

New York State Department of Taxation and Finance

IT-1099-R

Summary of Federal Form 1099-R Statements 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.

he recipient of this 1099-R is (mark an X in one box): Taxpayer Spouse Estate or trust Box 1 Payer's name and full address Box 2 Payer's name and full address Box 3 Capital gain (included in box 2a) Locality a Locali	Taxpayer's name (individual taxpayer, or estate or trust)		▼ Taxpayer's ID number (SSN or EIN)	
he recipient of this 1099-R is (mark an X in one box): Taxpayer Spouse Estate or trust Box 12 State distribution NY State Box 12 State distribution NY State Box 13 Local tax withheld Locality a Locality	Spouse's first name and middle initial (if applicable	e) Spouse's last name (if applicable)	▼ Spouse's social security number	
Box 3 Capital gain (included in box 2a) Locality a Loca	The recipient of this 1099-R is	er Spouse Estate or trust		
Total distribution	Box b Payer's federal identification number Box 1 Gross distribution Box 2a Taxable amount Box 2b Taxable amount not determined	Box 7 Distribution code(s) Box 9a Percentage of distribution Box 9b Employee contributions	Locality a Locality b Box 14 Locality name Locality b Box 15 Local distribution Locality a	
Taxpayer Spouse Estate or trust Box a Payer's name and full address Box 12 State distribution NY State Box 13 Local tax withheld Locality a Locality b Locality a Locality b Locality a Locality b Locality b Locality b Locality b Locality a Locality b Locality a Locality b Locality			Corrected (1099-R)	
Box 3 Capital gain (included in box 2a) Locality a Locality b Locality a Locality b Locality a Locality a Locality a Locality a Locality a Locality b	1099-R Record 2 The recipient of this 1099-R is	er Spouse Estate or trust		
Box 9a Percentage of distribution Box 9b Employee contributions Locality a Locality a Locality b Box 15 Local distribution Locality a Locality b	Box b Payer's federal identification number Box 1 Gross distribution	•	Locality a Locality b	
State Box 10 State tax withheld (for NY State)	Box 2a Taxable amount		Locality b Box 15 Local distribution	
Total distribution NY NY Corrected (1099-R)	Box 2b Taxable amount not determined	State Box 10 State tax withheld (for NY State)	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.



IT-1099-R (2009) (back)	▼ Taxpayer's ID number (SSN	or EIN)	Spouse's social security number	
1099-R Record 3				
The recipient of this 1099-R is (mark an X in one box):	Spouse Estate or trust			
Box a Payer's name and full address		NY State	12 State distribution	
		Вох	13 Local tax withheld	
Box b Payer's federal identification number	Box 3 Capital gain (included in box 2a)	Locality a Locality b	•	
Box 1 Gross distribution	Box 7 Distribution code(s)	Box	14 Locality name	
Box 2a Taxable amount	Box 9a Percentage of distribution	Locality a Locality b		
	Box 9b Employee contributions	Locality a	15 Local distribution	
Box 2b Taxable amount not determined	State Box 10 State tax withheld (for NY St	Locality b	•	
	State DOX TO State tax withheld (10) INT St			
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Do not detach. 1099-R Record 4 The recipient of this 1099-R is (mark an X in one box): Box a Payer's name and full address	N Y	Box NY State		
Do not detach. 1099-R Record 4 The recipient of this 1099-R is (mark an X in one box): Box a Payer's name and full address	NY .	Box NY State	12 State distribution	
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Do not detach. 1099-R Record 4 The recipient of this 1099-R is (mark an X in one box): Box a Payer's name and full address Box b Payer's federal identification number Box 1 Gross distribution Box 2a Taxable amount	Spouse Estate or trust Box 3 Capital gain (included in box 2a) Box 7 Distribution code(s)	NY State Box Locality a Locality b Box Locality b	12 State distribution 13 Local tax withheld	

Box 10 State tax withheld (for NY State)

General instructions

Total distribution.....

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



Corrected (1099-R)

State

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