

NEW YORK STATE 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.

			Identi	ying number as shown on return
1099-R Record 1 Recipient's identification number for this 1099-R	Corrected (1099-R)		Box 11	1st year of desig. Roth contrib.
Box A Payer's name and full address				
		State	Box 14	State tax withheld (for NY State)
		NY		.00
Box B Payer's federal identification number	Box 3 Capital gain (included in box 2a)	NY State		State distribution .00 .00
Box 1 Gross distribution	.00 Box 7 Distribution code(s)		BOX 17	Local tax withheld (NYC or Yonkers)
.00		Locality a		.00
Box 2a Taxable amount	Box 9a Percentage of distribution	Locality b	Box 18	Locality name
.00	•	Locality a		
	Box 9b Employee contributions	Locality b		
Box 2b Taxable amount not determined	.00		Box 19	Local distribution
	Box 10 Amount allocable to IRR within 5 years	Locality a		.00
Total distribution	.00	Locality b		.00
Box C Account number				
1099-R Record 2	Corrected (1099-R)			Do not detach.
1099-R Record 2	Corrected (1099-R)			Do not detach.
1099-R Record 2 Recipient's identification number for this 1099-R	Corrected (1099-R)		Box 11	Do not detach.
Recipient's identification	Corrected (1099-R)			1st year of desig. Roth contrib.
Recipient's identification number for this 1099-R	Corrected (1099-R)	State		1st year of desig. Roth contrib.
Recipient's identification number for this 1099-R	Corrected (1099-R)	State NY	Box 14	1st year of desig. Roth contrib. State tax withheld (for NY State)
Recipient's identification number for this 1099-R		NY	Box 14	1st year of desig. Roth contrib. State tax withheld (for NY State) 00 State distribution
Recipient's identification number for this 1099-R	Corrected (1099-R)		Box 14 Box 16	1st year of desig. Roth contrib. State tax withheld (for NY State)
Recipient's identification number for this 1099-R	Box 3 Capital gain (included in box 2a)	N Y NY State	Box 14 Box 16	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution .00
Recipient's identification number for this 1099-R Box A Payer's name and full address Box B Payer's federal identification number	Box 3 Capital gain (included in box 2a)	NY	Box 14 Box 16	1st year of desig. Roth contrib. State tax withheld (for NY State)
Recipient's identification number for this 1099-R Box A Payer's name and full address Box B Payer's federal identification number Box 1 Gross distribution	Box 3 Capital gain (included in box 2a)	NY State Locality a	Box 14 Box 16 Box 17	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution .00 Local tax withheld (NYC or Yonkers) .00
Recipient's identification number for this 1099-R	Box 3 Capital gain (included in box 2a) .00 Box 7 Distribution code(s) Box 9a Percentage of distribution 	NY State Locality a	Box 14 Box 16 Box 17	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution Local tax withheld (NYC or Yonkers) .00 .00 .00
Recipient's identification number for this 1099-R	Box 3 Capital gain <i>(included in box 2a)</i> .00 Box 7 Distribution code(s) Box 9a Percentage of distribution Box 9b Employee contributions	NY State Locality a Locality b	Box 14 Box 16 Box 17 Box 17 Box 18	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution .00 Local tax withheld (NYC or Yonkers) .00 .00 Locality name
Recipient's identification number for this 1099-R	Box 3 Capital gain <i>(included in box 2a)</i> .00 Box 7 Distribution code(s) Box 9a Percentage of distribution Box 9b Employee contributions .00	NY State Locality a Locality b Locality a Locality b	Box 14 Box 16 Box 17 Box 17 Box 18	1st year of desig. Roth contrib. State tax withheld (for NY State)
Recipient's identification number for this 1099-R Box A Payer's name and full address Box B Payer's federal identification number Box 1 Gross distribution .00 Box 2a Taxable amount .00	Box 3 Capital gain <i>(included in box 2a)</i> .00 Box 7 Distribution code(s) Box 9a Percentage of distribution Box 9b Employee contributions	NY State Locality a Locality b Locality b Locality b	Box 14 Box 16 Box 17 Box 17 Box 18	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution .00 Local tax withheld (NYC or Yonkers) .00 .00 Locality name
Recipient's identification number for this 1099-R Box A Payer's name and full address Box B Payer's federal identification number	Box 3 Capital gain (included in box 2a) .00 Box 7 Distribution code(s) Box 9a Percentage of distribution .00 Box 9b Employee contributions .00 Box 10 Amount allocable to IRR within 5 years	NY State Locality a Locality b Locality a Locality b	Box 14 Box 16 Box 17 Box 17 Box 18	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution Local tax withheld (NYC or Yonkers) .00 Locality name Local distribution .00
Recipient's identification number for this 1099-R Box A Payer's name and full address Box B Payer's federal identification number Box 1 Gross distribution .00 Box 2a Taxable amount .00	Box 3 Capital gain (included in box 2a) .00 Box 7 Distribution code(s) Box 9a Percentage of distribution .00 Box 9b Employee contributions .00 Box 10 Amount allocable to IRR within 5 years	NY State Locality a Locality b Locality b Locality b	Box 14 Box 16 Box 17 Box 17 Box 18	1st year of desig. Roth contrib. State tax withheld (for NY State) .00 State distribution Local tax withheld (NYC or Yonkers) .00 Locality name Local distribution .00



