|   |             |   |          |                        | D  | CTE          | UVOID CORRI   | 9898                                  |   |  |  |   |  |  |
|---|-------------|---|----------|------------------------|--|--------------|---|---------------------------------------|---|--|--|---|--|--|
| Distributions From Pensions, Annuitie Retirement Profit-Shari Plans, IRA Insuran Contracts, e |             | B No. 1545-0119 2008  form 1099-R             | l<br>L   |                        | Gross distributi Taxable amoun   | \$           | YER'S name, street address, city, state, and ZIP code |                                       | PAYER'S name, street address, city, state, and ZIP code |  |  | 'AYER'S name, street address, city, state, and ZIP code |  |  |
| Copy A  | n 🔲         | Total<br>distribution                         |          |                        | Taxable amoun not determined   | 2b           |   |                                       |   |  |  |   |  |  |
| Internal Revenue<br>Service Cente   | tax         | Federal income withheld                       | 4        | cluded                 | Capital gain (incin box 2a)  | 3            | RECIPIENT'S identification number                     | PAYER'S federal identification number |   |  |  |   |  |  |
| File with Form 1096   |             |   | \$       |                        |  | \$           |   |                                       |   |  |  |   |  |  |
| For Privacy Ac<br>and Paperworl<br>Reduction Ac<br>Notice, see the                            |             | Net unrealized appreciation in employer's sec | 6<br>\$  | h                      | Employee contri<br>/Designated Rot<br>contributions or<br>insurance premin | 5            | reet address (including apt. no.)                     |                                       |   |  |  |   |  |  |
| 2008 Genera<br>Instructions fo  | %           | Other   |          | IRA/<br>SEP/<br>SIMPLE | Distribution code(s)   | 7            |   |                                       |   |  |  |   |  |  |
| and W-2G  | ntributions | Total employee cor                            | 9b<br>\$ | of total<br>%          | Your percentage distribution   | 9a           |   | City, state, and ZIP code             |   |  |  |   |  |  |
| 5. State distribution \$  | tate no.    | State/Payer's s                               | 11       | eld                    | State tax withhe   | 10<br>\$     | 1st year of desig. Roth contrib.                      |                                       |   |  |  |   |  |  |
| 15 Local distribution \$  | ty          | Name of localit                               | 14       | eld                    | Local tax withhe   | 13<br>\$     | ·<br>)  | Account number (see instructions      |   |  |  |   |  |  |
| \$ Internal Revenue Service   | easury - I  | partment of the Tre                           | Dep      |                        | 14436Q   | \$<br>:. No. | Ca  | orm <b>1099-R</b>                     |   |  |  |   |  |  |

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| ☐ VOID ☐ C  | CORRECTI    | ED   |                        |  |   |             |   |
|---|-------------|--|------------------------|--|---|-------------|---|
| PAYER'S name, street address, city, state, and ZIP code                 | \$          | Gross distribut  Taxable amour   |                        | G  | No. 1545-0119 2008 rm 1099-R                        | -           | Distributions From<br>nsions, Annuities,<br>Retirement or<br>Profit-Sharing<br>Plans, IRAs,<br>Insurance<br>Contracts, etc. |
|   | 2b          | Taxable amour  |                        |  | Total<br>distribution                               | n 🔲         | Copy 1  |
| PAYER'S federal identification number RECIPIENT'S identification number | on 3        | Capital gain (in in box 2a)  | ıcluded                |  | Federal income<br>withheld                          | tax         | State, City,<br>or Local<br>Tax Department  |
| RECIPIENT'S name  | 5<br>\$     | Employee contr<br>/Designated Roc<br>contributions or<br>insurance premi | th                     | 6  | Net unrealized<br>appreciation in<br>employer's sec |             |   |
| Street address (including apt. no.)                                     | 7           | Distribution code(s)   | IRA/<br>SEP/<br>SIMPLE | <del>                                     </del> | Other   | %           |   |
| City, state, and ZIP code   |             | Your percentage distribution   | of total<br>%          | 9b<br>\$   | Total employee con                                  | ntributions |   |
| 1st year of desig. Roth c   | contrib. 10 | State tax withhe   | eld                    | 11   | State/Payer's s                                     | tate no.    | 12 State distribution \$  |
| Account number (see instructions)                                       |             | Local tax withhe   | eld                    | 14   | Name of localit                                     | ty          | 15 Local distribution \$  |

