

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119	
		\$		1992	
		2a Taxable amount			
\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
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 <input type="checkbox"/>	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	
		\$			

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 Paperwork Reduction Act Notice and instructions for completing this form, see **Instructions for Forms 1099, 1098, 5498, and W-2G.**

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119	
		\$		1992	
		2a Taxable amount			
\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
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 Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
		7 Distribution code	IRA/SEP <input type="checkbox"/>	8 Other	
				%	
		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	
		\$			

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**Copy 1
For
State, City,
or Local
Tax Department**

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119	
		\$		1992	
		2a Taxable amount			
		\$			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
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 <input type="checkbox"/>	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	
		\$			

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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.

This information is being furnished to the Internal Revenue Service.

Instructions to Recipient

Generally, distributions from pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R. Some distributions may be reported on **Form W-2**, Wage and Tax Statement.

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- or 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 \$136,204, 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.

Beneficiaries.—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**.

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" (or the line for "Taxable amount"), whichever applies, unless this is a lump-sum distribution and you are using **Form 4972**, Tax on Lump-Sum Distributions. However, if you have not reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc."

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 the 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). For an IRA distribution, see **IRAs** on this page.

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

(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		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		\$		1992			
		2a Taxable amount					
		\$		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		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			This information is being furnished to the Internal Revenue Service.
		\$		\$			
RECIPIENT'S name		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
Street address (including apt. no.)		\$		\$			
City, state, and ZIP code		7 Distribution code	IRA/SEP <input type="checkbox"/>	8 Other		%	
		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			
		\$					

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

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 unless this is an IRA distribution. 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 Schedule D (Form 1040).

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, if Box 4 shows an amount other than zero, 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.—Shows the investment in the contract (cost). This is an amount contributed or considered contributed by the individual that was required to be included in the individual's income when the contribution was made. It is used to compute the taxable amount of the distribution. 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 received a lump-sum distribution 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 elect otherwise. See Pub. 575 and the Instructions for Form 4972 for more information. 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 code(s) listed identifies the distribution you received:

1—Early (premature) distribution, no known exception (See Form 5329. For a rollover of the entire taxable part of the distribution, do not file Form 5329. See Form 1040 or 1040A 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 1992; **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 1991; **A**—Qualifies for 5- or 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 1990.

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- or 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.

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		\$		1992	
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RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
		7 Distribution code	IRA/SEP <input type="checkbox"/>	8 Other	
				%	
		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	
		\$			

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2

File this copy with your state, city, or local income tax return, when required.

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.
		\$		1992		
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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 Street address (including apt. no.) City, state, and ZIP code		\$		\$		For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
Account number (optional)		7 Distribution code		8 Other		<input type="checkbox"/> %
		IRA/SEP <input type="checkbox"/>				
		9 Your percentage of total distribution				%
		10 State income tax withheld		11 State/Payer's state number		
		\$				
		12 Local income tax withheld		13 Name of locality		
		\$				