

Distribution Confirmation – 1099R Information



Each distribution from your plan must be reported on Form 1099 and mailed to the IRS and to the participant. These 1099's must be provided to the participant by the end of each January. Benetech will complete the 1099's for your plan each year, provided we receive this form, completed in full for all distributions from the plan. **If any of the items listed below are left blank, we will be unable to complete Form 1099.**

Please complete Sections 1 and 2 and return to Benetech, Inc. at the time the distribution takes place. Failure to return this form may result in delays or omissions in the preparation of Form 1099.

1. General Information

Plan Name _____

Participant Name _____ Social Security Number _____

Participant Address _____ Date of Birth _____

City _____ State _____ ZIP _____

Please indicate correct ID# to be used for tax reporting purposes:

Employer ID# _____ - _____ Trust ID# _____ - _____

Please complete the Beneficiary Information below for Death Benefit Distributions, otherwise, leave blank:

Beneficiary Name _____ Social Security Number _____

2. Payment Information

Gross Distribution Amount (Box 1) (prior to any applicable taxes withheld)	\$
Federal Tax Withheld (Box 4)	\$
ROTH Contributions (Box 5)	\$
State Tax Withheld (Box 12)*	\$
Local Tax Withheld (Box 15)*	\$

*Please indicate Employer's / Payer's State Number and Name of Locality below if the distribution had State or Local Tax withheld. The State Number is the Employer's identification number assigned by the individual state. **DO NOT COMPLETE IF NO STATE OR LOCAL TAXES WERE WITHHELD FROM THE DISTRIBUTION PAYMENT.**

State (Box 13) _____ State Number (Box 13) _____ Name of Locality (Box 16) _____

_____ - _____ - _____
Date of Distribution Payment

Plan Administrator/Employer _____ Date _____

Completed forms must be mailed to Benetech, Inc. at 18271 W. McDermott Street, Suite H, Irvine, CA 92614 or faxed to (714) 550-3401.