

## ***Attention!***

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Additional information about the printing of these specialized tax forms can be found in: Publication 1167, *Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules*; and, Publication 1179, *Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G*.

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

9898

 VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Paperwork Reduction Act Notice and instructions for completing this form, see <b>Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
		\$		<span style="font-size: 2em; font-weight: bold;">1994</span>		
		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 Capital gain (included in box 2a)		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 tax withheld		11 State/Payer's state no.		
		\$				
		\$				
		\$				
		13 Local tax withheld		14 Name of locality		
		\$				
		\$				
		\$				
				15 Local distribution		
				\$		
				\$		
				\$		

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

**Do NOT Cut or Separate Forms on This Page**

VOID     CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		\$		<span style="font-size: 2em; font-weight: bold;">1994</span>		
		2a Taxable amount				
\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy 1 For State, City, or Local Tax Department</b>
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 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 tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>1994</b> <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		\$				
		2a Taxable amount				<b>Copy B</b> <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.</b>
		\$				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>This information is being furnished to the Internal Revenue Service.</b>
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 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 tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

## Instructions for Recipient

Generally, distributions from pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R.

**Eligible Rollover Distribution.**—Before distributing an amount from a qualified plan eligible to be rolled over, the plan administrator must give you an explanation of your choices of how the distribution can be paid, including a direct rollover. See **Pub. 575**, Pension and Annuity Income (Including Simplified General Rule), for more information.

**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 IRAs (Contributions, Distributions, and Basis), to determine the taxable amount. If you are at least age 70½, distributions from your IRA may be required. See **Pub. 590**.

**Excess Distributions.**—If your distribution from a qualified plan is more than \$144,551, you may owe an excise tax. See **Form 5329**, Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts. This does not apply to beneficiaries except a surviving spouse who elected not to have the estate pay the excess accumulation tax.

**Total Employee Contributions.**—If this is the first year of a life annuity, you may see "Total employee contributions" on the form. Use that figure only if you choose to compute the taxable part of the distribution using a method different from the method used by the payer. See **Pub. 575**.

**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 a direct rollover or 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." Also report on that line corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions.

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 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. 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 marked. 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. For a direct rollover, zero should be shown and should be entered on the "Taxable amount" line of your tax return.

If this is a total distribution and you were born before 1936 (or you are the beneficiary of someone born before 1936), 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		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		\$		<span style="font-size: 2em; font-weight: bold;">1994</span>		
		2a Taxable amount				
\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy C For Recipient's Records</b>
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		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		This information is being furnished to the Internal Revenue Service.
		\$		\$		
		7 Distribution code		IRA/SEP <input type="checkbox"/>	8 Other	
				\$		%
		9 Your percentage of total distribution				%
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

## Instructions for Recipient (Continued)

**Box 2b.**—If the first checkbox is marked, the payer was unable to determine the taxable amount, and box 2a should be blank unless this is an IRA distribution. If the second checkbox is marked, the distribution was a total distribution that closed out your account.

**Box 3.**—If you received a lump-sum distribution and you were born before 1936 (or you are the beneficiary of someone born before 1936), you may be able to elect to treat this amount as a capital gain. See the Instructions for Form 4972. For a charitable gift annuity, this is the amount of any long-term capital gain.

**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.** 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**, Withholding Certificate for Pension or Annuity Payments.

**Box 5.**—Generally, this shows the employee's investment in the contract (aftertax contributions), if any, recovered tax free this year; 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 contributions to an IRA or SEP.

**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. 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.**—These codes identify the distribution you received:  
**1**—Early (premature) distribution, no known exception (under age 59½) (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 (under age 59½) (You need not file Form 5329.); **3**—Disability (You need not file Form 5329.); **4**—Death (You need not file Form 5329.); **5**—Prohibited transaction; **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 1994; **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 1993; **A**—Eligible for 5- or 10-year averaging; **B**—Eligible for death benefit exclusion; **C**—Eligible for both A and B; **D**—Excess contributions plus earnings/excess deferrals taxable in 1992; **E**—Excess annual additions under section 415 (Report on your tax return on the line for taxable pension or annuity income. You need not file Form 5329.); **F**—Charitable gift annuity; **G**—Direct rollover to IRA (You need not file Form 5329.); **H**—Direct rollover to qualified plan or tax-sheltered annuity (You need not file Form 5329.).

If the IRA/SEP box is marked, you have received an IRA or SEP 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 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 10–15.**—If state or local income tax was withheld from the distribution, these boxes may be completed. Boxes 12 and 15 may show the part of the distribution subject to applicable state and/or local tax.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		\$		<span style="font-size: 2em; font-weight: bold;">1994</span>		
		2a Taxable amount				
\$		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy 2</b> <b>File this copy with your state, city, or local income tax return, when required.</b>
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 or insurance premiums		6 Net unrealized appreciation in employer's securities		
\$		\$		\$		
Street address (including apt. no.)		7 Distribution code		8 Other		
City, state, and ZIP code		IRA/SEP <input type="checkbox"/>		\$ %		
		9 Your percentage of total distribution				%
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

VOID  CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
		\$		<span style="font-size: 2em; font-weight: bold;">1994</span>				
		2a Taxable amount						
PAYER'S Federal identification number		RECIPIENT'S identification number		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy D For Payer</b>
		3 Capital gain (included in box 2a)		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 <b>Instructions for Forms 1099, 1098, 5498, and W-2G.</b>		
		\$		\$				
		7 Distribution code		IRA/SEP <input type="checkbox"/>				8 Other
Street address (including apt. no.)				\$		%		
City, state, and ZIP code		9 Your percentage of total distribution				%		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution		
		\$				\$		
		\$				\$		
		13 Local tax withheld		14 Name of locality		15 Local distribution		
		\$				\$		
		\$				\$		

## **Payers, Please Note—**

Specific information needed to complete this form and other forms in the 1099 series is given in the **Instructions for Forms 1099, 1098, 5498, and W-2G**. A chart in those instructions gives a quick guide to which form must be filed to report a particular payment. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Furnish Copies B and C of this form to the recipient by January 31, 1995.

File Copy A of this form with the IRS by February 28, 1995.



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