# 2019 IRA Reporting



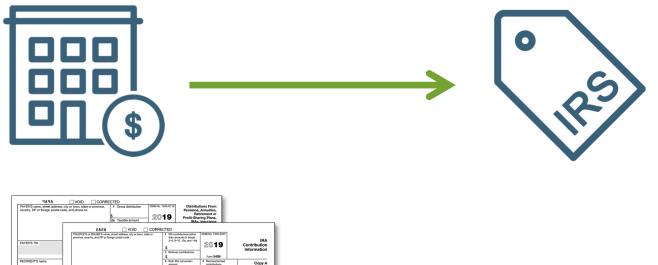


## Learning Objectives

- ⊘ Identify due dates for IRA reporting
- Recognize when a required minimum distribution statement is required
- ⊘ Understand when electronic filing of forms is required
- ⊘ Accurately report contributions, fair market values, and distributions to IRA owners and to the IRS



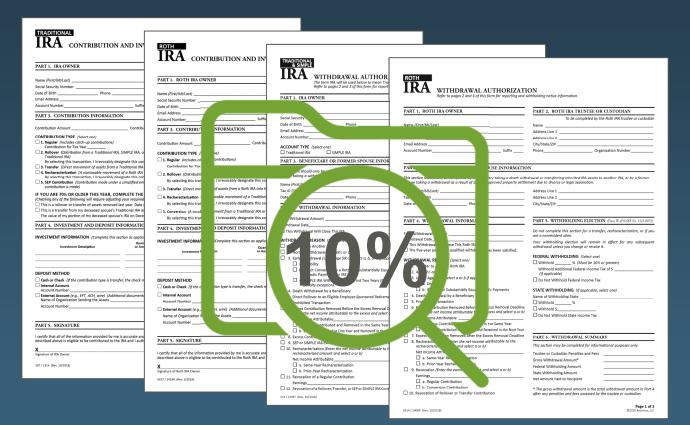
#### **General Requirements**



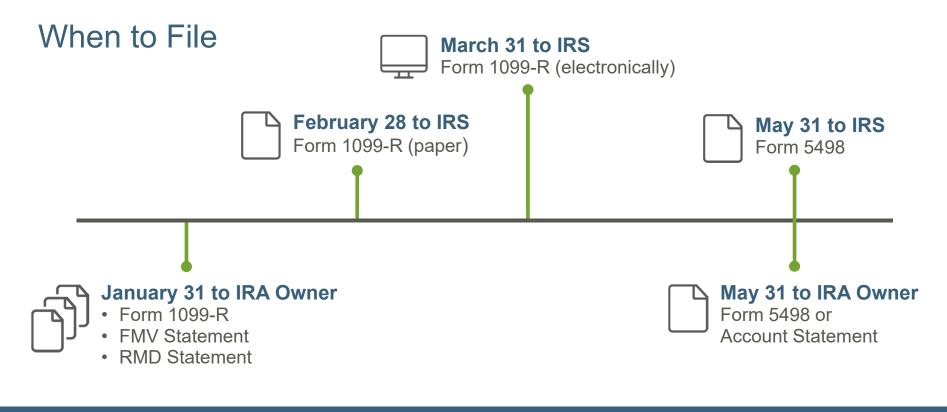
PAYER'S name, street address, o country, ZIP or foreign postal coo	le, and phone no.	\$	Taxable amount	201	9	Profit-Sha	tirement	or S.	
PAYER'S TIN		828 PTS name, stred s ZIP or foreign p	VOID taddress, city or town, sta costal code		IPA cont than am 2-4, 8-1 Rollover	ributions (other sunts in boxes 0, 13a, and 14a) contributions	CMB No. 20 Form	19 5498	IRA Contribution Information
RECIPIENT'S name	TRUSTEE'S or ISSUE	RSTN	PARTICIPANT'S TIN		amount	conversion			Copy A For Internal Revenue
Street address (including apt. n					\$		box 1 \$		Service Center File with Form 1096.
Dity or town, state or province, co	PARTICIPANT'S nam	*			SEP con			Both IRA  E contributions	For Privacy Act
Amount allocable to IRR within 5 years	Street address (inclu	sing apt. no.)		1		contributions	11 Check	If FIMD for 2020	and Paperwork Reduction Act Notice, see the
Account number (see instructions	City or town, state or	province, countr	y, and ZIP or foreign postal			ed/ate contrib.	\$ 13b Year	13e Code	2019 General Instructions for Certain
m 1099-R Cat. No. 144360 Not Cut or Separa				14	a Repaym	erfs	14b Code		Returns.
	Account number (see	instructions)		18	a FMV of c assets	ertain specified	15b Code	4	
	Form 5498		t. No. 50010C		w.irs.govil				- Internal Revenue Service



#### **General Requirements**



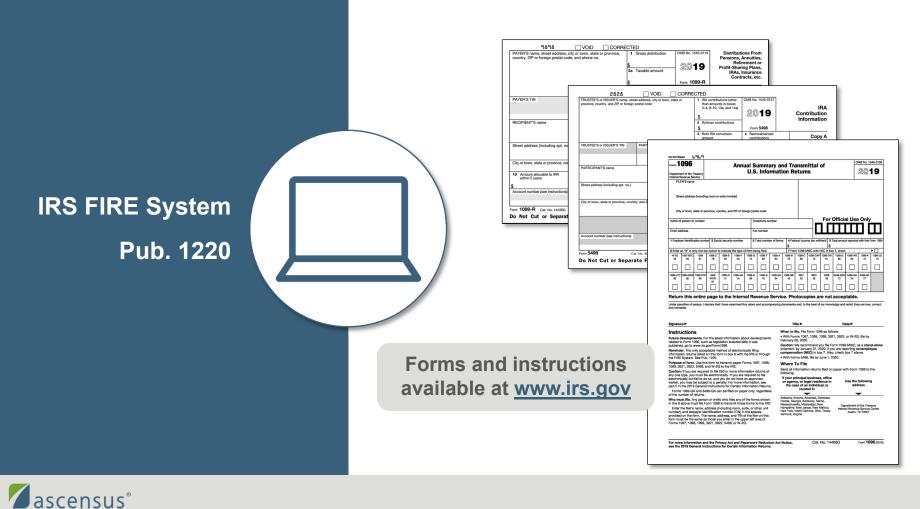


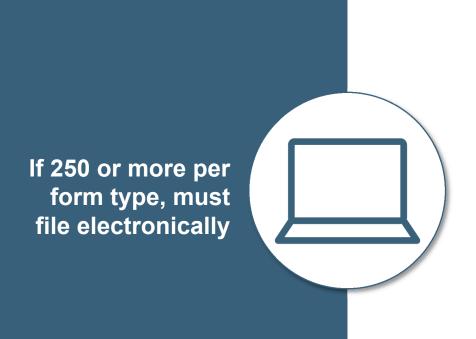




<u>Saturday, Sunday, or legal</u>holiday = deadline extended







IRS Form 4419 to apply for FIRE System

Minimum 45 days before due date of form

Proposed regulation would require number of forms filed after 12/31/18 to be aggregated



