Control Number		CORRECTE	C (if abouted)		
			O (if checked)	12/16/2019	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.		1 Gross distribution	OMB No. 1545-0119	Distributions From	
Defense Finance and Accounting Service		\$14978.94	J 2019	Pensions, Annuities Retirement or	
U.S. Military Retired Pay 8899 E 56th Street		2a Taxable amount		Profit-Sharing	
Indianapolis IN 46249-1200 PAYER'S Federal identification	RECIPIENT'S identification	\$14978.94	Form 1099-R	Plans, IRAs,	
Number 34-0727612	Number 111223333	Taxable amount not determ	mined Total Distribution	Insurance Contracts, etc.	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  JOHN SMITH 1480 JACKSON ST NORTON MA 12345-1234		4 Federal Income tax withheld \$382.08	7 Distribution code	Copy 2	
		9 Your percentage of total distribution %		File this copy with your state, city, or Local income	
		,			
		14 State tax withheld \$300.00	15 State/Payer's state no.	tax return	
		\$0.00	VA 987654321	when required	
		12 FATCA Filing	Retired		
		Requirement	01012019-12312019		
Form 1099-R		(8	-99) Department of	f the Treasury - Internal Revenue Service	
Control Number					
			O (if checked)	12/16/2019	
PAYER'S name, street address, c country, and ZIP or foreign posta	ity or town, state or province,	1 Gross distribution	OMB No. 1545-0119	Distributions From	
Defense Finance and Accoun	•	\$14978.94	2019	Pensions, Annuities	
U.S. Military Retired Pay 8899 E 56th Street		2a Taxable amount	2010	Retirement or Profit-Sharing	
Indianapolis IN 46249-1200		\$14978.94	Form 1099-R	Plans, IRAs,	
PAYER'S Federal identification Number 34-0727612	RECIPIENT'S identification Number 111223333	Taxable amount not determ	mined Total Distribution	Insurance Contracts, etc.	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  JOHN SMITH 1480 JACKSON ST NORTON MA 12345-1234		4 Federal Income tax withheld	7 Distribution code	Copy B	
		\$382.08	7		
		9 Your percentage of total distribution %		Report this income on your Federal tax	
		14 State tax withheld	15 State/Payer's state no.	return. If this form shows Federal income tax withheld	
		\$300.00	VA 987654321		
		\$0.00		in box 4, attach this copy to your return.	
		12 FATCA Filing Requirement	Retired 01012019-12312019	This information is being furnished to the Internal	
Form 1099-R				f the Treasury - Internal Revenue Service	
OIII 1033-IX		, o	-55) Department of	The Treasury - Internal Nevertue Service	
Control Number					
Control Number		CORRECTE	O (if checked)	12/16/2019	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.  Defense Finance and Accounting Service		1 Gross distribution	OMB No. 1545-0119	Distributions From	
		\$14978.94	2019	Pensions, Annuities Retirement or	
U.S. Military Retired Pay 8899 E 56th Street		2a Taxable amount	2010	Profit-Sharing	
Indianapolis IN 46249-1200		\$14978.94	Form 1099-R	Plans, IRAs,	
PAYER'S Federal identification Number 34-0727612	RECIPIENT'S identification Number 111223333	2b Taxable amount not determ	mined Total Distribution	Insurance Contracts, etc.	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		4 Federal Income tax withheld	7 Distribution code	Copy C	
JOHN SMITH		\$382.08	For Recipi		
1480 JACKSON ST NORTON MA 12345-1234		9 Your percentage of total distribution %		This information is being	
		14 State tax withheld \$300.00	<b>15 State/Payer's state no.</b> VA 987654321	furnished to the Internal Revenue Service	
		\$0.00			
		42 FATCA Filing			
		12 FATCA Filing Requirement	Retired 01012019-12312019	Keep this copy for your records	

## **Instructions for Recipient**

Generally, distributions from military retired pay, pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R.

**Additional information.** You may want to see Form W-4P Withholding Certificate for Pension or Annuity Payments, Pub. 575, Pension and Annuity Income, Pub. 939, General Rule for Pensions and Annuities.

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Control Number.** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1.** - Shows the total amount you received this year. For military retirees, this amount is the gross military retired pay you received, minus non-taxable items such as VA compensation, disability retirement, SBP/RSFPP premiums, etc. For annuity recipients, this amount is gross annuity, minus SSA offset and DIC. For former spouses, this is the distribution of court ordered division of property.

Report the amount printed in Box 1 of the Form 1099-R on your Form 1040, 1040-SR or 1040-NR on the line for "Pensions and annuities" (or the line for "Taxable amount").

**Box 2a.** - This part of the distribution is generally taxable.

Box 2b. - Not used.

**Box 4.** - Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return. Generally, if you are receiving annuity payments under the Survivor Benefit Plan, you can change your withholding or elect not to have income tax withheld by giving the payer a Form W-4P.

**Box 7.** - The code listed identifies the distribution you received:

3 - Disability; 4 - Death; or, 7 - Normal distribution. For more information on these distributions, see the instructions for your tax return. Certain distributions may be subject to an additional 10% tax. See the Instructions for Form 5329.

Box 9. - Not used.

**Box 12.** If box 12 is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See instructions for Form 8938.

**Boxes 14 and 15.** - Box 14 shows state income tax withheld and Box 15 shows the state for the withholding.