

Form 1099-R <input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119	2020	
1 Gross distribution 970000.00	2a Taxable amount 615000.00		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>			
PAYER'S TIN 13-3249958	RECIPIENT'S TIN XXX-XX-0023		12 FATCA filing requirement: <input checked="" type="checkbox"/>	
PAYER'S name, street address, city, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001 631-249-7744/SALES DEPT				
Account number (see instructions) 567755575574		11 1st year of desig. Roth contrib.	13 Date of payment 02/12/2020	
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 135000.00		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 13500.00	% 18
9a Your percentage of total distribution %	9b Total employee contrib.		10 Amount allocable to IRR within 5 years	
14 State tax withheld 87500.00 43500.00	15 State/Payer's state no. NY/13-3249958 NJ/8892556812		16 State distribution 635000.00 335000.00	
17 Local tax withheld 38750.00	18 Name of locality NYC	19 Local distribution 205000.00		

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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