Paper filing IRS Form 1096 per form type

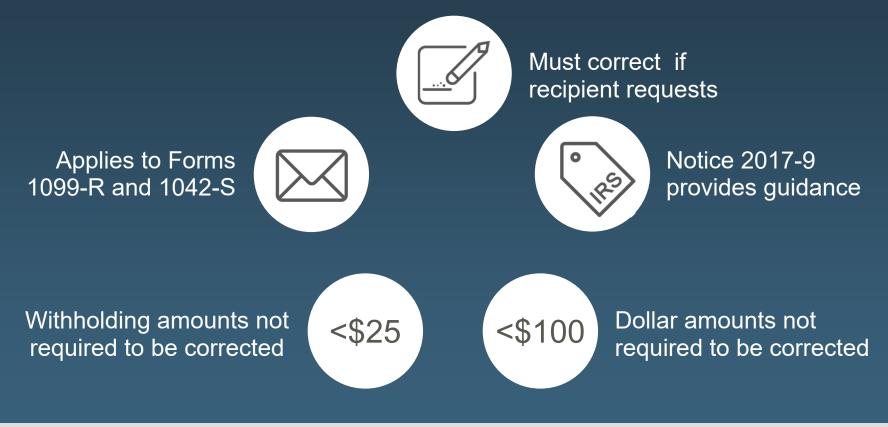
Can file electronically if less than 250 per form type

PAYER'S name, street address, cit country, ZIP or foreign postal code	y or town, state or province, , and phone no. 2a Taxable arno \$	2010	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN RECIPIENT'S name	2828 VOI TRUSTEE'S or ISSUER'S name, street address, city province, country, and ZIP or foreign postal code		ts in boxes Sa, and 14a) 2019 tributions Form 5498	IRA Contribution Information	
Street address (including apt. no	TRUSTEE'S or ISSUER'S TIN PART	amount	contributions	Сору А	-
City or town, state or province, co 10 Amount allocable to IRR within 5 years	PARTICIPANT'S name	Do Net Staple 6969 Form 1096 Department of the Treasury Internal Revenue Service		and Transmittal of ation Returns	0M8 No. 1545-01 2019
\$ Account number (see instructions)	Street address (including apt. no.) City or town, state or province, country, and Z	FILER'S name Street address (including room or	suite number)		
Form 1099-R Cat. No. 14436Q Do Not Cut or Separat	City or town, some or province, country, and 2		antry, and ZIP or foreign postal code	- For Off	icial Use Only
	Account number (see instructions)	Name of parson to contact Email address	Telephone number		
	Form 5498 Out Mo 6	1 Employer Identification number 2 Soci 6 Enter an "X" In only one box below to	indicate the type of form being filed.	\$ \$ 7 Form 1099-MISC with NEC in box 7,	
L	Do Not Cut or Separate F	W-9G 1997-8TC 1996 1098-C 32 50 81 78	84 03 74 83	80 79 85 73 91 1	89-G 1039-MT 1089-K 1089- 80 10 10 18
		1009-LTC 1099-MISC 1099-OID 1099- 93 95 96 PATR 97	31 1A 98 75 1		HESA 5480-CA 5498-SA 12 24 24 27
				rvice. Photocopies are not ac	
		Signature ►		Title 🕨	Date ►
		of the number of returns.	lation enacted after it was r066. Hindo of electronically filing m in box 6 with the IRS is through transmit paper Forms 1097, 1098, to the IRS. 50 or more information returns of ically. If you are required to file you do not have an approved	Men to file. File Form 1008 as follows • With Form solved south file form Genetics We recommod you file form componential (KG) in box 1, Alex, ct • with Form solved file by June 2, 2008 When the Commod Solved Form Board all metameters makes on page of the solved file by June 2, 2008 When the Commod Solved Form Board all metameters makes on page of the solved file baseliness, office or agency, or alger metadence on the based and Mentameters file baseliness, phases, phases based and Mentameters file baseliness, phases, phases Mentameters file baseliness, phases Mentameters file baseline	1099-MISC, as a stand-alo re reporting nonemployee eck box 7 above.

one Information and the Privacy Act and Paperwork Reduction Act Notice, Cat. No. 144000 a 2019 General Instructions for Certain Information Returns.



#### Safe Harbor for De Minimis Reporting Errors





#### Safe Harbor for De Minimis Reporting Errors



May require election in writing, online, or by phone Election applies to information returns provided in year election made Recipient may revoke at any time Recipient must provide all necessary information in election





#### **Escheatment**

- Distribution included in gross income
- Income tax withholding applies
- Must be reported on Form 1099-R in IRA owner's name and TIN
- Effective January 1, 2019, or date it is reasonable to comply



### IRS Form 1099-R

		9898		ECT	ED			
		PAYER'S name, street address, country, ZIP or foreign postal co		1	Gross distribution	OMB No. 1545-0119		Distributions From ensions, Annuities,
[ <del>`</del> \$.]	Generate for dis		510 or more;	\$ 2a \$	Taxable amount	20 <b>19</b> Form 1099-R		Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
				2b	not determined	Total distributior		Сору А
		PAYER'S TIN	RECIPIENT'S TIN	3	Capital gain (included in box 2a)	4 Federal income t withheld	ax	For Internal Revenue Service Center
$\sim$				\$		\$		File with Form 1096.
	File to IRA owne	er by January :	31	5 \$	Employee contributions, Designated Roth contributions or insurance premiums	appreciation in employer's sec \$	urities	For Privacy Act and Paperwork Reduction Act Notice, see the
				7	Distribution IRA/ Code(s) SEP/ SIMPLE	\$	%	2019 General Instructions for Certain Information
<b>~</b>		City or town, state or province, co	untry, and ZIP or foreign postal cod	le <b>9a</b>		9b Total employee contr \$	ibutions	Returns.
		10 Amount allocable to IRR	11 1st vear of FATCA filing	12	State tax withheld	13 State/Payer's sta	ate no.	14 State distribution
ΠΠΠΠΠ	File to IRS by Fe	ebruary 28 (pa	per) or	\$ \$				\$
	March 31 (electr	ronically)	Ĵ	15 \$ ¢	Local tax withheld	16 Name of locality		<b>17</b> Local distribution \$
		Form <b>1099-R</b> Cat. No. 14436Q	www.irs.gov/	<u>I</u> Φ /Form	1099R	Department of the Tr	easury -	I⊅ - Internal Revenue Service
		Do Not Cut or Separat	te Forms on This Page	e .	— Do Not Cut	or Separate I	Forms	s on This Page



Distributions From ensions, Annuities Retirement or ofit-Sharing Plans IRAs, Insurance Contracts, etc.	P	19 No. 1545-0119 20 <b>19</b>	4		oss distribut kable amour	1 <u>\$</u> 2a	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A For	n 🗌	Total distributio		1 🗌	xable amour t determinec	⊅ 2b			
Internal Revenue Service Center	tax	Federal income withheld	4	cluded	pital gain (in box 2a)	3	l	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096			\$			\$			
For Privacy Act and Paperwork Reduction Act Notice, see the		Net unrealized appreciation in employer's sec	6 \$	h r	ployee contri signated Rot ntributions or urance prem	5 \$			RECIPIENT'S name
2019 Genera Instructions for Certair	%	Other	8 \$	IRA/ SEP/ SIMPLE	tribution de(s)	7		).)	Street address (including apt. no
Information Returns		Total employee con	9b	of total %	ur percentage tribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, co
14 State distribution \$	tate no.	State/Payer's s	13	eld	te tax withhe	12 \$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
\$ 17 Local distribution \$	y	Name of localit	16	eld	cal tax withhe	\$ 15 \$	Date of payment		\$ Account number (see instructions)
\$						\$			



Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.	P	IB No. 1545-0119	G C		Gross distributi Taxable amoun	1 \$ 2a \$	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A For	n	Total distributio			Taxable amoun not determined	2b			
Internal Revenue Service Center	tax	Federal income withheld	4	cluded	Capital gain (ind in box 2a)	3	l	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096.			\$			\$			
For Privacy Act and Paperwork Reduction Act Notice, see the		Net unrealized appreciation in employer's sec	6 \$	h	Employee contri Designated Rotl contributions or insurance premi	5 \$			RECIPIENT'S name
2019 General Instructions for Certain Information	%	Other	8 \$	IRA/ SEP/ SIMPLE	Distribution code(s)	7		).)	Street address (including apt. no
Returns.	tributions	Total employee con		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, con
14 State distribution \$	tate no.	State/Payer's st	13	ld	State tax withhe	12 \$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
\$						\$			6
<b>17</b> Local distribution \$	iy	Name of localit	16	əld	Local tax withhe	15 \$	Date of payment		Account number (see instructions)
\$						\$			





Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	P	1B No. 1545-0119	G C		Gross distribut	1 \$ 2a \$	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A	n	Total distributio			Taxable amour not determined	2b			
Internal Revenue Service Center	tax	Federal income withheld	4	icluded	Capital gain (in in box 2a)	3	1	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096.			\$			\$			
For Privacy Act and Paperwork Reduction Act Notice, see the		Net unrealized appreciation in employer's sec	6 \$	:h r	Employee contri Designated Rot contributions or insurance prem	5 \$			RECIPIENT'S name
2019 General Instructions for Certain Information	%	Other		IRA/ SEP/ SIMPLE	Distribution code(s)	7		).)	Street address (including apt. nc
Returns.	tributions	Total employee con		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, co
14 State distribution \$	tate no.	State/Payer's s	13	əld	State tax withhe	12 \$ \$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	0 Amount allocable to IRR within 5 years
<ul> <li><b>5</b></li> <li><b>17</b> Local distribution</li> <li>\$</li> </ul>	:y	Name of localit	16	əld	Local tax withhe	1 <del>.</del>	Date of payment		Account number (see instructions)
\$						\$			rm <b>1099-R</b> Cat. No. 144360





S name, street address, city or town, state or province, ZIP or foreign postal code, and phone no. 2a \$	Gross distribution		Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
S TIN RECIPIENT'S TIN 3	Taxable amount not determined	Total distribution	Copy A For Internal Revenue
	in box 2a)	withheld	Service Center
\$		\$	File with Form 1096.
NT'S name 5	Employee contributions/ Designated Roth contributions or insurance premiums	<ul> <li>6 Net unrealized appreciation in employer's securities</li> </ul>	For Privacy Act and Paperwork Reduction Act Notice, see the
ddress (including apt. no.) 7	Distribution IRA/ code(s) SEP/ SIMPLE	8 Other \$%%	2019 General Instructions for Certain Information
own, state or province, country, and ZIP or foreign postal code 9a	Your percentage of total distribution %	9b Total employee contributions \$	Returns.
bunt allocable to IRR in 5 years	State tax withheld	13 State/Payer's state no.	14 State distribution
number (see instructions) Date of 15 payment \$	Local tax withheld	16 Name of locality	<ul> <li>Description</li> <li>Description</li> <li>Description</li> </ul>
<b>99-R</b> Cat. No. 14436Q www.irs.gov/Form <sup>-1</sup>	10998	Department of the Treasury	J

ascensus®



Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	Pe	IB No. 1545-0119 20 <b>19</b> orm <b>1099-R</b>	G C		Gross distribut	1 \$ 2a \$	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A For	on 🗌	Total distributio			Taxable amound not determined	2b			
Internal Revenue Service Center	tax	Federal income withheld	4	icluded	Capital gain (in in box 2a)	3	I	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096.			\$			\$			
For Privacy Act and Paperwork Reduction Act Notice, see the	1 I	Net unrealized appreciation in employer's sec	6 \$	:h r	Employee contr Designated Rot contributions of insurance prem	5 \$			RECIPIENT'S name
2019 General Instructions for Certain	%	Other	8 \$	IRA/ SEP/ SIMPLE	Distribution code(s)	7		.)	Street address (including apt. nc
ns Information Returns.	ntributions	Total employee con		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, con
<ul> <li>o. 14 State distribution</li> <li>\$</li> </ul>	tate no.	State/Payer's s	13	eld	State tax withhe	12 \$ \$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	0 Amount allocable to IRR within 5 years
17 Local distribution	ty	Name of localit	16	əld	Local tax withhe	⊕ 15 \$ ¢	Date of payment		Account number (see instructions)
ry - Internal Revenue Servic				+ 0+			www.irs.gov/F	o Formo on	m 1099-R Cat. No. 14436Q D Not Cut or Separat





Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	P	1B No. 1545-0119 20 <b>19</b> orm <b>1099-R</b>	G C			1 \$ 2a \$	or province,		YER'S name, street address, untry, ZIP or foreign postal co
Copy A For		Total distributic		1 🗌	Taxable amour not determined	2b			
Internal Revenue Service Center	e tax	Federal income withheld	4	icluded	Capital gain (in in box 2a)	3	1	RECIPIENT'S TIN	YER'S TIN
File with Form 1096			\$			\$			
For Privacy Act and Paperwork Reduction Act Notice, see the	in	Net unrealized appreciation ir employer's see	6 \$	:h r	Employee contri Designated Rot contributions or insurance prem	5 \$			CIPIENT'S name
2019 General Instructions for Certain	%	Other	* 8 \$	IRA/ SEP/ SIMPLE	Distribution code(s)	7		).)	eet address (including apt. no
s Information Returns	ontributions	Total employee cor		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	y or town, state or province, co
. 14 State distribution \$ \$	state no.	State/Payer's s	13	eld	State tax withhe	12 \$ \$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	Amount allocable to IRR within 5 years
17 Local distribution \$ \$	lity	Name of locali	16	əld	Local tax withhe	15 \$ \$	Date of payment		count number (see instructions)
<u>ιΨ</u> ν - Internal Revenue Service	Treasury	opartment of the			10000	iΨ form1	www.irs.gov/f		<b>1099-R</b> Cat. No. 14436Q



PAYER'S name, street address, c country, ZIP or foreign postal cod		or province,	1 <u>\$</u> 2a \$	Gross distribution	6	IB No. 1545-0119	P	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2b	Taxable amount not determined		Total distributio		Copy A For
PAYER'S TIN	RECIPIENT'S TIN		3	Capital gain (included in box 2a)	4	Federal income withheld	tax	Internal Revenue Service Center
			\$		\$			File with Form 1096.
RECIPIENT'S name			5 \$	Employee contributions/ Designated Roth contributions or insurance premiums	6 \$	Net unrealized appreciation in employer's sec		For Privacy Act and Paperwork Reduction Act Notice, see the
Street address (including apt. no.)	)		7	Distribution code(s)		Other	%	2019 General Instructions for Certain
City or town, state or province, cou	ntry, and ZIP or for	eign postal code	9a		9b \$	Total employee con	tributions	Information Returns.
10 Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement	12 \$ \$	State tax withheld	13	State/Payer's s	tate no.	14 State distribution \$
Account number (see instructions)		Date of payment	φ 15 \$ ¢	Local tax withheld	16	Name of localit	у	Local distribution

ascensus®





#### Distribution Codes – Roth IRAs

ascensus®

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	>> <b>4 • •</b>	G G		Gross distribut	1 \$ 2a \$	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A	Total distribution			Taxable amour not determined	2b			
Internal Revenue Service Center	Federal income tax withheld	4	ncluded	Capital gain (in in box 2a)	3	1	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096.		\$			\$			
ities For Privacy Act and Paperwork Reduction Act Notice, see the	Net unrealized appreciation in employer's securities	6 \$	th r	Employee contr Designated Rot contributions of insurance prem	5 \$			RECIPIENT'S name
2019 General Instructions for Certain % Information			IRA/ SEP/ SIMPLE	Distribution code(s)	7		).)	Street address (including apt. no
utions Returns.	Total employee contributions	9b \$		Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, cou
e no. 14 State distribution \$	State/Payer's state no.	13	eld	State tax withhe	\$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
5     17 Local distribution     \$	Name of locality	16	eld	Local tax withhe	\$ 15 \$	Date of payment		Account number (see instructions)
\$					\$			



