



# Summary of Federal Form 1099-R Statements

# IT-1099-R

New York State • New York City • Yonkers

Do not detach or separate the 1099-R Records below. File Form IT-1099-R as an entire page. See instructions on the back.

|   |                                    |
|---|------------------------------------|
| Taxpayer's name (individual taxpayer, or estate or trust) |                                    |
| Spouse's first name and middle initial (if applicable)    | Spouse's last name (if applicable) |

▼ Taxpayer's ID number (SSN or EIN)

▼ Spouse's social security number

## 1099-R Record 1

The recipient of this 1099-R is (mark an X in one box): Taxpayer  Spouse  Estate or trust

Box a Payer's name and full address

Box b Payer's federal identification number

Box 1 Gross distribution

Box 2a Taxable amount

Box 2b Taxable amount not determined..

Total distribution .....

Box 3 Capital gain (included in box 2a)

Box 7 Distribution code(s)

Box 9a Percentage of distribution

Box 9b Employee contributions

State  NY  Box 10 State tax withheld (for NY State)

Box 12 State distribution

NY State

Box 13 Local tax withheld

Locality a

Locality b

Box 14 Locality name

Locality a

Locality b

Box 15 Local distribution

Locality a

Locality b

Corrected (1099-R)

Do not detach.

## 1099-R Record 2

The recipient of this 1099-R is (mark an X in one box): Taxpayer  Spouse  Estate or trust

Box a Payer's name and full address

Box b Payer's federal identification number

Box 1 Gross distribution

Box 2a Taxable amount

Box 2b Taxable amount not determined..

Total distribution .....

Box 3 Capital gain (included in box 2a)

Box 7 Distribution code(s)

Box 9a Percentage of distribution

Box 9b Employee contributions

State  NY  Box 10 State tax withheld (for NY State)

Box 12 State distribution

NY State

Box 13 Local tax withheld

Locality a

Locality b

Box 14 Locality name

Locality a

Locality b

Box 15 Local distribution

Locality a

Locality b

Corrected (1099-R)

Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

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[Taxpayer ID Number Box]

[Spouse's Social Security Number Box]

**1099-R Record 3**

The recipient of this 1099-R is  
(mark an X in one box):

Taxpayer  Spouse  Estate or trust

Box a Payer's name and full address  
[Payer Name and Address Box]

Box b Payer's federal identification number  
[Payer's Federal ID Number Box]

Box 1 Gross distribution  
[Gross Distribution Box]

Box 2a Taxable amount  
[Taxable Amount Box]

Box 2b Taxable amount not determined..

Total distribution .....

Box 3 Capital gain (included in box 2a)  
[Capital Gain Box]

Box 7 Distribution code(s)  
[Distribution Code(s) Box]

Box 9a Percentage of distribution  
[Percentage of Distribution Box]

Box 9b Employee contributions  
[Employee Contributions Box]

State  NY  Box 10 State tax withheld (for NY State)  
[State Tax Withheld Box]

Box 12 State distribution  
NY State [State Distribution Box]

Box 13 Local tax withheld  
Locality a [Local Tax Withheld Box]  
Locality b [Local Tax Withheld Box]

Box 14 Locality name  
Locality a [Locality Name Box]  
Locality b [Locality Name Box]

Box 15 Local distribution  
Locality a [Local Distribution Box]  
Locality b [Local Distribution Box]

Corrected (1099-R)

Do not detach.

**1099-R Record 4**

The recipient of this 1099-R is  
(mark an X in one box):

Taxpayer  Spouse  Estate or trust

Box a Payer's name and full address  
[Payer Name and Address Box]

Box b Payer's federal identification number  
[Payer's Federal ID Number Box]

Box 1 Gross distribution  
[Gross Distribution Box]

Box 2a Taxable amount  
[Taxable Amount Box]

Box 2b Taxable amount not determined..

Total distribution .....

Box 3 Capital gain (included in box 2a)  
[Capital Gain Box]

Box 7 Distribution code(s)  
[Distribution Code(s) Box]

Box 9a Percentage of distribution  
[Percentage of Distribution Box]

Box 9b Employee contributions  
[Employee Contributions Box]

State  NY  Box 10 State tax withheld (for NY State)  
[State Tax Withheld Box]

Box 12 State distribution  
NY State [State Distribution Box]

Box 13 Local tax withheld  
Locality a [Local Tax Withheld Box]  
Locality b [Local Tax Withheld Box]

Box 14 Locality name  
Locality a [Locality Name Box]  
Locality b [Locality Name Box]

Box 15 Local distribution  
Locality a [Local Distribution Box]  
Locality b [Local Distribution Box]

Corrected (1099-R)

**General instructions**

**Who must file this form** — All filers of New York State income tax returns who received 1099-R statements that show New York State, New York City, or Yonkers withholding, must complete Form IT-1099-R.

**How to complete Form IT-1099-R** — Complete one 1099-R Record section for each federal Form 1099-R you (and if filing jointly, your spouse), or an estate or trust received that shows New York State, New York City, or Yonkers withholding. Enter only the information requested on Form IT-1099-R. Complete additional Form(s) IT-1099-R if necessary.

Each box on the 1099-R Record section corresponds to a numbered box on federal Form 1099-R. Enter the amount, code, or description provided on federal Form 1099-R in the corresponding numbered boxes on the Form IT-1099-R, 1099-R Record.

**Do not detach or separate** the 1099-R Records. File Form IT-1099-R as an entire page. Attach this form (IT-1099-R) to your New York State income tax return, Form IT-150, IT-201, IT-203, or IT-205. Attach additional Forms IT-1099-R if

applicable. **Do not** attach your federal 1099-R forms; keep them for your records.

**Specific instructions**

Enter the taxpayer's name and identification number, and if married, the spouse's name and social security number.

For each 1099-R Record, mark an X in the applicable box to indicate if the 1099-R is for you, your spouse, or an estate or trust. In **Box a** and **Box b**, enter the payer's name and address and the payer's federal identification number as they appear on the corresponding federal Form 1099-R.

Mark an X in the *Total distribution* box of the 1099-R Record if the corresponding box on federal Form 1099-R is marked.

**Corrected (1099-R)** — If the 1099-R Record is for a federal corrected Form 1099-R, mark an X in the *Corrected (1099-R)* box.

Please file this original scannable form with the Tax Department.

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