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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

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 VOID CORRECTED

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution \$		OMB No. 1545-0119		2009	Form 1099-R		
		2a Taxable amount \$							
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy A For Internal Revenue Service Center			
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$				File with Form 1096.	
		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.			
RECIPIENT'S name		7 Distribution code(s)		8 Other \$ %					
Street address (including apt. no.)		IRA/SEP/SIMPLE <input type="checkbox"/>							
City, state, and ZIP code		9a Your percentage of total distribution %		9b Total employee contributions \$					
		1st year of desig. Roth contrib.		10 State tax withheld \$ \$		11 State/Payer's state no. \$ \$			
Account number (see instructions)				13 Local tax withheld \$ \$		14 Name of locality \$ \$			
						15 Local distribution \$ \$			

Form **1099-R**

Cat. No. 14436Q

Department of the Treasury - Internal Revenue Service

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