

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 _____ **2009** **2008**

_____ **2009** **2008** State _____ State I.D. _____

Disability indicator State income tax withheld _____

Report as wages on 1040 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 Name of locality _____

Your percentage of total distribution _____ Local distribution _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip _____ **2009** **2008**

_____ **2009** **2008** State _____ State I.D. _____

Disability indicator State income tax withheld _____

Report as wages on 1040 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 Name of locality _____

Your percentage of total distribution _____ Local distribution _____

Social Security Benefit Statement

		2009	2008			2009	2008			2009	2008
TS	<input type="checkbox"/>	Net benefits		Medicare premiums				Income tax withheld			
TS	<input type="checkbox"/>	Net benefits		Medicare premiums				Income tax withheld			