#### Distribution Codes – Roth IRAs

ascensus

		\$			YER'S name, street address, untry, ZIP or foreign postal co
2b  Taxable amount  Total    not determined  distribution		2			
N 3 Capital gain (included in box 2a) 4 Federal income tax withheld Service C			J	RECIPIENT'S TIN	YER'S TIN
\$ File with Form		\$			
5 Employee contributions/ Designated Roth contributions or insurance premiums \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Desi	\$			CIPIENT'S name
7 Distribution IRA/ code(s) SEP/ SIMPLE € 02 C		ſ		.) ).)	eet address (including apt. no
reign postal code 9a Your percentage of total 9b Total employee contributions distribution %		ode 9	reign postal cod	untry, and ZIP or for	y or town, state or province, co
FATCA filing requirement \$ 12 State tax withheld \$ 13 State/Payer's state no. \$ 4 State distri	2 State			<b>11</b> 1st year of desig. Roth contrib.	Amount allocable to IRR within 5 years
Date of 15 Local tax withheld 16 Name of locality 17 Local distri	iloca	\$	Date of		count number (see instructions)
payment \$	LOOD				
\$		\$			



21

#### Distribution Codes – Roth IRAs

ascensus®

PAYER'S name, street address, country, ZIP or foreign postal co		or province,	1 \$ 2a \$	Gross distribution		1B No. 1545-0119 20 <b>19</b> orm <b>1099-R</b>	P	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2b	Taxable amount not determined		Total distributio		Copy A For
PAYER'S TIN	RECIPIENT'S TIN		3	Capital gain (included in box 2a)	4	Federal income withheld	tax	Internal Revenue Service Center
			\$		\$			File with Form 1096
RECIPIENT'S name			5 \$	Employee contributions Designated Roth contributions or insurance premiums	6 \$	Net unrealized appreciation in employer's sec		For Privacy Ac and Paperwork Reduction Ac Notice, see the
Street address (including apt. no	).)		7	Distribution IRA/ code(s) SIMPLI	8 \$	Other	%	2019 Genera Instructions fo Certair Informatior
City or town, state or province, cou	untry, and ZIP or for	eign postal code	9a		9b 5	Total employee con	tributions	Returns
10 Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement	12 \$ \$	State tax withheld	13	State/Payer's s	tate no.	14 State distribution \$\$
Account number (see instructions)		Date of payment	ար 15 \$ ¢	Local tax withheld	16	Name of localit	ty	φ 17 Local distributior \$ \$
rm <b>1099-R</b> Cat. No. 144360		www.irs.gov/F	\$					<b> ⊅</b> ∙ Internal Revenue Servic



22

#### Distribution Codes – Excess Contributions

Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.	P	18 No. 1545-0119	G C		Gross distributi Taxable amour	1 \$ 2a \$	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A For	on 🗌	Total distributio			Taxable amour not determined	2b			
Internal Revenue Service Center	tax	Federal income withheld	4	cluded	Capital gain (in in box 2a)	3	I	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096.			\$			\$			
For Privacy Ac and Paperwork Reduction Ac Notice, see the	ı	Net unrealized appreciation in employer's sec	6 \$	h	Employee contri Designated Roti contributions or insurance premi	5 \$			RECIPIENT'S name
2019 Genera Instructions for Certair Informatior	%	Other	8 \$	IRA/ SEP/ SIMPLE	Distribution code(s)	7		).)	Street address (including apt. nc
Returns	tributions	Total employee con		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, con
14 State distribution \$	tate no.	State/Payer's s	13	eld	State tax withhe	\$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	0 Amount allocable to IRR within 5 years
\$ 17 Local distribution \$	ty	Name of localit	16	əld	Local tax withhe	\$ 15 \$	Date of payment		Account number (see instructions)
\$						\$			rm <b>1099-R</b> Cat. No. 14436Q





#### Distribution Codes – Excess Contributions

AYER'S name, street address, city or town ountry, ZIP or foreign postal code, and pho		1 \$ 2a \$	Gross distribution	C	MB No. 1545-0119 20 <b>19</b> Form <b>1099-R</b>	P	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b	not determined	]	Total distributio		Copy A For
PAYER'S TIN RECIPIEN	'S TIN	3	Capital gain (include in box 2a)	ed	4 Federal income withheld	tax	Internal Revenue Service Center
		\$		\$			File with Form 1096
RECIPIENT'S name		5 \$	Employee contributio Designated Roth contributions or insurance premiums	ins/	6 Net unrealized appreciation ir employer's see		For Privacy Ac and Paperwork Reduction Ac Notice, see the
Street address (including apt. no.)		7	Distribution IR/ code(s) SEI SIMF	P/	8 Other	%	2019 Genera Instructions fo Certain Information
City or town, state or province, country, and ZI	or foreign postal code	9a	Your percentage of tot distribution	al 9 %\$	b Total employee cor	tributions	Returns
0 Amount allocable to IRR within 5 years desig. Roth		12 \$ \$	State tax withheld	1	3 State/Payer's s	tate no.	14 State distribution \$\$
Account number (see instructions)	Date of payment	φ 15 \$ ¢	Local tax withheld	1	6 Name of locali	ty	<ul> <li><b>17</b> Local distribution</li> <li>\$</li> </ul>
rm <b>1099-R</b> Cat. No. 14436Q	www.irs.gov/F	-			Description	r	I⊅ ∙ Internal Revenue Servic





#### **Distribution Codes – Recharacterizations**

postal code, and phone no. \$ 2a Taxable amount Pension Pension Pension R Profit-Sh IRA	outions From ls, Annuities letirement of haring Plans ls, Insurance ontracts, etc
2b   Taxable amount   Total     not determined   distribution	Copy A Fo
	nal Revenue rvice Center
\$ File wi	ith Form 1096
contributions or employer's securities an insurance premiums	or Privacy Act nd Paperwork Reduction Act otice, see the
ing apt. no.) 7 Distribution IRA 8 Other 2	2019 Genera structions for Certair
ovince, country, and ZIP or foreign postal code 9a Your percentage of total 9b Total employee contributions distribution % \$	Informatior Returns
D IRR 11 1st year of desig. Roth contrib. FATCA filing requirement for the state tax withheld t	ate distribution
structions) Date of payment Subscription of the structure	cal distribution
\$	





#### **Distribution Codes – Recharacterizations**

Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.	P	18 No. 1545-0119 20 <b>19</b> orm <b>1099-R</b>	G C			1 \$ 2a \$	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Copy A For	n	Total distributio		···	Taxable amoun not determined	2b			
Internal Revenue Service Center	tax	Federal income withheld	4	cluded	Capital gain (ind in box 2a)	3	I	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096.			\$			\$			
For Privacy Act and Paperwork Reduction Act Notice, see the		Net unrealized appreciation in employer's sec	6 \$	h	Employee contri Designated Rotl contributions or insurance premi	5 \$			RECIPIENT'S name
2019 General Instructions for Certain	%	Other	8 \$	IRA/ SEP/ SIMPLE	Distribution code(s)	7		).)	Street address (including apt. no
Information Returns.	tributions	Total employee con		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, co
14 State distribution	tate no.	State/Payer's s	13	eld	State tax withhe	\$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
\$ 17 Local distribution \$	y	Name of localit	16	əld	Local tax withhe	\$ 15 \$	Date of payment		Account number (see instructions)
\$						\$			



