

PAYER'S Name, Street Address, City, State and ZIP code

DIAMOND MARKETING SOLUTIONS  
620 STETSON AVE  
ST CHARLES, IL 60174-3457

Customer Service Telephone Number: (630) 845-7000

RECIPIENT'S Name and Address

0000513

SMP009 T3## 1 OF 1 \*\*AUTO\*\*5-DIGIT 72404  
SAMPLE A SAMPLE  
123 ANYSTREET  
ANYTOWN, US 72404-9335



If you would like further information on the DMS Tax Notice Solution please contact us at 630-845-7000.

1st year of desig. Roth contrib.

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)
99-8888888	999-35-0001	7777700010

FORM 1099-R

(keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution	2a Taxable amount	OMB No. 1545-0119	
\$ 1,500.00	\$ 1,500.00	<b>2010</b>	
2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>	<b>Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
3 Capital gain (Included in box 2a)	4 Federal income tax withheld	This information is being furnished to the Internal Revenue Service.	
\$	\$	<b>COPY C</b>	
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	<b>For Recipient's Records</b>	
\$	\$		
7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other	
7	X	\$	%
9a Your percentage of total distribution	9b Total employee contributions		
%	\$		
10 State tax withheld	11 State/Payer's state no.	12 State distribution	
\$		\$	
13 Local tax withheld	14 Name of locality	15 Local distribution	
\$		\$	

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3 Capital gain (Included in box 2a)	4 Federal income tax withheld	This information is being furnished to the Internal Revenue Service.	
\$	\$	<b>COPY 2</b>	
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	<b>File this copy with your state, city, or local income tax return, when required.</b>	
\$	\$		
7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other	
7	X	\$	%
9a Your percentage of total distribution	9b Total employee contributions		
%	\$		
10 State tax withheld	11 State/Payer's state no.	12 State distribution	
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3 Capital gain (Included in box 2a)	4 Federal income tax withheld	This information is being furnished to the Internal Revenue Service.	
\$	\$	<b>COPY B</b>	
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	<b>Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.</b>	
\$	\$		
7 Distribution code(s)	IRA/SEP/SIMPLE	8 Other	
7	X	\$	%
9a Your percentage of total distribution	9b Total employee contributions		
%	\$		
10 State tax withheld	11 State/Payer's state no.	12 State distribution	
\$		\$	
13 Local tax withheld	14 Name of locality	15 Local distribution	
\$		\$	