

Tax Year 2009

OKLAHOMA: TEST SCENARIO # 3

ATS

Peter A Pan
987 Backyard Road
Oklahoma City Ok 73194

400-00-1060 Linked

Taxpayer paid \$159.00 in taxes to the state of Kansas.

Interest is from an Oklahoma Bank

Taxpayer qualifies for the following credits on Form 511CR (other credits form)

- Credit for Energy Assistance Fund Contribution \$500.00
- Biomedical Research \$50.00
- Volunteer Firefighters credit \$200.00

Final result refund \$3805.00

<p>Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.</p>	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20	OMB No. 1545-0074	
	Your first name and initial PETER	Last name DECEASED - 20091015	Your social security number
	If a joint return, spouse's first name and initial JAMIE PAN	Last name PAN	Spouse's social security number
	Home address (number and street) If you have a P.O. box, see page 14. 987 BACKYARD ROAD	Apt. no.	<p>You must enter your SSN(s) above.</p>
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. OKLAHOMA CITY OK 73194			

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1	Single	4 <input checked="" type="checkbox"/>	Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.
2	Married filing jointly (even if only one had income)		
3	Married filing separately. Enter spouse's SSN above		
5	Qualifying widow(er) with dependent child (see page 16)		

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **1**

b Spouse } No. of children on 6c who:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 17)
Jamie	Pan	400-00-3012	Parent	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

● Lived with you
● did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above **1**

Add numbers on lines above **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	62,000
8a	Taxable interest. Attach Schedule B if required	8a	390
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount(see page 24)	15b	3,000
16a	Pensions and annuities	16a	
b	Taxable amount(see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	
b	Taxable amount(see page 27)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	65,390

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	65,390

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	65,390														
	39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> 39a																
Standard Deduction for— ● People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent; see page 35. ● All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$8,350	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 and check here ▶ 39b <input type="checkbox"/>																
	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	26,201														
	b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶ 40b <input type="checkbox"/>																
	41	Subtract line 40a from line 38	41	39,189														
	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	7,300														
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	31,889														
	44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	4,184														
	45	Alternative minimum tax (see page 40). Attach Form 6251	45															
	46	Add lines 44 and 45 ▶	46	4,184														
	47	Foreign tax credit. Attach Form 1116 if required	47	35														
	48	Credit for child and dependent care expenses. Attach Form 2441	48															
	49	Education credits from Form 8863, line 29.	49															
	50	Retirement savings contributions credit. Attach Form 8880.	50															
	51	Child tax credit (see page 42)	51	0														
	52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52															
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53																
54	Add lines 47 through 53. These are your total credits	54	35															
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	4,149															
Other Taxes	56	Self-employment tax. Attach Schedule SE	56															
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57															
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	300														
	59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H	59															
60	Add lines 55 through 59. This is your total tax ▶	60	4,449															
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	6,600														
	62	2009 estimated tax payments and amount applied from 2008 return	62															
	63	Making work pay and government retiree credits. Attach Schedule M	63	400														
	64a	Earned income credit (EIC)	64a															
	b	Nontaxable combat pay election 64b																
	65	Additional child tax credit. Attach Form 8812	65															
	66	Refundable education credit from Form 8863, line 16	66															
	67	First-time homebuyer credit. Attach Form 5405	67															
	68	Amount paid with request for extension to file (see page 72)	68															
	69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69															
	70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70															
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments ▶	71	7,000															
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	2,551														
	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	2,551														
	b	Routing number <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>0</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	1	2	3	4	5	6	7	8	0							
	1	2	3	4	5	6	7	8	0									
d	Account number <table border="1"><tr><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>2</td><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	4	0	0	0	0	1	0	2	3								
4	0	0	0	0	1	0	2	3										
74	Amount of line 72 you want applied to your 2010 estimated tax ▶	74																
Amount You Owe	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 ▶	75															
	76	Estimated tax penalty (see page 74)	76															

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 15.	Your signature	Date	Your occupation	Daytime phone number
Keep a copy for your records.	05012	04-08-2010	ANALYST	888-555-2222
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

PETER PAN

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1	10,500		
2	Enter amount from Form 1040, line 38 <input type="text" value="2"/> 65,390	2	65,390		
3	Multiply line 2 by 7.5% (.075)	3	4,904		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	5,596		
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	4,340		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see page A-5)	6	2,100		
7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b.	7			
8	Other taxes. List type and amount ▶ _____	8			
9	Add lines 5 through 8	9	6,440		
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098.			
		10	13,500		
Note. Personal interest is not deductible.		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ _____			
		11			
		12			
		13			
		14			
		15	13,500		
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8			
		16	665		
If you made a gift and got a benefit for it, see page A-8.		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500			
		17			
		18			
		19	665		
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)			
		20			
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ _____			
		21			
		22			
		23			
		24			
		25			
		26			
		27			
Other Miscellaneous Deductions		28 Other - from list on page A-11. List type and amount ▶ _____			
		28			
Total Itemized Deductions		29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. } ▶		29	26,201
		<input type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter. } ▶			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2009
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions.