|   | ☐ CORRE                           | СТЕ            | ED (if checke  | d)                     |                |  |          |   |  |  |
|---|-----------------------------------|----------------|--|------------------------|----------------|--|----------|---|--|--|
| PAYER'S name, street address, city, state, and ZIP code |                                   | \$             | Gross distribut  Taxable amour   |                        |                | IB No. 1545-0119 2008  Form 1099-R                         | _        | Distributions From<br>nsions, Annuities,<br>Retirement or<br>Profit-Sharing<br>Plans, IRAs,<br>Insurance<br>Contracts, etc. |  |  |
|   |                                   | 2b             | Taxable amour not determined   |                        |                | Total<br>distributio                                       | n 🗍      | Copy B<br>Report this   |  |  |
| PAYER'S federal identification number                   | RECIPIENT'S identification number | 3              | Capital gain (in in box 2a)  | cluded                 | <b>4</b><br>\$ | Federal income withheld                                    | e tax    | income on your<br>federal tax<br>return. If this<br>form shows<br>federal income  |  |  |
| RECIPIENT'S name  |                                   | 5              | Employee contr<br>/Designated Roi<br>contributions or<br>insurance premi | th                     | 6              | Net unrealized<br>appreciation in<br>employer's securities |          | appreciation in employer's securities   |  | tax withheld in<br>box 4, attach<br>this copy to<br>your return. |
| Street address (including apt. n                        | 0.)                               | 7              | Distribution code(s)   | IRA/<br>SEP/<br>SIMPLE | 8              | Other  | %        | This information is being furnished to the Internal   |  |  |
| City, state, and ZIP code                               |                                   | 9a             | Your percentage distribution   | of total<br>%          | 9b<br>\$       |  |          | Revenue Service.  |  |  |
|   | 1st year of desig. Roth contrib.  | 10<br>\$<br>\$ | State tax withhe   | eld                    | 11             | State/Payer's s  | tate no. | 12 State distribution \$  |  |  |
| Account number (see instructions                        | )                                 | 13<br>\$       | Local tax withhe   | eld                    | 14             | Name of locali   | ty       | 15 Local distribution \$  |  |  |

## **Instructions for Recipient**

Generally, distributions from pensions, annuities, profit-sharing and retirement plans (including section 457 state and local government plans), IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R.

**Qualified plans.** If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer did not show the taxable amount in box 2a. See the instructions for Form 1040 or 1040A.

**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 is not required to compute the taxable amount. Therefore, the amounts in boxes 1 and 2a will be the same most of the time. See the Form 1040 or 1040A instructions to determine the taxable amount. If you are at least age 70½, you must take minimum distributions from your IRA (other than a Roth IRA). If you do not, you may be subject to a 50% excise tax on the amount that should have been distributed. See Pub. 590 for more information on IRAs.

**Roth IRAs.** For distributions from a Roth IRA, generally the payer is not 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 government 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.

**Account number.** May show an account 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, as nonperiodic payments, or as a total distribution. Report the amount on Form 1040 or 1040A on the line for "IRA distributions" or "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 have not 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 you are self-employed.

If a life insurance, annuity, 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. You need not report this on your tax return.

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* above. For a direct rollover, other than from a qualified plan 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 from a qualified plan (other than from a designated Roth account) to a Roth IRA, 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.

(Continued on the back of Copy C.)

|                                     |   | ☐ CORRE                           | CTE  | ED (if checke  | d)            |  |                               |   |   |  |                      |     |                           |
|-------------------------------------|---|-----------------------------------|--|--|---------------|--|-------------------------------|---|---|--|----------------------|-----|---------------------------|
|                                     | PAYER'S name, street address, city, state, and ZIP code |                                   | 1 Gross distribution \$ 2a Taxable amount \$ |  |               | OMB No. 1545-0119 2008 Form 1099-R                           |                               |   | Distributions From<br>nsions, Annuities,<br>Retirement or<br>Profit-Sharing<br>Plans, IRAs,<br>Insurance<br>Contracts, etc. |  |                      |     |                           |
|                                     |   |                                   | 2b   | Taxable amount not determined  |               |  |                               |   |   |  | Total<br>distributio | n 🔲 | Copy C<br>For Recipient's |
|                                     | PAYER'S federal identification number                   | RECIPIENT'S identification number | 3  | Capital gain (in in box 2a)  | cluded        | 4  | 4 Federal income tax withheld |   | Records   |  |                      |     |                           |
|                                     |   |                                   | \$   |  |               | \$   |                               |   |   |  |                      |     |                           |
|                                     | RECIPIENT'S name  |                                   | 5  | Employee contr<br>/Designated Rot<br>contributions or<br>insurance premi | th            | Net unrealized     appreciation in     employer's securities |                               |   |   |  |                      |     |                           |
|                                     |   |                                   | \$   |  |               | \$   |                               |   |   |  |                      |     |                           |
| Street address (including apt. no.) |   | 7                                 | Distribution code(s)                         | IRA/<br>SEP/<br>SIMPLE   | 8             | Other  | %                             | This information is being furnished to the Internal |   |  |                      |     |                           |
|                                     | City, state, and ZIP code                               | ity, state, and ZIP code          |  | Your percentage distribution   | of total<br>% | 9b<br>\$   | Total employee cor            | ntributions   | Revenue Service.  |  |                      |     |                           |
|                                     |   | 1st year of desig. Roth contrib.  | 10<br>\$                                     | State tax withhe   | eld           | 11   | State/Payer's s               | tate no.  | 12 State distribution \$  |  |                      |     |                           |
| I                                   |   |                                   | \$   |  |               |  |                               |   | \$  |  |                      |     |                           |
|                                     | Account number (see instructions)                       |                                   | 13<br>\$                                     | Local tax withhe   | eld           | 14   | Name of locali                | ty  | 15 Local distribution   |  |                      |     |                           |
| ۱                                   |   |                                   | 1 4  |  |               | 1  |                               |   | · •   |  |                      |     |                           |

