| 9898 | | ECTI | ED | | | | | | | | | | |
|---|--------------------------------------|----------|-------------------------------------|--------------------------------|----------|--|--|--|--|--|--|-----|------------------------------------|
| PAYER'S name, street address, city, state, and ZIP code | | \$ | 2a Taxable amount | | | 18 No. 1545-0119 20 01 form 1099-R | Distributions From ensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | | | | | |
| | | 21 | 2b Taxable amount not determined | | | Total distributio | Copy A For | | | | | | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (ir in box 2a) | included 4 Federal in withheld | | Federal income t withheld | | | | | | tax | Internal Revenue Service Center |
| | | \$ | | | \$ | | | File with Form 1096. | | | | | |
| RECIPIENT'S name | | 5 | Employee contr or insurance pr | | 6 \$ | Net unrealized appreciation in employer's sec | urities | For Privacy Act and Paperwork Reduction Act Notice, see the | | | | | |
| Street address (including apt. n | o.) | 7 | Distribution code | IRA/ SEP/ SIMPLE | 8 \$ | Other | % | 2001 General Instructions for Forms 1099, 1098, 5498, | | | | | |
| City, state, and ZIP code | | 9a | Your percentage distribution | e of total % | 9b \$ | Total employee con | tributions | and W-2G. | | | | | |
| Account number (optional) | | 10 \$ | State tax withh | eld | | State/Payer's s | | 12 State distribution \$ | | | | | |
| | | \$ | | | | | | \$ | | | | | |
| | | 13 | Local tax withh | eld | 14 | Name of localit | у | 15 Local distribution | | | | | |
| | | \$ | | | | | | <u>\$</u> \$ | | | | | |
| Form 1099-R | (| Cat. No | o. 14436Q | | De | epartment of the T | reasury - | Internal Revenue Service | | | | | |

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

| | | ECT | ED | | | | | | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------|--|----------------------------|-----------|---|---|--|--|
| PAYER'S name, street address, city, state, and ZIP code | | | Gross distribut | ion | | | | Distributions From ensions, Annuities | | | |
| | | \$ 2a Taxable amount | | | 2001 | | | Retirement or Profit-Sharing Plans, IRAs Insurance | | | |
| | | \$ | \$ | | | Form 1099-R | | | Contracts, etc. | | |
| | | 2b Taxable amount not determined | | | Total distribution | | | | Copy 1 For | | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (ir in box 2a) | ncluded | 4 | Federal income to withheld | tax | Та | State, City, or Local ax Department | | |
| | | \$ | | | \$ | | | | | | |
| RECIPIENT'S name | | 5 | or insurance premiums | | 6 Net unrealized appreciation in employer's securities | | | | | | |
| | | \$ | | | \$ | | | | | | |
| Street address (including apt. no.) | | 7 | Distribution code | IRA/ SEP/ SIMPLE | 8 | Other | | | | | |
| | | | | | \$ | | % | | | | |
| City, state, and ZIP code | | 9a | Your percentage distribution | of total % | 9b \$ | Total employee cont | ributions | | | | |
| Account number (optional) | | 10 | State tax withh | eld | 11 | State/Payer's s | tate no. | 12 | State distribution | | |
| | | <u>\$</u> | | | | | | \$ | | | |
| | | \$ 13 | Local tax withh | eld | 14 | Name of locality | v | \$ 15 | Local distribution | | |
| | | \$ | | 0.0 | ' | | , | \$ | | | |
| | | \$ | | | | | | \$ | | | |

| | | ЕСТ | ED (if checke | ed) | | | _ | | | |
|--|-----------------------------------|---|------------------------------------|--------------------------------------|--------------------|---|---|--|--|--|
| PAYER'S name, street address, city, state, and ZIP code | | | | | | | Distributions From nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, | | | |
| | | \$ | | | Form 1099-R | | | Insurance Contracts, etc. | | |
| | | 21 | b Taxable amou not determined | | | Total distributio | n 🗌 | Copy B Report this | | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (ir in box 2a) | ncluded | 4 | Federal income withheld | tax | income on your Federal tax return. If this form shows Federal income | | |
| RECIPIENT'S name | ECIPIENT'S name | | Employee contr or insurance pro | | 6 \$ | Net unrealized appreciation in employer's sec | urities | tax withheld in box 4, attach this copy to your return. | | |
| Street address (including apt. no.) City, state, and ZIP code | | 7 | Distribution code | IRA/ SEP/ SIMPLE | 8 \$ | Other | % | This information is being furnished to the Internal | | |
| | | 9a Your percentage of total distribution % | | 9b Total employee contribution \$ | | | | | | |
| Account number (optional) | | 10 \$ | State tax withh | eld | 11 | State/Payer's s | tate no. | 12 State distribution \$ | | |
| | | \$ 13 \$ | Local tax withh | eld | 14 | Name of localit | у | \$ 15 Local distribution \$ | | |
| | | \$ | | | | | | <u> </u> | | |

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.

