

Form 1099-R <input type="checkbox"/> CORRECTED (if checked) OMB No. 1545-0119 2017		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1 Gross distribution 890500.00	2a Taxable amount 525000.00		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		
PAYER'S Federal ID number 13-3249958	RECIPIENT'S ID number XXX-XX-0029		
PAYER'S name, street address, city, state, and ZIP code INTEGRATED DATA MANAGEMENT SYSTEMS INC ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001			
Account number (see instructions) 55454224242455	11 1st year of desig. Roth contrib.	FATCA filing requirement: <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005			
3 Capital gain (included in box 2a)	4 Federal income tax withheld 125000.00	5 Employee contrib./Desig. Roth contrib. or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution code 7K	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other 11250.00 % 35
9a Your percentage of total distribution %	9b Total employee contrib.	10 Amount allocable to IRR within 5 years	
12 State tax withheld 85500.00 42400.00	13 State/Payer's state no. NY/133249958 NJ/133249958001	14 State distribution 500500.00 390000.00	
15 Local tax withheld 29850.00	16 Name of locality NYC	17 Local distribution 195000.00	

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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