

Date: June 24, 2013

From: Larry [REDACTED]
[REDACTED]
[REDACTED] Utah [REDACTED]

To: Department of the Treasury
Internal Revenue Service

Concerning: Individual Tax return for 2012 for Larry [REDACTED]
Tax ID# _____

Attention: _____

I am providing the additional information needed for processing the 2012 federal return I filed April 14, 2013.

-No payments were received by the party identified hereon as "the recipient" from the party identified as "the payer" which were connected with the performance of the functions of a duty as a person who as such an officer, employee, or member is under a duty to perform the act in respect of which a frivolous violation occurs.

-I held no public office, or otherwise constituted gains, profit or income within the meaning of relevant law by Federal or other government privilege.

-I am an individual who is employed at [REDACTED] but was not a person under any duty connected with [REDACTED] to be responsible for filing a frivolous tax return.

-I was not under a duty attached to my position within [REDACTED] so as to be responsible for filing a frivolous tax return.

-I did not have a specific duty within, on behalf of, or connected with [REDACTED]

Please process my tax return and refund my monies immediately as they have been withheld from my earnings through misapplication of the laws.
Sincerely,

Larry [REDACTED]

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning . . . 2012, ending . . . 20
 Your first name and initial **LARRY** Last name [REDACTED] See separate instructions.
 If a joint return, spouse's first name and initial Last name [REDACTED] Your social security number [REDACTED]
 Spouse's social security number [REDACTED]

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. [REDACTED]
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED] **UT** [REDACTED]
 Foreign country name Foreign province/state/country Foreign postal code

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person. (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ **INDY** [REDACTED] 5 ☐ Qualifying widow(er) with dependent child
 Check only one box. **Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.
 b ☒ Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☐ If child under age 17 (5) ☐ If child for credit (see instructions)
 If more than four dependents, see instructions and check here ☐
 d Total number of exemptions claimed
 Add numbers on lines above ▶ **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 **-0-**
 8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a. 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount 15b **7200**
 16a Pensions and annuities 16a b Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 **-1444B**
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount 20b
 21 Other income. List type and amount 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 **-724B**

Adjusted Gross Income 23 Educator expenses 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 Deductible part of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction 32
 33 Student loan interest deduction 33
 34 Tuition and fees. Attach Form 8817 34
 35 Domestic production activities deduction. Attach Form 8803 35
 36 Add lines 23 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 **-724B**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	-7248
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
		or <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind.		
Standard Deduction for:	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5950
• All others:	41	Subtract line 40 from line 38	41	-13198
Single or Married filing separately, \$5,950	42	Exemptions. Multiply \$3,800 by the number on line 41. If line 42 is more than line 41, enter -0-	42	7620
Married filing jointly or Qualifying widow(er), \$11,900	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	-0-
Head of household, \$6,750	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4572 c <input type="checkbox"/> 982 election	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	-0-
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	-0-
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	720
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 56 through 60. This is your total tax	61	720
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	3734.93
	63	2012 estimated tax payments and amount applied from 2011 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	5644.24
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reread c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8895	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	9379.17
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	8659.17
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶	74a	8659.17
Direct deposit? See instructions.	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	75	Amount of line 73 you want applied to your 2013 estimated tax ▶ 75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
	77	Estimated tax penalty (see instructions)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Joint return? See instructions. Keep a copy for your records.	Taxpayer's signature ▶ Date ▶ 4.14.2013	Spouse's signature ▶ Date ▶	Daytime phone number ▶
		Spouse's signature, if a joint return, both must sign.	Spouse's occupation ▶	If the IRS sent you an Identity Protection PIN, enter it here (see IRS)
Paid Preparer Use Only	Print preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTR
	Firm's name ▶	Firm's EIN ▶	Phone no.	

