

Control Number		<input type="checkbox"/> CORRECTED (if checked)		12/14/2020	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution \$14191.87	OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$14191.87			
PAYER'S Federal identification Number 34-0727612	RECIPIENT'S identification Number *****4888	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution			Copy 2 File this copy with your state, city, or Local income tax return when required
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VERNON WM SUMMERS II 3217 N ETTING ST PHILADELPHIA PA 19129-1816		4 Federal Income tax withheld \$0.00	7 Distribution code 7		
		9 Your percentage of total distribution %			
		14 State tax withheld \$0.00	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement <input type="checkbox"/>	Retired 01012020-12312020		

Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

Control Number		<input type="checkbox"/> CORRECTED (if checked)		12/14/2020	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution \$14191.87	OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$14191.87			
PAYER'S Federal identification Number 34-0727612	RECIPIENT'S identification Number *****4888	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution			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.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VERNON WM SUMMERS II 3217 N ETTING ST PHILADELPHIA PA 19129-1816		4 Federal Income tax withheld \$0.00	7 Distribution code 7		
		9 Your percentage of total distribution %			
		14 State tax withheld \$0.00	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement <input type="checkbox"/>	Retired 01012020-12312020		This information is being furnished to the Internal Revenue Service

Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

Control Number		<input type="checkbox"/> CORRECTED (if checked)		12/14/2020	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution \$14191.87	OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$14191.87			
PAYER'S Federal identification Number 34-0727612	RECIPIENT'S identification Number *****4888	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution			Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code VERNON WM SUMMERS II 3217 N ETTING ST PHILADELPHIA PA 19129-1816		4 Federal Income tax withheld \$0.00	7 Distribution code 7		
		9 Your percentage of total distribution %			
		14 State tax withheld \$0.00	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement <input type="checkbox"/>	Retired 01012020-12312020		Keep this copy for your records

Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Generally, distributions from military retired pay, pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R.

Additional information. You may want to see Form W-4P Withholding Certificate for Pension or Annuity Payments, Pub. 575, Pension and Annuity Income, Pub. 939, General Rule for Pensions and Annuities.

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Control Number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. - Shows the total amount you received this year. For military retirees, this amount is the gross military retired pay you received, minus non-taxable items such as VA compensation, disability retirement, SBP/RSFPP premiums, etc. For annuity recipients, this amount is gross annuity, minus SSA offset and DIC. For former spouses, this is the distribution of court ordered division of property. Report the amount printed in Box 1 of the Form 1099-R on your Form 1040, 1040-SR or 1040-NR on the line for "Pensions and annuities" (or the line for "Taxable amount").

Box 2a. - This part of the distribution is generally taxable.

Box 2b. - Not used.

Box 4. - Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return. Generally, if you are receiving annuity payments under the Survivor Benefit Plan, you can change your withholding or elect not to have income tax withheld by giving the payer a Form W-4P.

Box 7. - The code listed identifies the distribution you received:
3 - Disability; 4 - Death; or, 7 - Normal distribution. For more information on these distributions, see the instructions for your tax return. Certain distributions may be subject to an additional 10% tax. See the Instructions for Form 5329.

Box 9. - Not used.

Box 12. If box 12 is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See instructions for Form 8938.

Boxes 14 and 15. - Box 14 shows state income tax withheld and Box 15 shows the state for the withholding.