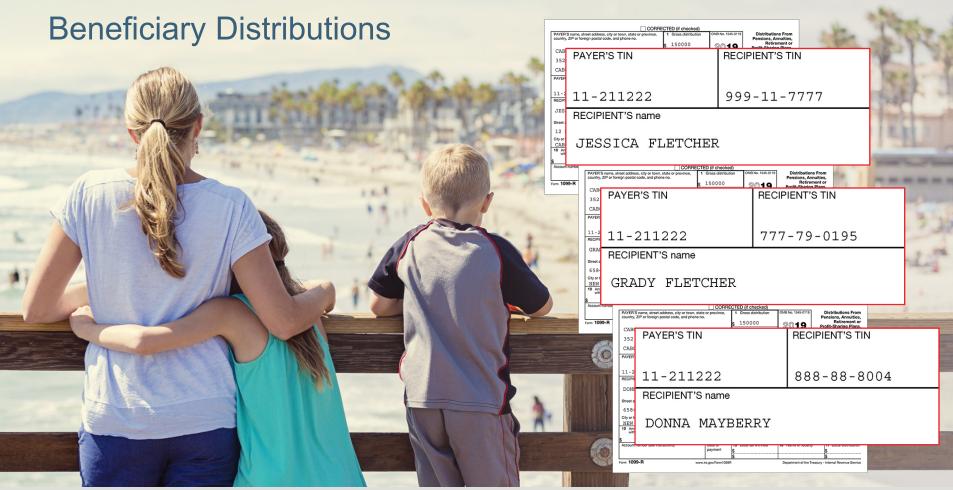


#### Distribution Codes – Other

AYER'S name, street address, city or town, state or province, suntry, ZIP or foreign postal code, and phone no.	1 \$ 2a \$	Gross distribution		1B No. 1545-0119 20 <b>19</b> orm <b>1099-R</b>	P	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b	not determined		Total distributio	n 🗌	Copy A For
AYER'S TIN RECIPIENT'S TIN	3	Capital gain (included in box 2a)	4	Federal income withheld	tax	Internal Revenue Service Center
	\$		\$			File with Form 1096.
ECIPIENT'S name	5 \$	Employee contributions Designated Roth contributions or insurance premiums	/ 6 \$	Net unrealized appreciation in employer's sec		For Privacy Act and Paperwork Reduction Act Notice, see the
reet address (including apt. no.)	7	Distribution IRA/ code(s) SIMPLE		Other	%	2019 General Instructions for Certain
ty or town, state or province, country, and ZIP or foreign postal code	9a	1 0	9b 6\$	Total employee con	tributions	Returns.
Amount allocable to IRR within 5 years     In 1st year of desig. Roth contrib.	12 \$ \$	State tax withheld	13	State/Payer's s	tate no.	14 State distribution \$\$
ccount number (see instructions) Date of payment	15 \$ \$	Local tax withheld	16	Name of localit	у	17 Local distribution \$\$
n <b>1099-R</b> Cat. No. 14436Q www.irs.gov/l	-orm	1099R		Department of the T	reasury -	Internal Revenue Service







#### ascensus®

PAYER'S name, street address, country, ZIP or foreign postal co		or province,	1 ¢	Gross distribution		B No. 1545-0119		Distributions Fro ensions, Annuitie Retirement
CABOT COVE BANK			2а	Taxable amount	Č	2019	Pr	ofit-Sharing Plar IRAs, Insuran
352 SHORELINE A	VENUE		\$	150000	Fo	orm 1099-R		Contracts, e
CABOT COVE, ME	04046		2b	Taxable amount not determined		Total distributio	n 🗌	Copy Report th
PAYER'S TIN	RECIPIENT'S TIN	l	3	Capital gain (included in box 2a)	4	Federal income withheld	tax	income on yo federal t return. If th
11-211222 RECIPIENT'S name	44-433444	4	\$	Employee contributions/	Þ	15000 Net unrealized		form show federal incor tax withheld
THE SETH HAZ	ZLITT LIV	VING TR	US	T; JESSICA	F	LETCHER	ε, Т	RUSTEE d
	ZLITT LIV	/ING TR	US		F	LETCHER	R, Τ.	RUSTEE d
NEW YORK CITY, I		FATCA filing requirement			\$	LETCHER State/Payer's st	ć	RUSTEE d
NEW YORK CITY, I	NY 10001 <b>11</b> 1st year of	FATCA filing		distribution %	\$		ć	RUSTEE
NEW YORK CITY, I 10 Amount allocable to IRR	NY 10001 11 1st year of desig. Roth contrib.	FATCA filing	12 \$ \$	distribution %	\$ 13		tate no.	RUSTEE



#### **FMV Statement**





December 31 balance of prior year

Due by January 31



May include accrued earnings



Any written format



statement is required



#### **RMD Statement**



Informs IRA owner that RMD is due for year Due by January 31 States that IRS will be notified of certain information



#### **RMD Statement**

<b>Alternative 1</b>
----------------------

#### Alternative 2

Inform IRA owner that RMD required

Communicate deadline to distribute RMD

Communicate that IRS will be notified IRA owner is required to receive RMD

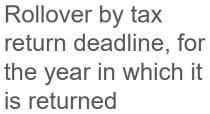
Provide RMD amount Offer to calculate RMD amount upon request

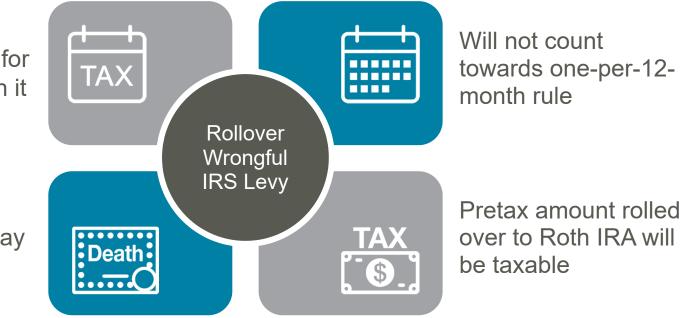


### IRS Form 5498

Generate for all co	2828 TRUSTEE'S or ISSUER'S name, street province, country, and ZIP or foreign pr ntribution type	address, city or town, state or ostal code	RECTED  I IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)  \$ 2 Rollover contributions \$ 3 Roth IRA conversion amount	OMB No. 1545-0747 20 <b>19</b> Form <b>5498</b> 4 Recharacterized contributions	IRA Contribution Information
and FMV		NT'S TIN	\$ 5 FMV of account	S     G Life insurance cost included     box 1	For
	PARTICIPANT'S name Street address (including apt. no.)		\$       7     IRA     SEP       8     SEP contributions       \$       10     Roth IRA contributions       \$	\$       SIMPLE     Roth IRA       9     SIMPLE contributions       \$       11     Check if RMD for 2020	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the
File to IRS May 31		oreign postal code	12a RMD date 13a Postponed/late contrib. \$ 14a Repayments	12b RMD amount       \$       13b Year     13c Code       14b Code	2019 General Instructions for Certain Information Returns.
	Account number (see instructions) Form <b>5498</b> Cat. <b>Do Not Cut or Separa</b>	No. 50010C te Forms on This Pa	\$ 15a FMV of certain specified assets \$ www.irs.gov/Form5498 age — Do Not Cut c		y - Internal Revenue Service s on This Page







