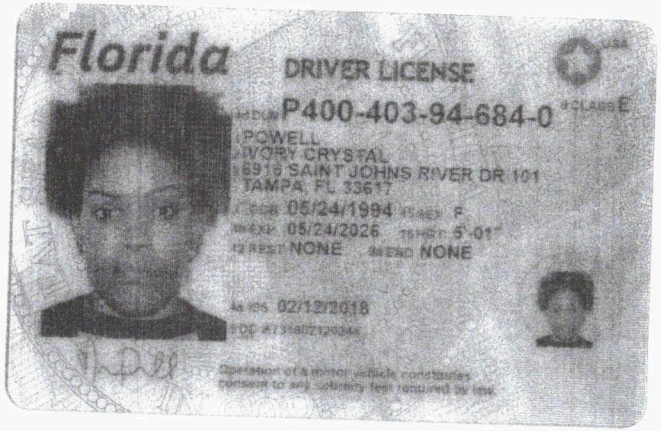
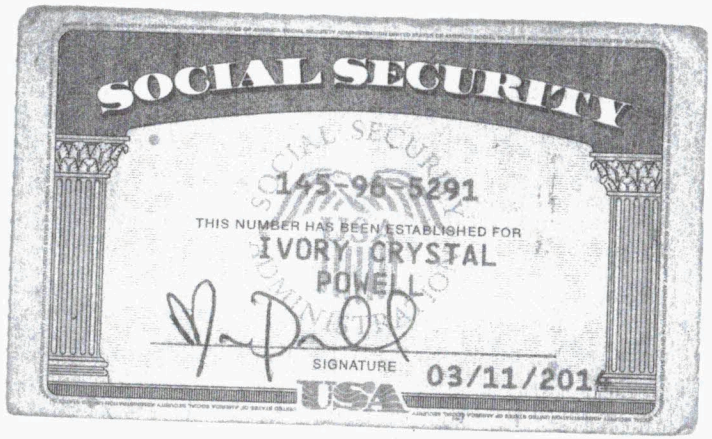

Florida
DRIVER LICENSE
P400-403-94-684-0
CLASS E
POWELL
IVORY CRYSTAL
6919 SAINT JOHNS RIVER DR 101
TAMPA, FL 33617
05/24/1994
05/24/2026
NONE
NONE
02/12/2018


SOCIAL SECURITY
145-96-5291
THIS NUMBER HAS BEEN ESTABLISHED FOR
IVORY CRYSTAL
POWELL
SIGNATURE
03/11/2016
USA

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

Dept. of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.
If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

		Federal Box 1	Social Security Box 3 & 7	Medicare Box 5	State Box 16	Local Box 18
The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.	Gross	6976.00	6976.00	6976.00		
	Deferred Comp.	209.28-				
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.	W-2 Wages	6766.72	6976.00	6976.00		

REISSUED STATEMENT

D. CONTROL NUMBER: 070WH56397
This information is being furnished to the Internal Revenue Service
2018 OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 34-1761339

A. EMPLOYEE'S SOCIAL SECURITY NUMBER: 145-96-5291

C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE
BRANDSAFWAY SERVICES LLC
N 19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

13 Statutory Employee: | Retirement Plan: X | Third-Party Sick Pay:

E. EMPLOYEE'S FIRST NAME AND INITIAL: IVORY C
LAST NAME: POWELL
SUFF.
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

F. EMPLOYEE'S ADDRESS AND ZIP CODE

1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD
6766.72	844.23
3 SOCIAL SECURITY WAGES	4 SOCIAL SECURITY TAX WITHHELD
6976.00	432.51
5 MEDICARE WAGES AND TIPS	6 MEDICARE TAX WITHHELD
6976.00	101.15
7 SOCIAL SECURITY TIPS	8 ALLOCATED TIPS
9 VERIFICATION CODE	10 DEPENDENT CARE BENEFITS
88d4-4983-7d21-28ae	
11 NONQUALIFIED PLANS	12 a-d
	D 209.28
14 OTHER	

15 STATE	EMPLOYER'S STATE I.D. NO.	16 STATE WAGES, TIPS, ETC.	17 STATE INCOME TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX	20 LOCALITY NAME

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER: 070WH56397
This information is being furnished to the Internal Revenue Service
OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 34-1761339

A. EMPLOYEE'S SOCIAL SECURITY NUMBER: 145-96-5291

C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE
BRANDSAFWAY SERVICES LLC
N 19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