1099-R Record 3 Recipient's identification	Corrected (1099-R)			
number for this 1099-R			Box 11	1st year of desig. Roth contrib.
Box A Payer's name and full address				
		State	Box 14	State tax withheld (for NY State)
		ΝΥ		.00
			Box 16	State distribution
Box B Payer's federal identification number	Box 3 Capital gain (included in box 2a)	NY State		.00
	.00		Box 17	Local tax withheld (NYC or Yonkers
Box 1 Gross distribution	Box 7 Distribution code(s)	Locality a		.00
.00		Locality b		.00
Box 2a Taxable amount	Box 9a Percentage of distribution	,	Box 18	Locality name
.00	•	Locality a		
	Box 9b Employee contributions	Locality b		
Box 2b Taxable amount not determined	.00		Box 19	Local distribution
	Box 10 Amount allocable to IRR within 5 years	Locality a		.00
Total distribution	.00	Locality b		.00
Box C Account number				

Do not detach.

Instructions

General instructions

Who must file this form – You must complete Form IT-1099-R, if you file a New York State income tax return and you received 1099-R statements that show New York State, New York City, or Yonkers withholding.

Specific instructions

Enter the name(s) and entire 9-digit Social Security number (SSN) or employer identification number (EIN) as entered on your income tax return. If you are married filing a joint return, enter both names and the SSN listed first on the return.

Entering whole dollar amounts – When entering amounts, enter **whole dollar amounts only** (zeros have been preprinted). Use the following rounding rules when entering your amounts; drop amounts below 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.

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.

How to complete each 1099-R Record

Each box in 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 Form IT-1099-R.

Recipient's identification number for this Form 1099-R – Enter your SSN (or your spouse's SSN) or the EIN of the estate or trust, as applicable.

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.

Transfer the tax withheld amounts to your income tax return. Include the total NYS tax withheld amounts, the total NYC tax withheld amounts, and the total Yonkers tax withheld amounts from all your Form(s) IT-1099-R as follows:

- NYS tax withheld Include on Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.
- NYC tax withheld Include on Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35.
- Yonkers tax withheld Include on Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

Do not detach or separate the 1099-R Records. File Form IT-1099-R as an entire page. Submit this form (IT-1099-R) with your New York State income tax return: Form IT-201, IT-203, or IT-205. Submit additional Form(s) IT-1099-R if applicable.

Do not submit your federal 1099-R forms; keep them for your records.