Nonspouse beneficiaries may roll over to inherited IRAs



IRA Contribution Information	<b>19</b> <sup>5498</sup>	OMB No. 15	1       IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)         \$       2         2       Rollover contributions         \$		RUSTEE'S or ISSUER'S name, stre rovince, country, and ZIP or foreign
Сору А		4 Recharad contribut	3 Roth IRA conversion amount		
For din Internal Revenue Service Center	urance cost included in	<ul> <li><b>6</b> Life insura box 1</li> </ul>	\$ 5 FMV of account	PARTICIPANT'S TIN	RUSTEE'S or ISSUER'S TIN
File with Form 1096		\$	\$		
For Privacy Ac and Paperwork	Roth IRA     E contributions	\$	7 IRA SEP 8 SEP contributions \$ 10 Roth IRA contributions	RTICIPANT'S name eet address (including apt. no.)	
Reduction Ac Notice, see the <b>2019 Genera</b>		12b RMD am	\$ 12a RMD date		
Instructions fo Certair Informatior	13c Code	\$ 13b Year 13	<b>13a</b> Postponed/late contrib.	try, and ZIP or toreign postal code	Sity or town, state or province, coun
Returns		14b Code	14a Repayments		
	5)	15b Code(s)	15a FMV of certain specified assets \$		account number (see instructions)
y - Internal Revenue Service			www.irs.gov/Form5498	at. No. 50010C	rm <b>5498</b>

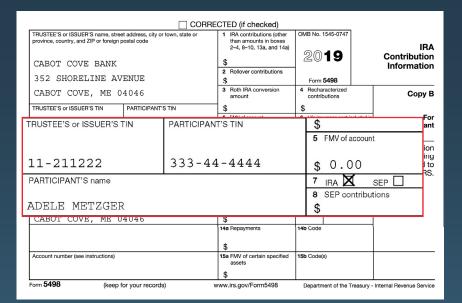


province, country, and ZIP or foreign pa CABOT COVE BANK	E'S or ISSUER'S name, street address, city or town, state or country, and ZIP or foreign postal code OT COVE BANK SHORELINE AVENUE OT COVE, ME 04046			20 Form	1545-0747 <b>19</b> 5498 racterized	IRA Contribution Information
CABOT COVE, ME 04	4046	STIN	3 Roth IRA conversion amount		outions	Сору В
I TRUSTEE'S or ISSUER'S T	ĨN	PARTICIPAN	T'S TIN	\$	FMV of accou	intion
11-211222	11222 333-4			\$	85950	).00 ing ito
PARTICIPANT'S name ADELE METZGER				7 8 \$	IRA 🗙 SEP contrib	SEP
CABOT COVE, ME 04	4046		\$ 14a Repayments \$	14b Code		
Account number (see instructions)	Account number (see instructions)			15b Code	s)	

# Method 1

TRUSTECS or ISSUER'S name, stra province, country, and ZIP or foreign CABOT COVE BANK 352 SHORELINE A CABOT COVE, ME ( TRUSTECS or ISSUER'S TIN	postal code	·	IRA contributions (other than amounts in boxes 2-4, 6-10, 13a, and 14a)     S     Rollover contributions     Anth IRA conversion amount     S	20 Form 4 Recha	1545-0747 19 5498 aracterized butions	Contribu Informa	
USTEE'S or ISSUER'S TIN PARTIC			лт's тіл <b>\$</b>				or nt
				5	FMV of acco	ount	
11-211222	11-211222 222-1			9	8650	0.00	ig to
PARTICIPANT'S name				7	ira 🗙	SEP	— S.
MORT METZGER AS	BENEFI	CIARY OF	ADELE METZGEN	R (		ibutions	
CABOT COVE, ME (	04046		\$				
			14a Repayments	14b Code			
Account number (see instructions)			<ul> <li>Φ</li> <li>15a FMV of certain specified assets</li> </ul>	15b Code	(s)		
			\$				





# Method 2

TRUSTEE'S or ISSUER'S name, stree province, country, and ZIP or foreign p CABOT COVE BANK 352 SHORELINE AV CABOT COVE, ME 0 TRUSTEE'S or ISSUER'S TN	ENUE		IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)     S     Rollover contributions     S     Roth IRA conversion amount     S	20 Form 4 Rech	1545-0747 19 5498 aracterized ibutions		IRA ormation Copy B	
TRUSTEE'S or ISSUER'S	TIN	PARTICIPAN	1-2222	5	FMV of acc	count	0.00 to SEP	
PARTICIPANT'S name MORT METZGER AS		CIARY OF		7 8 R	SEP cont			
CABOT COVE, ME 0	4046		\$ 14a Repayments \$	14b Code	,			
Account number (see instructions)			15a FMV of certain specified assets	15b Code	:(S)			



#### Account Statement

		8285		ECTED			
		TRUSTEE'S or ISSUER'S name, stre province, country, and ZIP or foreign		<ol> <li>IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)</li> </ol>	OMB No. 1		IRA
P-39	No contributions =			\$ 2 Rollover contributions	20	19	Contribution Information
	(if FMV statement w	as provided)		\$	Form		
				3 Roth IRA conversion amount	4 Rechar contrib		Сору А
		TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	\$	\$		For
				5 FMV of account	6 Life insu box 1	rance cost included in	Internal Revenue Service Center
$\frown$				\$	\$		File with Form 1096.
		L DADTICIDANTIC come		7     IRA     SEP       8     SEP contributions	SIMPLE 9 SIMPLI	Roth IRA	
	File to IRA owner by	v May 31		\$	\$		For Privacy Act and Paperwork
		y May Or		10 Roth IRA contributions	11 Check	if RMD for 2020	Reduction Act
				12a RMD date	12b RMD a	mount	Notice, see the 2019 General
		City or town, state or province, count	ry, and ZIP or foreign postal code	<b>13a</b> Postponed/late contrib.	5 13b Year	13c Code	Instructions for Certain
				\$			Information
$\sim$				14a Repayments	14b Code		Returns.
	0			\$			
	Can use Form 5498	or substitute	•	15a FMV of certain specified assets	15b Code(s	6)	
	form			\$			
		Do Not Cut or Separa	boloc	www.irs.gov/Form5498		-	Internal Revenue Service
		Do Not Cut or Separa	ate rorms on this Pa	ige - Do Not Cut t	л зера	rate Porms	on this Page



IR/ Contributior Informatior	19	OMB No. 14	1       IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)         \$         2       Rollover contributions         \$		RUSTEE'S or ISSUER'S name, str rovince, country, and ZIP or foreigr
Сору Е		4 Rechara contribu	3 Roth IRA conversion amount		
Fo Participan	urance cost included in	<ul> <li>\$</li> <li>6 Life insurbox 1</li> <li>\$</li> </ul>	S     FMV of account     S	PARTICIPANT'S TIN	RUSTEE'S or ISSUER'S TIN
This information is being furnished to	Roth IRA	SIMPLE 9 SIMPLE \$	7 IRA SEP 8 SEP contributions \$		PARTICIPANT'S name
the IRS	ed, required minimum ion for 2020	distributio	10 Roth IRA contributions \$		Street address (including apt. no.)
	amount	12b RMD ar	12a RMD date	rv, and ZIP or foreign postal code	City or town, state or province, cour
	13c Code	*	<b>13a</b> Postponed/late contrib.	, and zhi er leisign poolai oodo	
		14b Code	14a Repayments		
	6)	15b Code(s)	15a FMV of certain specified assets \$		Account number (see instructions)



#### IRA Reporting Exercise

 In January 2019, Sam Booth, age 58, withdrew \$4,400 from his Traditional IRA to pay his daughter's higher education expenses. He waived withholding and the distribution closed his IRA.





