

Pension, Annuities, Retirement, Etc. Distributions

Name: _____ SSN: _____

Social Security Benefit Statement or Railroad Retirement Board Payments

TS _____	2021	2020	TS _____	2021	2020
Net benefits	_____	_____	Net benefits	_____	_____
Medicare premiums	_____	_____	Medicare premiums	_____	_____
Federal Income tax withheld	_____	_____	Federal Income tax withheld	_____	_____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____ Payer's federal ID number: _____
 Address: _____

	2021	2020		2021	2020
Disability indicator <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State ID _____	_____	_____
Report disability income as wages on 1040. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	_____	_____
Gross distribution	_____	_____	State distribution	_____	_____
Taxable amount	_____	_____	Name of locality _____	_____	_____
Total distribution <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	_____	_____
Capital gain included in taxable amount above	_____	_____	Local distribution	_____	_____
Federal income tax withheld	_____	_____	State _____ State ID _____	_____	_____
Employee contributions or insurance premiums	_____	_____	State income tax withheld	_____	_____
Distribution code(s)	_____	_____	State distribution	_____	_____
IRA/SEP/SIMPLE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____	_____	_____
Your percentage of total distribution _____	_____	_____	Local income tax withheld	_____	_____
			Local distribution	_____	_____

Yes No
 Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
 Were any of these distributions for disaster or coronavirus relief?

100% of the taxable amount enter above is a Qualified Charitable Distribution (QCD)
 Enter an amount in this field if only part of the taxable amount entered above is a QCD _____

100% of the taxable amount entered above is for Health Savings Account (HSA) funding
 Enter an amount in this field if only part of the taxable amount entered above is for HSA funding _____

Enter the amount of distribution used for insurance premiums for public safety officers _____