(keep for your records)

### Instructions for Recipient (Continued)

If this is a total distribution from a qualified plan (other than an IRA or section 403(b) plan) and you were born before January 2, 1936 (or you are 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.

**Box 2b.** If the first box is checked, the payer was unable to determine the taxable amount, and box 2a should be blank. However, if this is a traditional IRA, SEP, or SIMPLE distribution, then see *IRAs* earlier. If the second box is checked, the distribution was a total distribution that closed out your account. If you are an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to purchase certain insurance premiums, the amount shown in box 2a has not been reduced by the exclusion amount. See the instructions for Form 1040A for more information.

**Box 3.** If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you are 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 (Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain on Schedule D.

**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 will receive payments next year that are not 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 is your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; or the nontaxable part of a charitable gift annuity. This box does not 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 the box next to box 10.

**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. However, if the distribution was a qualified rollover contribution to a Roth IRA, see the instructions for *Box 2a*. See Pub. 575 and the Form 4972 instructions. If you did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not 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 Forms 5329 and 8606.

- 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, or endowment contracts).
- 7—Normal distribution.
- 8—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2008.
- 9—Cost of current life insurance protection.
- A-May be eligible for 10-year tax option (see Form 4972).
- B-Designated Roth account distribution.
- D—Excess contributions plus earnings/excess deferrals taxable in 2006.

(Continued on the back of Copy 2.)

|   | ☐ CORRE                           | CTE  | ED (if checke   | d)                     |  |   |             |   |
|---|-----------------------------------|--|---|------------------------|--|---|-------------|---|
| PAYER'S name, street address, city, state, and ZIP code |                                   | 1 Gross distribution \$ 2a Taxable amount \$ |   |                        |  | 1B No. 1545-0119 2008  Form 1099-R                  | _           | Distributions From<br>nsions, Annuities,<br>Retirement or<br>Profit-Sharing<br>Plans, IRAs,<br>Insurance<br>Contracts, etc. |
|   |                                   | 2b   | Taxable amour not determined  |                        |  | Total distribution                                  | n 🗌         | Copy 2<br>File this copy  |
| PAYER'S federal identification number                   | RECIPIENT'S identification number | 3  | Capital gain (in in box 2a)   | cluded                 | \$   | Federal income withheld                             | tax         | with your state,<br>city, or local<br>income tax<br>return, when  |
| RECIPIENT'S name  |                                   | 5  | Employee contri<br>/Designated Rot<br>contributions or<br>insurance premi | th                     | 6  | Net unrealized<br>appreciation in<br>employer's sec | 1           | required.   |
| Street address (including apt. no                       | .)                                | 7  | Distribution code(s)  | IRA/<br>SEP/<br>SIMPLE | <del>                                     </del> | Other   | %           |   |
| City, state, and ZIP code                               |                                   | 9a   | Your percentage distribution  | of total<br>%          | 9b<br>\$   | Total employee cor                                  | ntributions |   |
|   | 1st year of desig. Roth contrib.  | 10<br>\$<br>\$                               | State tax withhe  | eld                    | 11   | State/Payer's s                                     | state no.   | 12 State distribution \$  |
| Account number (see instructions)                       |                                   | 13   | Local tax withhe  | eld                    | 14   | Name of locali                                      | ty          | 15 Local distribution   |
|   |                                   | 1 4  |   |                        | 1  |   |             | I %   |

## Instructions for Recipient (Continued)

- **E**—Excess annual additions under section 415 and certain excess amounts under section 403(b) plans.
- F—Charitable gift annuity.
- **G**—Direct rollover of a distribution (other than a designated Roth account 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).
- L-Loans treated as distributions.
- N—Recharacterized IRA contribution made for 2008 and recharacterized in 2008.
- P—Excess contributions plus earnings/excess deferrals taxable in 2007.
- Q-Qualified distribution from a Roth IRA.
- R—Recharacterized IRA contribution made for 2007 and recharacterized in 2008.
- S—Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½).
- T-Roth IRA distribution, exception applies.

