

<b>Form 1099-R</b> <input type="checkbox"/> CORRECTED (if checked) OMB No. 1545-0119 <b>2008</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
1 Gross distribution <b>1500000.00</b>	2a Taxable amount <b>45000.00</b>		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		
PAYER'S Federal ID number <b>13-3249948</b>	RECIPIENT'S ID number <b>123-45-6789</b>		
PAYER'S name, street address, city, state, and ZIP code <b>IDMS - ACCOUNT ABILITY DBA IDMS 560 Broadhollow Road Suite 109 Melville, NY 11747-3702</b>			
Account number (see instructions) <b>OPTIONAL ACCOUNT NUM</b>		1st year of designated Roth contribution <b>2006</b>	
RECIPIENT'S name, street address, city, state, and ZIP code <b>RECIPIENT 1 NAME LINE NUMBER 1 RECIPIENT 1 NAME LINE NUMBER 2 RECIPIENT 1 STREET ADDRESS LINE NUMBER 1 RECIPIENT 1 STREET ADDRESS LINE NUMBER 2 RECIPIENT'S CITY, NY 11747-3702</b>			
3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>9500.00</b>	5 Employee contrib./Desig. Roth contrib. or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution code <b>7</b>	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other %
9a Your percentage of total distribution	9b Total employee contributions		
10 State tax withheld	11 State/Payer's state no.	12 State distribution	
13 Local tax withheld	14 Name of locality	15 Local distribution	

**Copy 2** File this copy with your state, city, or local income tax return, when required.

Department of the Treasury  
Internal Revenue Service

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**Copy C For Recipient's Records**

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**Copy B** If this form shows Federal income tax withheld in Box 4, attach this copy to your Federal tax return.

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