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 **Pub. 575**, Pension and Annuity Income.

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**, Individual Retirement Arrangements (IRAs), and **Pub. 560**, Retirement Plans for Small Business (SEP, SIMPLE, and Qualified Plans), for more information on IRAs.

Roth and education IRAs. For distributions from a Roth IRA or an education IRA (Ed IRA), generally the payer is not required to compute the taxable amount. You must compute any taxable amount on Form 8606, Nondeductible IRAs. 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, tax-sheltered annuity, 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. 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 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"), and on Form 8606, 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 but not made from the employer's pension, profit-sharing, or retirement plan, see **Pub. 525**, Taxable and Nontaxable Income.

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 marked. You may want to get one of the following publications from the IRS to help you figure the taxable amount: **Pub. 560, Pub. 571,** Tax-Sheltered Annuity Plans (403(b)Plans) 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,** General Rule for Pensions and Annuities. For an IRA distribution, see **IRAs** and **Roth and education IRAs** above. For a direct rollover, zero should be shown, and you must enter zero (-0-) on the "Taxable amount" line of your tax return.

If this is a total distribution from a qualified plan and you were born before 1936 (or you are the beneficiary of someone born before 1936), you may be eligible for the 10-year tax option. See the **Instructions for Form 4972** for more information. The 10-year tax option does not apply to any IRA or to tax-sheltered annuities. **Box 2b.** If the first checkbox is marked, 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** above. 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 from a qualified plan 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 on Form 4972. For a charitable gift annuity, report as a long-term capital gain on Schedule D (Form 1040).

(Continued on the back of Copy C.)

| | | ЕСТ | ED (if checke | ed) | | | | | | |
|---|--------------------------------------|-------------------------------|-----------------------------------|------------------------|--------------|---|------------|---|--|--|
| PAYER'S name, street address, city, state, and ZIP code | | 1 | 1 Gross distribution | | | 1B No. 1545-0119 | | Distributions From | | |
| | | \$ 2a Taxable amount \$ | | | 20 01 | | | Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | |
| | | 21 | b Taxable amou not determined | | | Total distributio | n 🗌 | Сору С | | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (ir in box 2a) | ncluded | 4 | Federal income withheld | tax | For Recipient's Records | | |
| | | \$ | | | \$ | | | | | |
| RECIPIENT'S name | | 5 | Employee contr or insurance pr | | 6 | Net unrealized appreciation in employer's sec | urities | | | |
| | | \$ | | | \$ | | | This information is | | |
| Street address (including apt. no.) | | 7 | Distribution code | IRA/ SEP/ SIMPLE | 8 | Other | % | being furnished to the Internal Revenue Service. | | |
| City, state, and ZIP code | | 9a | Your percentage distribution | of total % | 9b \$ | Total employee con | tributions | | | |
| Account number (optional) | | | 10 State tax withheld | | 11 | 11 State/Payer's state no. | | 12 State distribution | | |
| | | \$ | | | | | | \$ | | |
| | | \$ | | | | | | \$ | | |
| | | - | Local tax withh | eld | 14 | Name of localit | у | 15 Local distribution | | |
| | | \$ | | | | | | \$ | | |
| | | \$ | | | | | | \$ | | |

(Keep for your records.)

Instructions for Recipient (Continued)

Box 4. This is the amount of Federal income tax withheld. 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 (after-tax 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 IRA contributions.

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 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. The following codes identify the distribution you received. 1-Early distribution, no known exception (in most cases, under age 591/2). See Form 5329. For a rollover to a traditional IRA of the entire taxable part of the distribution, do not file Form 5329. See Form 1040/1040A instructions. 2-Early distribution, exception applies (under age 591/2)*. 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 2001. 9-PS 58 costs (premiums paid by a trustee or custodian for current insurance protection, taxable to you currently). A-May be eligible for 10-year tax option (See Form 4972.). D-Excess contributions plus earnings/excess deferrals taxable in 1999. E-Excess annual additions under section 415. Report on Form 1040/1040A on the line for taxable pension or annuity income*. F—Charitable gift annuity. G—Direct rollover to IRA*. H—Direct rollover to qualified plan or tax-sheltered annuity or a

*You are not required to file Form 5329.

transfer from a conduit IRA to a qualified plan. You need not file Form 5329. J-Early distribution from a Roth IRA, no known exception (in most cases, under age 591/2). Report on Forms 1040 and 8606 and see Form 5329. L-Loans treated as distributions. M-Distribution from an education IRA (Ed IRA). Report on Forms 1040 and 8606. If your education expenses during 2001 were not equal to or more than your distribution, part or all of your distribution may be taxable and subject to an additional 10% tax. N-Recharacterized IRA contribution made for 2001 and recharacterized in 2001. Report on 2001 Form 1040/1040A and Form 8606, if applicable. P-Excess contributions plus earnings/excess deferrals taxable in 2000. R-Recharacterized IRA contribution made for 2000 and recharacterized in 2001. Report on 2000 Form 1040/1040A and Form 8606, if applicable. S-Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½). May be subject to an additional 25% tax. See Form 5329. T—Roth IRA distribution, exception applies. Report on Forms 1040/1040A and 8606. You are either age 591/2 or over or an exception (code 2, 3, or 4) applies.

