

NEW YORK STATE

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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.

			Identifyir	ng number as shown on return
1099-R Record 1	Corrected (1099-R)			
Recipient's identification number for this 1099-R			Box 11	Ist year of desig. Roth contrib.
Box A Payer's name and full address		State	Box 14	State tox withhold (for NV State)
		NY	BOX 14	State tax withheld (for NY State)
			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 L	ocal tax withheld (NYC or Yonkers)
Box 1 Gross distribution	Box 7 Distribution code(s)	Locality a		.00
.00 Box 2a Taxable amount	Box 9a Percentage of distribution	Locality b	Box 18	00 _ocality name
00		L e celitur e		
	Box 9b Employee contributions	Locality a Locality b		
Box 2b Taxable amount not determined	.00	Looding D		ocal 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.
1099-R Record 2	Corrected (1099-R)			
	(, _			
Recipient's identification				
number for this 1099-R			Box 11	Ist year of desig. Roth contrib.
		State		
number for this 1099-R		State		Ist year of desig. Roth contrib. State tax withheld (for NY State) .00
Box A Payer's name and full address			Box 14	State tax withheld (for NY State)
number for this 1099-R	Box 3 Capital gain (included in box 2a)		Box 14 5	State tax withheld (for NY State) .00 State distribution .00
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 5	State tax withheld (for NY State) .00 State distribution .00 .ocal tax withheld (NYC or Yonkers)
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	Box 14 5	State tax withheld (for NY State) .00 State distribution .00 .ocal tax withheld (NYC or Yonkers) .00
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 3 Capital gain <i>(included in box 2a)</i> .00 Box 7 Distribution code(s)	NY State	Box 14 5	State tax withheld (for NY State) .00 State distribution .00 .ocal tax withheld (NYC or Yonkers) .00 .00
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 2a Taxable amount	Box 3 Capital gain (included in box 2a)	NY State Locality a Locality b	Box 14 5	State tax withheld (for NY State) .00 State distribution .00 .ocal tax withheld (NYC or Yonkers) .00
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 3 Capital gain <i>(included in box 2a)</i> .00 Box 7 Distribution code(s)	NY State Locality a Locality b Locality a	Box 14 5	State tax withheld (for NY State) .00 State distribution .00 .ocal tax withheld (NYC or Yonkers) .00 .00
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 2a Taxable amount	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	Box 14 5	State tax withheld (for NY State) .00 State distribution .00 .ocal tax withheld (NYC or Yonkers) .00 .00
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	Box 3 Capital gain <i>(included in box 2a)</i> .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	Box 14 5	State tax withheld (for NY State) .00 State distribution .ocal tax withheld (NYC or Yonkers) .00 .ocality name .ocal distribution .ocal distribution
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	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 5	State tax withheld (for NY State) .00 State distribution .ocal tax withheld (NYC or Yonkers) .00 .ocality name .ocal distribution
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 .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 5	State tax withheld (for NY State) .00 State distribution .ocal tax withheld (NYC or Yonkers) .00 .ocality name .ocal distribution .ocal distribution
number for this 1099-R Box A Payer's name and full address Box B Payer's federal identification number	Box 3 Capital gain <i>(included in box 2a)</i> .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 5	State tax withheld (for NY State) .00 State distribution .ocal tax withheld (NYC or Yonkers) .00 .ocality name .ocal distribution .ocal distribution



1099-R Record 3	Corrected (1099-R)			
Recipient's identification 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:

- · are required to file a New York State income tax return, and
- received 1099-R statements that show New York State, New York City, or Yonkers withholding.

To learn who must file a New York State income tax return, visit www.tax.ny.gov (Search: file)

Specific instructions

In the top section of the form, enter your name 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 you listed **first** on your income tax return.

Entering whole dollar amounts: When you enter amounts on this form, **enter whole dollar amounts only** (zeros have been preprinted), and use the following rounding rules: 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.

How to complete each 1099-R Record

If you received any federal Forms 1099-R that show New York State, New York City, or Yonkers withholding, complete this form as follows for each:

Individuals: You must complete one *1099-R Record* section for each federal Form 1099-R you received.

Married couples: If you are married and filing a joint return, you must **also** complete one *1099-R Record* section for each federal Form 1099-R your spouse received.

Estates or trusts: Complete one 1099-R Record for each federal Form 1099-R the estate or trust received.

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. Enter only the information requested on Form IT-1099-R. Complete additional Form(s) IT-1099-R if necessary.

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

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. If the corresponding box on federal Form 1099-R is marked, mark an *X* in the *Total distribution* box of the 1099-R record.

Corrected (1099-R) – If you received a federal corrected Form 1099-R, complete a *1099-R Record* and mark an **X** in the *Corrected (1099-R)* box.

Transfer the information: After you complete this form, transfer the tax withheld amounts to your income tax return as follows:

NY State tax withheld: Transfer the total amounts you entered in **Box 14** from all *1099-R records* to: Form IT-201, line 72; Form IT-203, line 62; or Form IT-205, line 34.

NYC tax withheld: Transfer the total amounts you entered for NYC in **Box 17** from all *1099-R records* to: Form IT-201, line 73; Form IT-203, line 63; or Form IT-205, line 35

Yonkers tax withheld: Transfer the total amounts you entered for Yonkers in **Box 17** from all *1099-R records* to: Form IT-201, line 74; Form IT-203, line 64; or Form IT-205, line 36.

File Form IT-1099-R as an entire page with your New York State income tax return: Form IT-201, IT-203, or IT-205.

Paper filers: Do not submit your federal 1099-R forms; keep them for your records. Do not detach or separate the 1099-R Records. Submit additional Forms IT-1099-R as needed to complete separate record for each federal Form 1099-R you received showing New York State, New York City, or Yonkers tax withheld.