If the IRA/SEP/SIMPLE box is checked, you have 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 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. You will need this information if you use the 10-year tax option (Form 4972).

**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.

**Boxes 10–15.** If state or local income tax was withheld from the distribution, boxes 12 and 15 may show the part of the distribution subject to state and/or local tax.

#### Additional information. You may want to see:

W-4P, Withholding Certificate for Pension or Annuity Payments,

Form 4972. Tax on Lump-Sum Distributions.

Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Form 8606, Nondeductible IRAs,

Pub. 560, Retirement Plans for Small Business (SEP, SIMPLE, and Qualified Plans),

Pub. 571, Tax-Sheltered Annuity Plans (403(b) Plans),

Pub. 575, Pension and Annuity Income,

Pub. 590, Individual Retirement Arrangements (IRAs),

Pub. 721, Tax Guide to U.S. Civil Service Retirement Benefits,

Pub. 939, General Rule for Pensions and Annuities,

**Pub. 969,** Health Savings Accounts and Other Tax-Favored Health Plans.

|                               |  | ☐ VOID ☐ CORRE                    | CTE   | ΞD                                       |                        |              |   |             |   |  |   |
|-------------------------------|--|-----------------------------------|---|--|------------------------|--------------|---|-------------|---|--|---|
| PAYER'S name, sti             | AYER'S name, street address, city, state, and ZIP code |                                   | PAYER'S name, street address, city, state, and ZIP code |  |                        |              | nt  |             | B No. 1545-0119 2008  form 1099-R                         |  | Distributions From<br>nsions, Annuities,<br>Retirement or<br>Profit-Sharing<br>Plans, IRAs,<br>Insurance<br>Contracts, etc. |
|                               |  |                                   | 2b  | Taxable amou                             |                        |              | Total<br>distribution                         | n 🔲         | Copy D<br>For Payer                                       |  |   |
| PAYER'S federal ide<br>number | entification   | RECIPIENT'S identification number | 3   | Capital gain (ir<br>in box 2a)           | ncluded                | 4            | Federal income withheld                       | tax         |   |  |   |
|                               |  |                                   | \$  |  |                        | \$           |   |             |   |  |   |
| RECIPIENT'S name              | e  | ,                                 |   | Employee contributions or insurance prem | th                     | 6            | Net unrealized appreciation in employer's sec |             | For Privacy Act<br>and Paperwork<br>Reduction Act         |  |   |
| Street address (inc           | luding apt. no   | p.)                               | 7   | Distribution code(s)                     | IRA/<br>SEP/<br>SIMPLE | <del>-</del> | Other   | %           | Notice, see the 2008 General Instructions for Forms 1099, |  |   |
| City, state, and ZIF          | City, state, and ZIP code                              |                                   | 9a  | Your percentage distribution             | of total               | 9b<br>\$     | Total employee cor                            | ntributions | 1098, 5498,<br>and W-2G.                                  |  |   |
|                               |  | 1st year of desig. Roth contrib.  | 10<br>\$  | State tax withhou                        | eld                    | 11           | State/Payer's s                               | tate no.    | 12 State distribution \$                                  |  |   |
|                               |  |                                   | \$  | 1 11 211                                 |                        | 4.4          | N   |             | \$  |  |   |
| Account number (se            | e instructions)  |                                   | 13  | Local tax withh                          | eia                    | 14           | Name of locali                                | ty<br>      | 15 Local distribution                                     |  |   |
| l                             |  |                                   | \$  |  |                        |              |   |             | \$  |  |   |

# **Instructions for Payers**

We provide general and specific form instructions as separate products. The products you should use to complete Form 1099-R are the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G and the 2008 Instructions for Forms 1099-R and 5498. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, visit the IRS website at *www.irs.gov* or call 1-800-TAX-FORM (1-800-829-3676).

Caution: Because paper forms are scanned during processing, you cannot file with the IRS Forms 1096, 1098, 1099, 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 2, 2009.

File Copy A of this form with the IRS by March 2, 2009. If you file electronically, the due date is March 31, 2009. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically. IRS does not provide a fill-in form option.

**Need help?** If you have questions about reporting on Form 1099-R, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-267-3367 (not toll free). The hours of operation are Monday through Friday from 8:30 a.m. to 4:30 p.m., Eastern time.