	or province,	\$	4400		2019	Pe	Distributions From ensions, Annuities Retirement of ofit-Sharing Plans IRAs, Insurance Contracts, etc
RECIPIENT'S TIN		2b 3		4	Federal income		Copy A Fo Internal Revenue
		\$	in box 2a)	\$	Withheid		Service Cente
		5 \$	Employee contributions Designated Roth contributions or insurance premiums	6 \$			For Privacy Ao and Paperwor Reduction Ao Notice, see th
.)		7	Distribution code(s) 1	-	Other	%	2019 Genera Instructions fo Certai Informatio
untry, and ZIP or for	eign postal code	9a			Total employee con	tributions	Returns
<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement	\$	State tax withheld	13	State/Payer's st	tate no.	14 State distribution \$ ◆
	Date of payment	\$ 15 \$	Local tax withheld	16	Name of localit	:у 	<ul> <li><b>17</b> Local distribution</li> <li><b>5</b></li> </ul>
	de, and phone no. RECIPIENT'S TIN .) untry, and ZIP or for desig. Roth contrib.	city or town, state or province, de, and phone no.	city or town, state or province,       1         de, and phone no.       \$         2a       \$         2a       \$         2b       \$         RECIPIENT'S TIN       3         S       \$         5       \$         .)       7         untry, and ZIP or foreign postal code       9a         11       1st year of desig. Roth contrib.       FATCA filing requirement         S       \$         Date of       15	city or town, state or province, de, and phone no.       1       Gross distribution         4400       2a       Taxable amount         4400       2a       Taxable amount         9       4400       2b         1       Gross distribution       4400         2a       Taxable amount       5         1       Gross distribution       1         3       Capital gain (included in box 2a)       1         1       S       5       Employee contributions or insurance premiums         5       5       Employee contributions or insurance premiums         5       5       Distribution code(s)       IRAV SEP/ SIMPLE         1       1st year of desig. Roth contrib.       FATCA filing requirement       12       State tax withheld         1       1st year of desig. Roth contrib.       FATCA filing requirement       12       State tax withheld         5       Date of       15       Local tax withheld       15	de, and phone no. 4400 2a Taxable amount 4400 2a Taxable amount at 4400 2b Taxable amount not determined 3 Capital gain (included in box 2a) 5 Employee contributions/ 6 5 Employee contributions/ 5 Employee contributions/ 6 5 Employee contributions/ 6 6 7 Distribution 5 SF/ 5 SF	city or town, state or province, de, and phone no.       1       Gross distribution       OMB No. 1545-0119         20       19     <	city or town, state or province, de, and phone no.       1       Gross distribution       OMB No. 1545-0119       Province, 4400         2a       Taxable amount       2019       Province, 4400       Form 1099-R         2b       Taxable amount       Total       distribution X         8       Capital gain (included in box 2a)       Federal income tax withheld       S         8       5       Employee contributions or insurance premiums       6       Net unrealized appreciation in employer's securities         9.)       7       Distribution code(s)       SEF/SIMPLE       8       Other         9.       11       1st year of desig. Roth contrib.       FATCA filing desig. Roth contrib.       12       State tax withheld       13       State/Payer's state no.         9       Date of       15       Local tax withheld       16       Name of locality



ascensus

2. Eve Simpson (SSN 111-11-2221) died in July 2018. Her friends, Ethan Craig (SSN 456-78-9123) and Loretta Speigel (SSN 234-56-9876) each inherited half of her Traditional IRA. In 2019, Ethan and Loretta both take lump-sum distributions of their shares (\$14,250). They both choose 10% withholding. The fair market value of the Traditional IRA on December 31, 2018, is \$28,000. The fair market value of the Traditional IRA on December 31, 2019, is \$0.

*In this scenario, use method 2 when completing Form 5498 year-of-death reporting.* 



IRA Contribution Information	<b>18</b> 5498	OMB No. 1	1       IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)         \$       2         2       Rollover contributions         \$       3         3       Roth IRA conversion	et address, city or town, state or postal code	E'S or ISSUER'S name, stre , country, and ZIP or foreign
Copy A For	outions	contrib	amount \$	PARTICIPANT'S TIN	E'S or ISSUER'S TIN
	urance cost included in	*	5 FMV of account		
File with Form 1096		\$	\$ <mark>0</mark>	111-11-2221	
For Privacy Ac and Paperwork Reduction Ac Notice, see the <b>2018 Genera</b> Instructions for	Roth IRA     E contributions  if RMD for 2019  amount	\$	7 IRA SEP . 8 SEP contributions \$ 10 Roth IRA contributions \$ 12a RMD date	ry, and ZIP or foreign postal code	IPANT'S name SIMPSON ddress (including apt. no.) own, state or province, count
_ Instructions for Certair _ Informatior Returns	13c Code	13b Year 14b Code	13a Postponed/late contrib.         \$         14a Repayments		
	s)	15b Code(s	\$ 15a FMV of certain specified assets \$		t number (see instructions)

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page



or foreign postal code	<ol> <li>IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)</li> <li>Rollover contributions</li> <li>Rollover contributions</li> <li>Roth IRA conversion</li> </ol>	OMB No. 1545-0747 20 <b>18</b> Form <b>5498</b> 4 Recharacterized		IRA Contribution Information
	amount	contrib	outions	Сору А
	\$ 5 FMV of account	<ul> <li>6 Life insibox 1</li> </ul>	urance cost include	d in Internal Revenue Service Center
456-78-9123	<b>\$14000</b>	\$		File with Form 1096
IG AS BENEFICIARY	B SEP contributions	\$	Roth IRA E contributions	For Privacy Act and Paperwork Reduction Act
ce, country, and ZIP or foreign postal code	2a RMD date	12b RMD a	amount	<ul> <li>Notice, see the</li> <li>2018 Genera</li> <li>Instructions for</li> </ul>
	<b>3a</b> Postponed/late contrib.	13b Year	13c Code	Certain
	<b>4a</b> Repayments	14b Code		Returns
	5a FMV of certain specified assets	15b Code(	5)	

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page



TRUSTEE'S or ISSUER'S name, street address, province, country, and ZIP or foreign postal code	ity or town, state or	IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)     S     Rollover contributions     S     Both IRA conversion	20 Form	1545-0747 ) <b>18</b> 5498 aracterized		IRA Contribution Information
TRUSTEE'S or ISSUER'S TIN PARTICIF	ANT'S TIN	amount		butions		Copy A For
		5 FMV of account		surance cost in	cluded in	Internal Revenue Service Center
234	-56-9876	<b>\$14000</b>	\$			File with Form 1096
PARTICIPANT'S name LORETTA SPEIGEL A: BENEFICIARY OF EVI Street address (including apt. no.)	E SIMPSON	7 IRA SEP	\$	Roth IR LE contribution	ons	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2018 General</b>
		13a Postponed/late contrib. \$ 14a Repayments	13b Year 14b Code	13c Code		Instructions for Certain Information Returns
		\$	AFh On the	(-)		
Account number (see instructions)		15a FMV of certain specified assets	15b Code	(S)		

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page



PAYER'S name, street address country, ZIP or foreign postal c		or province,	1	Gross distribut	tion	ОМ	B No. 1545-0119		Distributions From ensions, Annuities
country, zir or loreign postare	ode, and priorie no.		\$	14250		6	2019		Retirement o
			2a	Taxable amou	nt	2	2013	Pr	ofit-Sharing Plans IRAs, Insuranc
			\$	14250		F	orm <b>1099-R</b>		Contracts, etc
			2b	Taxable amou not determined			Total distributio	n 🗙	Copy / Fo
PAYER'S TIN	RECIPIENT'S TIM	1	3	Capital gain (ir in box 2a)	ncluded	4	Federal income withheld	tax	Internal Revenu Service Cente
	456-78-	-9123	\$			\$	1425		File with Form 109
RECIPIENT'S name ETHAN CRAIG			5 \$	Employee contri Designated Rot contributions o insurance prem	th r	6 \$	Net unrealized appreciation in employer's sec		For Privacy A and Paperwo Reduction A Notice, see th
Street address (including apt. r	ю.)		7	Distribution code(s) <b>4</b>	IRA/ SEP/ SIMPLE	8 \$	Other	%	2019 Gener Instructions f Certa
City or town, state or province, c	ountry, and ZIP or for	reign postal code	9a	Your percentage distribution	e of total %		Total employee con	tributions	Informatio Return
10 Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement	12 \$	State tax withhe	eld	13	State/Payer's s	ate no.	14 State distributic \$
\$			\$						\$
Account number (see instructions	3)	Date of payment	15 \$	Local tax withh	eld	16	Name of localit	у	17 Local distributio
			\$						\$