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0074

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Name(s) shown on return LARRY [REDACTED]		2 Your social security number [REDACTED]																																									
3 Address [REDACTED] UT [REDACTED]																																											
4 Enter year in space provided and check one box. For the tax year ending December 31, _____. I have been unable to obtain (or have received an incorrect) <input type="checkbox"/> Form W-2 OR <input checked="" type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.																																											
5 Employer's or payer's name, address, and ZIP code [REDACTED] UT [REDACTED]		6 Employer's or payer's identification number (if known) [REDACTED]																																									
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.																																											
<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:40%;">a Wages, tips, and other compensation</td><td style="width:10%; text-align: right;">- 0 -</td><td style="width:40%;"></td><td style="width:10%;"></td></tr> <tr><td>b Social security wages</td><td style="text-align: right;">- 0 -</td><td></td><td></td></tr> <tr><td>c Medicare wages and tips</td><td style="text-align: right;">- 0 -</td><td></td><td></td></tr> <tr><td>d Advance EIC payment</td><td></td><td></td><td></td></tr> <tr><td>e Social security tips</td><td></td><td></td><td></td></tr> <tr><td>f Federal income tax withheld</td><td style="text-align: right;">3734.93</td><td></td><td></td></tr> </table>	a Wages, tips, and other compensation	- 0 -			b Social security wages	- 0 -			c Medicare wages and tips	- 0 -			d Advance EIC payment				e Social security tips				f Federal income tax withheld	3734.93			<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:40%;">g State income tax withheld</td><td style="width:10%; text-align: right;">3136.09</td><td style="width:40%;"></td><td style="width:10%;"></td></tr> <tr><td>h Local income tax withheld</td><td></td><td></td><td></td></tr> <tr><td>i Social security tax withheld</td><td style="text-align: right;">4195.72</td><td></td><td></td></tr> <tr><td>j Medicare tax withheld</td><td style="text-align: right;">1448.52</td><td></td><td></td></tr> </table>			g State income tax withheld	3136.09			h Local income tax withheld				i Social security tax withheld	4195.72			j Medicare tax withheld	1448.52		
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9 How did you determine the amounts on lines 7 and 8 above?

SEE ATTACHED EXPLANATION

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

SEE ATTACHED EXPLANATION

Sign Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ **[REDACTED]**

Date ▶ **4-14-2013**

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by taxpayers or their representatives when (a) their employer or payer does not give them a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact the employer or payer for you and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note. Retain a copy of Form 4852 for your records. Check your Social Security Statement (received at least a full year after the date shown on line 4) against Form 4852. If the earnings you reported on Form 4852 are not shown in the statement, you should contact the Social Security Administration (SSA) at the telephone number shown on the statement. Alternatively, after September 30 following the date shown on line 4, you may contact your local SSA office to verify wages reported by your employers.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

Explanation

4852

(Revised December 2010)

Department of the Treasury Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance contracts, etc.

Attach to form 1040, 1040A, 1040-EZ or 1040X.

Form

OMB no. 1545-0074

-
9. Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such "wages" as listed in 7(A)

Credit Union erroneously alleged "taxable amount" of IRA distribution of IRC section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such "wages".

10. None. The W-2s and 1099-Rs had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in 7 and 8 above.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

LARRY

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part III Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	TONE INC	S			
B					
C					
D					

Passive Income and Loss

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			-1444B		
B					
C					
D					

29a Totals			-1444B		
b Totals			-1444B		
30 Add columns (g) and (i) of line 29a				30	
31 Add columns (f), (h), and (j) of line 29b				31	-1444B
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32	-1444B

Part III Income or Loss From Estates and Trusts

	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss

	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35 Add columns (d) and (f) of line 34a			35	
36 Add columns (c) and (e) of line 34b			36	
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules G, line 3c (see instructions)	(d) Taxable income (net loss) from Schedules G, line 1b	(e) Income from Schedules G, line 3c
A					
B					
38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				38	

Part V Summary

40 Net farm rental income or (loss) from Form 4836. Also, complete line 42 below		40	
41 Total income or (loss). Combine lines 28, 32, 37, 38, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 15		41	-1444B
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4836, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42		
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43		

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0047

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2012

Department of the Treasury
Internal Revenue Service (IRS)
Name(s) shown on return

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

Attachment
Sequence No. **13**

Your social security number

LARRY

Part I **Income or Loss From Rental Real Estate and Royalties** *Note.* If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☒ No

1a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A		For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A		
B			B		
C			C		

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 990	21			
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 16 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Leases. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

☐ VOID ☒ CORRECTED

PAYER'S name, street address, city, state, and ZIP code

UTAH

UT

1 Gross distribution

\$ 7200.00

OMB No. 1545-0119

2012

Form 1099-R

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.

Copy 1

For
State, City,
or Local
Tax Department

PAYER'S federal identification
number

RECIPIENT'S identification
number

3 Capital gain (included
in box 2b)

4 Federal income tax
withheld

RECIPIENT'S name

LARRY

Street address (including apt. no.)

City, state, and ZIP code

UT

5 Employee contributions
(Designated Roth
contributions or
insurance premiums)

6 Net unrealized
appreciation in
employer's securities

7 Distribution
code(s)

8 Other

9a Your percentage of total
distribution

9b Total employee contributions

10 Amount allocable to IRB
within 5 years

11 1st year of design. Roth contrib.

12 State tax withheld

13 State/Payer's state no.

14 State distribution

Account number (see instructions)

15 Local tax withheld

16 Name of locality

17 Local distribution

Form 1099-R

www.irs.gov/form1099

Department of the Treasury - Internal Revenue Service