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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	▼ Taxpayer's ID number (SSN or EIN)		
Spouse's first name and middle initial (if applicable)	Spouse's last name (if applicable)		▼ Spouse's social security number
1099-R Record 1 The recipient of this 1099-R is	Corrected (1099-R)		
(mark an X in one box): Taxpayer	Spouse Estate or trust		Box 11 1st year of desig. Roth contrib.
Box a Payer's name and full address		State	Box 12 State tax withheld (for NY State)
			Box 14 State distribution
Box b Payer's federal identification number	Box 3 Capital gain (included in box 2a)	NY State	•
Box 1 Gross distribution	Por 7 Distribution code(c)		Box 15 Local tax withheld
	Box 7 Distribution code(s)	Locality a	•
Box 2a Taxable amount	Box 9a Percentage of distribution	Locality b	Box 16 Locality name
•	•	Locality a	
_	Box 9b Employee contributions	Locality b	
Box 2b Taxable amount not determined	•		Box 17 Local distribution
	Box 10 Amount allocable to IRR within 5 years	Locality a	•
Total distribution	•	Locality b	•
Do not detach.			
1099-R Record 2	Corrected (1099-R)		
The recipient of this 1099-R is (mark an X in one box):Taxpayer	Spouse Estate or trust		Box 11 1st year of desig. Roth contrib.
Box a Payer's name and full address		State	Box 12 State tax withheld (for NY State)
		NY	
			Box 14 State distribution
Box b Payer's federal identification number	Box 3 Capital gain (included in box 2a)	NY State	•
	•		Box 15 Local tax withheld
Box 1 Gross distribution	Box 7 Distribution code(s)	Locality a	•
Para On Tranship and and	B au D a Dava anta sua ofi diatributian	Locality b	
Box 2a Taxable amount	Box 9a Percentage of distribution	,	Box 16 Locality name
L] • L]	Box 9b Employee contributions	Locality a	
Box 2b Taxable amount not determined		Locality b	Box 17 Local distribution
	Box 10 Amount allocable to IRR within 5 years	Locality a	
Total distribution	•	Locality b	•



Please file this original scannable form with the Tax Department.

IT-1099-R (2011) (back) Taxpayer's ID number	(SSN or EIN) ▼ Spouse's social securi	ity number		
1099-R Record 3 Corre	ected (1099-R)			
The recipient of this 1099-R is (mark an X in one box):Taxpayer	Spouse Estate or trust		Box 11	1st year of desig. Roth contrib.
Box a Payer's name and full address		Ctoto	Day 10	Ctata tay withhald (far NV Stata)
		State	BOX 12	State tax withheld (for NY State)
		IN T	Box 14	state distribution
Box b Payer's federal identification number	Box 3 Capital gain (included in box 2a)		DUX 14	
		NY State	Box 15	Local tax withheld
Box 1 Gross distribution	Box 7 Distribution code(s)			
		Locality a		•
Box 2a Taxable amount	Box 9a Percentage of distribution	Locality b	Box 16	Locality name
•	Box 9b Employee contributions	Locality a		
Box 2b Taxable amount not determined		Locality b	Box 17	Local distribution
	Box 10 Amount allocable to IRR within 5 years	Locality a		
Total distribution		Locality b		
Do not detach.	· · · · · · · · · · · · · · · · · · ·	Edulity b		
bo not detach.				
1099-R Record 4 Corre	ected (1099-R)			
The recipient of this 1099-R is				
(mark an X in one box): Taxpayer	Spouse Estate or trust		Box 11	1st year of desig. Roth contrib.
Box a Payer's name and full address		2 • •		
		State	Box 12	State tax withheld (for NY State)
		ΝΥ		•
Box b Payer's federal identification number			BOX 14	State distribution
	Box 3 Capital gain (included in box 2a)	NY State	Day 45	•
Box 1 Gross distribution	Pay 7 Distribution and (a)		BOX 15	Local tax withheld
	Box 7 Distribution code(s)	Locality a		
Box 2a Taxable amount	Pay 02 Dereentage of distribution	Locality b	Box 16	•
	Box 9a Percentage of distribution			Locality name
•	Box 9b Employee contributions	Locality a		
Rev Ob Tayable amount not determined		Locality b	Box 17	Local distribution
Box 2b Taxable amount not determined				
	Box 10 Amount allocable to IRR within 5 years			
Total distribution	Box 10 Amount allocable to IRR within 5 years	Locality a Locality b		

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-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.