PAYER'S name, street address			1	Gross distributi	on	ОМ	B No. 1545-0119		Distributions Fron
country, ZIP or foreign postal c	ode, and phone no.			<b>14250</b> Taxable amoun	+	G G	2019		ensions, Annuities Retirement o ofit-Sharing Plans
				1 <b>4250</b>		Fo	orm <b>1099-R</b>		IRAs, Insuranc Contracts, etc
			2b	Taxable amoun not determined			Total distributio	n 🗙	Сору /
PAYER'S TIN	RECIPIENT'S TIN	1	3	Capital gain (ind in box 2a)	cluded	4	Federal income withheld	tax	Internal Revenu Service Cente
	234-56-	-9876	\$			\$	L425		File with Form 109
RECIPIENT'S name LORETTA SPEIG	EL		5 \$	Employee contril Designated Roth contributions or insurance premi	n	6 \$	Net unrealized appreciation in employer's sec		For Privacy Ao and Paperwor Reduction Ao Notice, see th
Street address (including apt. r	ю.)		7	code(s)	IRA/ SEP/ SIMPLE	8 \$	Other	%	2019 Genera Instructions fo Certai
City or town, state or province, c	ountry, and ZIP or for	reign postal code	9a	Your percentage distribution	of total %		Total employee con	tributions	Informatio Returns
10 Amount allocable to IRR within 5 years	<b>11</b> 1st year of desig. Roth contrib.	FATCA filing requirement	12 \$	State tax withhe	ld	13	State/Payer's st	tate no.	14 State distribution \$
\$			\$						\$
Account number (see instructions	3)	Date of payment	15 \$	Local tax withhe	ld	16	Name of localit	у 	<ul><li>17 Local distributio</li><li>\$</li></ul>
			\$						\$



3. On April 12, 2020, Harry McGraw, age 54, makes a \$7,000 regular contribution to his Traditional IRA for 2019. As of December 31, 2019, the fair market value of his IRA is \$71,540.





<ul> <li>1 IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)</li> <li>\$ 7000</li> <li>2 Rollover contributions</li> </ul>	OMB No. 1545-0747	IRA Contributior Informatior
3 Roth IRA conversion amount	4 Recharacterized contributions	Сору А
\$ 5 FMV of account	<ul> <li>\$</li> <li>6 Life insurance cost included i box 1</li> </ul>	For Internal Revenue Service Center
\$715 <b>4</b> 0	\$	File with Form 1096
8 SEP contributions \$ 10 Roth IRA contributions \$ 12a RMD date	SIMPLE contributions     Simple contribut	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General</b> Instructions for
\$ 14a Repayments	13b Year 13c Code	Certain Information Returns.
• • • • • • • • • • • • • • • • • • •	15b Code(s)	
	than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ 7000 2 Rollover contributions \$ 3 Roth IRA conversion amount \$ 5 FMV of account \$ 71540 7 IRA X SEP 8 SEP contributions \$ 10 Roth IRA contributions \$ 12a RMD date 13a Postponed/late contrib. \$ 14a Repayments \$ 15a FMV of certain specified assets	than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ 7000 2 Rollover contributions \$ Form 5498 3 Roth IRA conversion amount \$ 5 FMV of account \$ 71.540 7 IRA SEP SIMPLE Roth IRA 8 SEP contributions \$ 10 Roth IRA contributions \$ 10 Roth IRA contributions \$ 11 Check if RMD for 2020 \$ 12a RMD date 12b RMD amount \$ 13a Postponed/late contrib. \$ 13a Postponed/late contrib. \$ 13a FMV of certain specified assets 15b Code(s)



4. In October 2019, Jessica Fletcher, age 62, rolled over \$22,000 from her Traditional IRA at Beantown Trust Company to her Traditional IRA at Cabot Cove Bank within the 60-day restriction period. This transaction closed her IRA at Beantown Trust Company. She waived withholding in anticipation of performing the rollover. As of December 31, 2019, the fair market value of her IRA at Cabot Cove Bank is \$31,800.





Distributions From Insions, Annuities		IB No. 1545-0119	ОМ	ion		1	or province,		PAYER'S name, street address, country, ZIP or foreign postal co
Retirement o ofit-Sharing Plans IRAs, Insurance	Pr	2019	G G	nt	22000 Taxable amour	\$ 2a		COMPANY	BEANTOWN TRUST
Contracts, etc		orm <b>1099-R</b>	Fo		22000	\$			
Copy / Fo	n 🔀	Total distributio			Taxable amour not determined	2b			
Internal Revenue Service Cente	tax	Federal income withheld	4	luded	Capital gain (in in box 2a)	3	1	RECIPIENT'S TIN	PAYER'S TIN
File with Form 1096			\$			\$			
For Privacy Ac and Paperwor Reduction Ac Notice, see th		Net unrealized appreciation in employer's sec	6 \$	th r	Employee contri Designated Rot contributions or insurance prem	5 \$		IER	RECIPIENT'S name JESSICA FLETCH
2019 Genera Instructions fo Certai Informatio	%	Other	₽ 8 \$	IRA/ SEP/ SIMPLE	Distribution code(s) <b>7</b>	7		).)	Street address (including apt. no
Returns	tributions	Total employee con		of total %	Your percentage distribution	9a	eign postal code	untry, and ZIP or for	City or town, state or province, con
14 State distribution	tate no.	State/Payer's s	13	eld	State tax withhe	12 \$	FATCA filing requirement	<b>11</b> 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
\$						\$			\$
17 Local distribution	у	Name of localit	16	əld	Local tax withhe	15 \$	Date of payment		Account number (see instructions)
\$						\$			



IRA Contribution Information	19	OMB No. 1	<ol> <li>IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)</li> <li>Rollover contributions \$22000</li> </ol>	postal code	RUSTEE'S or ISSUER'S name, stre rovince, country, and ZIP or foreign CABOT COVE BA
Сору А	racterized outions	4 Rechar contrib	3 Roth IRA conversion amount		
For		\$	\$	PARTICIPANT'S TIN	RUSTEE'S or ISSUER'S TIN
Internal Revenue Service Center	urance cost included in	6 Life insu box 1	5 FMV of account		
File with Form 1096.		\$	<sub>\$</sub> 31800		
	Roth IRA		7 IRA SEP	-	ARTICIPANT'S name
For Privacy Act		\$	\$	IER	JESSICA FLETC
and Paperwork Reduction Act	if RMD for 2020	11 Check	10 Roth IRA contributions		treet address (including apt. no.)
Notice, see the 2019 General	amount	12b RMD a	12a RMD date	rv. and ZIP or foreign postal code	Dity or town, state or province, count
Instructions for Certain Information	13c Code	+ <del></del>	13a Postponed/late contrib.	), and <u></u> 0, ionol <u>g</u> , poola, cooo	
Returns.		14b Code	14a Repayments		
-	s)	15b Code(s	Φ           15a FMV of certain specified assets		account number (see instructions)
			\$		

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page





### **Questions?**

# Thank you for attending 2019 IRA Reporting

**We Appreciate Your Opinion** Please complete the electronic course survey for this course located on the Ascend 2019 mobile app. asćeno

ascensus

WELCOME

12



## We help over **9 million Americans** save for life's biggest moments. **Education. Healthcare. Retirement.**

Ascensus provides administrative and recordkeeping services and is not a broker-dealer or an investment advisor.