Name(s) shown on return

PETER PAN

Your social security number

Part I
Interest

(See instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶	
	INTEREST ITEM	390
2	Add the amounts on line 1	390
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	390

Note. If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶	
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions)

		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7a	At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1.		
b	If "Yes," enter the name of the foreign country ▶		
8	During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

▶ Attach to Form 1040A, 1040, or 1040NR.

▶ See separate instructions.

OMB No. 1545-0074

2009
Attachment
Sequence No. **166**

Name(s) shown on return

Your social security number

PETER PAN

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR.

Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

No. Enter your earned income (see instructions) **1a**

b Nontaxable combat pay included on

line 1a (see instructions) **1b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800 if married filing jointly) **3**

4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) **4** 400

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5** 65,390

6 Enter \$75,000 (\$150,000 if married filing jointly) **6** 75,000

7 Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.

Yes. Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9** 400

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10** 0

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2.

No. Enter -0- on line 11 and go to line 12.

Yes.

- If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)
- If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10)

. **11** 0

12 Add lines 10 and 11 **12**

13 Subtract line 12 from line 9. If zero or less, enter -0- **13** 400

14 **Making work pay and government retiree credits.** Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60. **14** 400

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only	
		OMB No. 1545-0008			
b Employer identification number (EIN) 64-2131415			1 Wages, tips, other compensation 52,000		2 Federal income tax withheld 5,600
c Employer's name, address, and ZIP code MFG 89 SESAME PLACE SHYTOWN AZ 86503			3 Social security wages 53,000		4 Social security tax withheld 3,286
			5 Medicare wages and tips 53,000		6 Medicare tax withheld 769
			7 Social security tips		8 Allocated tips
d Control number			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial PETER PAN		Last name PAN		Suff.	
987 BACKYARD RD OKLAHOMA CITY OK 73194			11 Nonqualified plans		12a See instructions for box 12 D 1,000
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c 12d
f Employee's address and ZIP code			15 State Employer's state ID no. OK 641213		16 State wages, tips, etc. 52,000
		17 State income tax 4,340	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** EEA 2009 Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2009 Federal tax return by .
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Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only	
		OMB No. 1545-0008			
b Employer identification number (EIN) 64-2131415			1 Wages, tips, other compensation 10,000		2 Federal income tax withheld 1,000
c Employer's name, address, and ZIP code MFG 89 SESAME PLACE SHYTOWN AZ 86503			3 Social security wages 10,000		4 Social security tax withheld 620
			5 Medicare wages and tips 10,000		6 Medicare tax withheld 145
			7 Social security tips		8 Allocated tips
d Control number			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial PETER PAN		Last name PAN		Suff.	
987 BACKYARD RD OKLAHOMA CITY OK 73194			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c 12d
f Employee's address and ZIP code			15 State Employer's state ID no. KS 641213		16 State wages, tips, etc. 10,000
		17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** EEA 2009 Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
 This information is being furnished to the Internal Revenue Service.

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VOID		CORRECTED	
PAYER'S name, street address, city, state, and ZIP code			
MY BANK AND TRUST CO		1 Gross distribution \$ 3,000	OMB No. 1545-0119
456 PECAN STREET		2a Taxable amount \$ 3,000	2009
CHARLOTTE MD 20706		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
PAYER'S federal identification number		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
52-1756572		Form 1099-R	
RECIPIENT'S name			
RECIPIENT'S identificaton number		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
PETER A PAN		7 Distribution code(s) 1	8 Other \$ %
Street address (including apt. no.)		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	
987 BACKYARD RD		9a Your percentage of total distribution %	9b Total employee contributions \$
City, state, and ZIP code		10 State tax withheld \$	11 State/Payer's state no. OK
PHOENIX AZ 86503		11 State/Payer's state no. OK	12 State distribution \$
1st year of desig. Roth contrib.		13 Local tax withheld \$	14 Name of locality \$
Account number (see instructions)		14 Name of locality \$	15 Local distribution \$

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 Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Form 1099-R EEA Department of the Treasury - Internal Revenue Service

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The information on the Form 1099-R was used to prepare the taxpayer's 2009 Federal tax return by

VOID		CORRECTED	
PAYER'S name, street address, city, state, and ZIP code			
		1 Gross distribution \$	OMB No. 1545-0119
		2a Taxable amount \$	2009
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
PAYER'S federal identification number		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S identificaton number		Form 1099-R	
RECIPIENT'S name			
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)	8 Other \$ %
City, state, and ZIP code		IRA/SEP/SIMPLE <input type="checkbox"/>	
1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$
Account number (see instructions)		10 State tax withheld \$	11 State/Payer's state no. \$
		11 State/Payer's state no. \$	12 State distribution \$
		13 Local tax withheld \$	14 Name of locality \$
		14 Name of locality \$	15 Local distribution \$

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 Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Form 1099-R EEA Department of the Treasury - Internal Revenue Service