

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name:**

**SSN:**

TS		Payer's name:				Payer's FEIN:		
Address:								
City, State, Zip						<b>2009</b>	<b>2008</b>	
	<b>2009</b>	<b>2008</b>	State		State I.D.			
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution			Local income tax withheld					
Taxable amount			Name of locality					
Total distribution			Local distribution					
Capital gain			State		State I.D.			
Federal income tax withheld			State income tax withheld					
Employee contributions or insurance premiums			State distribution					
Distribution code(s)			Local income tax withheld					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality					
Your percentage of total distribution			Local distribution					

TS		Payer's name:				Payer's FEIN:		
Address:								
City, State, Zip						<b>2009</b>	<b>2008</b>	
	<b>2009</b>	<b>2008</b>	State		State I.D.			
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Federal income tax withheld			State income tax withheld					
Employee contributions or insurance premiums			State distribution					
Distribution code(s)			Local income tax withheld					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality					
Your percentage of total distribution			Local distribution					

## Social Security Benefit Statement

			2009	2008				2009	2008
TS		Net benefits			Medicare premiums			Income tax withheld	
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