If the IRA/SEP/SIMPLE box is marked, 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 special 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 tax-sheltered annuity (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, these boxes may be completed. Boxes 12 and 15 may show the part of the distribution subject to state and/or local tax.

| | | ECT | ED (if checke | ed) | | | | | | |
|--|--------------------------------------|----------------|------------------------------------|---------------|----------|---|--------------------|---|-----------------------------------|--|
| PAYER'S name, street address, | city, state, and ZIP code | 1 | 1 Gross distribution OMB No. 1545- | | | | Distributions From | | | |
| | | | 2a Taxable amount | | | 20 01 | Pe | Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | |
| | | \$ 21 | b Taxable amou | nt | | Total | | | | |
| | | not determined | | | | distribution | | | | |
| PAYER'S Federal identification number | RECIPIENT'S identification number | 3 | Capital gain (ir in box 2a) | | | Federal income withheld | eld | | Copy 2 File this copy | |
| | | \$ | | | \$ | | city, c | | ith your state, city, or local | |
| RECIPIENT'S name | | 5 | Employee contr or insurance pro | | Ŧ | Net unrealized appreciation in employer's sec | urities | income return, wł requir | | |
| | | \$ | | | \$ | | | | | |
| Street address (including apt. no.) | | 7 | Distribution code | IRA/ SEP/ | 8 | Other | | | | |
| | | | | | \$ | | % | | | |
| City, state, and ZIP code | | 9a | Your percentage distribution | of total % | 9b \$ | Total employee con | tributions | | | |
| Account number (optional) | | 10 | State tax withh | eld | 11 | State/Payer's s | tate no. | 12 | State distribution | |
| | | \$ | | | | | | \$ | | |
| | | \$ | | | | N. C | | \$ | | |
| | | 13 ¢ | Local tax withh | eid | 14 | Name of localit | у | | Local distribution | |
| | | \$ | | | | | | <u>\$</u> \$ | | |

| | | RECTI | ED | | | | | | | |
|--|-----------------------------|-------------------------------------|--|------------------------|--------------------|---|---|--|--|--|
| PAYER'S name, street address | , city, state, and ZIP code | 1 | 1 Gross distribution | | | IB No. 1545-0119 | | Distributions From Pensions, Annuities | | |
| | | \$ 2a | \$ 2a Taxable amount | | | 2001 | Retirement or Profit-Sharing Plans, IRAs Insurance | | | |
| | | \$ | | | F | orm 1099-R | | Contracts, etc. | | |
| | | 2b Taxable amount not determined | | | Total distribution | | | | | |
| PAYER'S Federal identification number RECIPIENT'S identification number | | 3 | Capital gain (ir in box 2a) | ncluded | 4 | Federal income withheld | tax | Copy D For Payer | | |
| | | \$ | | | \$ | | | | | |
| RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code | | 5 | or insurance pr | | 6 \$ | Net unrealized appreciation in employer's sec | urities | For Privacy Act and Paperwork Reduction Act | | |
| | | | Distribution code | IRA/ SEP/ SIMPLE | · · | Other | % | Notice, see the 2001 General Instructions for Forms 1099, | | |
| | | 9a | 9a Your percentage of total distribution % | | 9b \$ | 9b Total employee contributio | | 1098.5498 | | |
| Account number (optional) | | 10 \$ | State tax withh | eld | 11 | State/Payer's s | tate no. | 12 State distribution \$ | | |
| | | \$ | | | | | | \$ | | |
| | | 13 \$ | Local tax withh | eld | 14 | Name of localit | у | 15 Local distribution \$ | | |
| | | \$ | | | | | | \$ | | |

Payers, Please Note—

To help make it easier for you to get only the information you need to complete the Forms 1099, 1098, 5498, and W-2G you file, we provide general and specific form instructions as separate products. The products you should use for 2001 are the **General** Instructions for Forms 1099, 1098, 5498, and W-2G, which contain general information concerning Form 1099-R and other forms in the 1099 series, and the separate specific instructions for each information return you file. Specific information needed to complete this form is given in the 2001 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. You can order these instructions

and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS's Internet Web Site at **www.irs.gov**.

Caution: Because the IRS processes paper forms by machine (optical character recognition equipment), you cannot file with the IRS Forms 1096, 1098, 1099, or 5498 that you print from the IRS's Internet Web Site.

Due dates. Furnish Copies B and C of this form to the recipient by January 31, 2002.

File Copy A of this form with the IRS by February 28, 2002. If you file electronically, the due date is April 1, 2002.

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