

<b>Form 1099-R</b> <input type="checkbox"/> CORRECTED (if checked) OMB No. 1545-0119 <b>2020</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
1 Gross distribution <b>970000.00</b>	2a Taxable amount <b>615000.00</b>		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN <b>13-3249958</b>	RECIPIENT'S TIN <b>XXX-XX-0023</b>	12 FATCA filing requirement: <input checked="" type="checkbox"/>	
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001 631-249-7744/SALES DEPT</b>			
Account number (see instructions) <b>567755575574</b>	11 1st year of desig. Roth contrib.	13 Date of payment <b>02/12/2020</b>	
RECIPIENT'S name, street address, city, state, and ZIP code <b>JOHN DOE 33 EAST 17 STREET UNIT 2101 NEW YORK NY 10003-2005</b>			
3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>135000.00</b>	5 Employee contrib./Desig. Roth contrib. or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution code <b>7K</b>	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other <b>13500.00</b> % <b>18</b>
9a Your percentage of total distribution %	9b Total employee contrib.	10 Amount allocable to IRR within 5 years	
14 State tax withheld <b>87500.00</b> <b>43500.00</b>	15 State/Payer's state no. <b>NY/13-3249958</b> <b>NJ/8892556812</b>	16 State distribution <b>635000.00</b> <b>335000.00</b>	
17 Local tax withheld <b>38750.00</b>	18 Name of locality <b>NYC</b>	19 Local distribution <b>205000.00</b>	

**Copy C For Recipient's Records**

Department of the Treasury  
Internal Revenue Service

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

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**INTEGRATED DATA MANAGEMENT SYSTEMS  
ACCOUNT ABILITY COMPLIANCE SOFTWARE  
555 BROADHOLLOW ROAD SUITE 273  
MELVILLE NY 11747-5001**

**FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
MELVILLE, NEW YORK  
PERMIT NO. 123456**

**ADDRESS SERVICE REQUESTED**



**JOHN DOE  
33 EAST 17 STREET UNIT 2101  
NEW YORK NY 10003-2005**