1099-R Form

Required if Tax Return includes a Rollover/Annuity and/or IRA Distribution

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New Jersey Division of Pensions and Benefits PO Box 295 Trenton, NJ 08625-0295		1 Gross distribution 00,000.00 2a Taxable amount 00,000.00		OMB No 1545-0119 20XX Form 1099-R	Distributions From Pensions, Annuities, Retirement or
PAYER'S Federal identification number XX-XXXXXXX Recipient's identification number XXX-XX-XXXX		2b Taxable amount not determined Total distribution		3 Capital gain (included in box 2a)	Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.
4 Federal income tax withheld 000.00	5 Employee contributions or insurance premiums 000.00		7 Distribution code X	COPY C For Recipient's Records	
9a Your percentage of total distribution	9b Total employee contributions 0,000.00		10 State tax withheld 000.00	This information is being furnished to the Internal Revenue Service	
Recipient's name, address, and ZIP code A. RETIREE				11 State/Payer's state number	KEEP THIS COPY FOR
123 FIRST STREET ANYTOWN, NJ 07000			Account number (optional)	YOUR RECORDS	