

<b>Form 1099-R</b> <input type="checkbox"/> CORRECTED (if checked) OMB No. 1545-0119 <b>2011</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
1 Gross distribution <b>175000.00</b>	2a Taxable amount		
2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		
PAYER'S Federal ID number <b>12-3456789</b>	RECIPIENT'S ID number <b>XXX-XX-0029</b>		
PAYER'S name, street address, city, state, and ZIP code <b>INTEGRATED DATA MANAGEMENT SYSTEMS, INC. DBA IDMS ACCOUNT ABILITY 560 BROADHOLLOW ROAD STE 109 MELVILLE NY 11747-3702</b>			
Account number (see instructions) <b>5500493049-3323</b>		11 1st year of designated Roth contribution	
RECIPIENT'S name, street address, city, state, and ZIP code <b>JOHN DOE 560 ROUTE 110 MELVILLE NY 11747-2711</b>			
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contrib./Desig. Roth contrib. or insurance premiums	
6 Net unrealized appreciation in employer's securities	7 Distribution code <b>7</b>	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other %
9a Your percentage of total distribution %	9b Total employee contrib.	10 Amount allocable to IRR within 5 years	
12 State tax withheld <b>3500.00</b>	13 State/Payer's state no. <b>NY/NY STATE ID</b> <b>NJ/NJ STATE ID</b>	14 State distribution <b>150000.00</b> <b>25000.00</b>	
15 Local tax withheld	16 Name of locality	17 Local distribution	

**Copy 2** File this copy with your state, city, or local income tax return, when required.

Department of the Treasury  
Internal Revenue Service

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**Copy C** For Recipient's Records

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**Copy B** If this form shows Federal income tax withheld in Box 4, attach this copy to your Federal tax return.

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