☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

TEACHER'S STATE PENSION FUND
123 OAK STREET
YOUR CITY, STATE ZIP

1 Gross distribution	$ 20,000.00
2a Taxable amount	$ 20,000.00
2b Taxable amount not determined ☐	Total distribution ☐
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 1,700.00
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	7
IRA/ SEP/ SIMPLE ☐	
8 Other	$ %
9a Your percentage of total distribution %	
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
12 State tax withheld	$ 300.00
13 State/Payer's state no.	YS 2343235
14 State distribution	$ 20,000.00
15 Local tax withheld	$
16 Name of locality	
17 Local distribution	$

OMB No. 1545-0119

2014

Form **1099-R**

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

Copy B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

PAYER'S federal identification number: **59-6XXXXXX**

RECIPIENT'S identification number: **383-XX-XXXX**

RECIPIENT'S name: **TIBBIT JOHNSON**

Street address (including apt. no.): **8201 HOLLY PLACE**

City or town, state or province, country, and ZIP or foreign postal code: **YOUR CITY, STATE ZIP**

Account number (see instructions)