

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

NATIONAL DATA SERVICES OF CHICAGO, INC
620 STETSON AVE
ST CHARLES, IL 60174-3457

Customer Service Telephone Number: (630) 845-7000

RECIPIENT'S Name and Address

0027130
SMP009 T276 1 OF 1 ****AUTO** 5-DIGIT 12345
SAMPLE A SAMPLE
123 ANYSTREET
ANYTOWN, US 12345-6789

If you would like further information on the NDS 1099 Program, 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	999-35-0101	0000044444

FORM 1099-R (keep for your records)

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 1,500.00	2a Taxable amount \$ 1,500.00	OMB No. 1545-0119 2009 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service.</small>
2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	COPY C For Recipient's Records
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE X	8 Other \$ %
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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2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	COPY 2 File this copy with your state, city, or local income tax return, when required.
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE X	8 Other \$ %
9a Your percentage of total distribution %	9b Total employee contributions \$	
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2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a) \$	4 Federal income tax withheld \$	COPY 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.
5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
7 Distribution code(s) 7	IRA/SEP/SIMPLE X	8 Other \$ %
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