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option for Copy A.

**Need help?** If you have questions about reporting on Form 1099-R, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).