REISSUED STATEMENT

E. EMPLOYEE'S FIRST NAME AND INITIAL: IVORY C
LAST NAME: POWELL
SUFF.
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

F. EMPLOYEE'S ADDRESS AND ZIP CODE

1 WAGES, TIPS, OTHER COMPENSATION: 6766.72
2 FEDERAL INCOME TAX WITHHELD: 844.23
3 SOCIAL SECURITY WAGES: 6976.00
4 SOCIAL SECURITY TAX WITHHELD: 432.51
5 MEDICARE WAGES AND TIPS: 6976.00
6 MEDICARE TAX WITHHELD: 101.15
7 SOCIAL SECURITY TIPS:
8 ALLOCATED TIPS:
9 VERIFICATION CODE: 88d4-4983-7d21-28ae
10 DEPENDENT CARE BENEFITS:
11 NONQUALIFIED PLANS:
12 a-d: D 209.28
14 OTHER:
13 Statutory Employee: | Retirement Plan: X | Third-Party Sick Pay:

15 STATE | EMPLOYER'S STATE I.D. NO. | 16 STATE WAGES, TIPS, ETC. | 17 STATE INCOME TAX | 18 LOCAL WAGES, TIPS, ETC. | 19 LOCAL INCOME TAX | 20 LOCALITY NAME

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return.
FORM **W-2 Wage and Tax Statement** 2018 Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER: 070WH56397
This information is being furnished to the Internal Revenue Service
OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 34-1761339

A. EMPLOYEE'S SOCIAL SECURITY NUMBER: 145-96-5291

C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE
BRANDSAFWAY SERVICES LLC
N 19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

REISSUED STATEMENT

E. EMPLOYEE'S FIRST NAME AND INITIAL: IVORY C
LAST NAME: POWELL
SUFF.
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

F. EMPLOYEE'S ADDRESS AND ZIP CODE

1 WAGES, TIPS, OTHER COMPENSATION: 6766.72
2 FEDERAL INCOME TAX WITHHELD: 844.23
3 SOCIAL SECURITY WAGES: 6976.00
4 SOCIAL SECURITY TAX WITHHELD: 432.51
5 MEDICARE WAGES AND TIPS: 6976.00
6 MEDICARE TAX WITHHELD: 101.15
7 SOCIAL SECURITY TIPS:
8 ALLOCATED TIPS:
9 VERIFICATION CODE: 88d4-4983-7d21-28ae
10 DEPENDENT CARE BENEFITS:
11 NONQUALIFIED PLANS:
12 a-d: D 209.28
14 OTHER:
13 Statutory Employee: | Retirement Plan: X | Third-Party Sick Pay:

15 STATE | EMPLOYER'S STATE I.D. NO. | 16 STATE WAGES, TIPS, ETC. | 17 STATE INCOME TAX | 18 LOCAL WAGES, TIPS, ETC. | 19 LOCAL INCOME TAX | 20 LOCALITY NAME

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FORM **W-2 Wage and Tax Statement** 2018 Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER: 070WH56397
This information is being furnished to the Internal Revenue Service
OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 34-1761339

A. EMPLOYEE'S SOCIAL SECURITY NUMBER: 145-96-5291

1 WAGES, TIPS, OTHER COMPENSATION: 6766.72
2 FEDERAL INCOME TAX WITHHELD: 844.23
3 SOCIAL SECURITY WAGES: 6976.00
4 SOCIAL SECURITY TAX WITHHELD:

SAFWAY SERVICES, LLC
N 19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

IMPORTANT TAX DOCUMENT ENCLOSED

IVORY C POWELL
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

Notice to Employee

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9. You may be able to take the EIC for 2008 if (a) you do not have a qualifying child and you earned less than $12,880 ($15,880 if married filing jointly), (b) you have one qualifying child and you earned less than $33,995 ($36,995 if married filing jointly), or (c) you have more than one qualifying child and you earned less than $38,646 ($41,646 if married filing jointly). You and your any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than $2,950. Any EIC that is more than your tax liability is refunded to you, but only if you file a return. If you have a least one qualifying child, you may get as much as $1,750 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct, but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or call 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2008 and more than $6,324.00 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than $2,960.10 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Publication 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy B)

Instructions *(Also see Notice to Employee on back of Copy 2)*

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For

Note. *If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year.*

P– Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q– Nontaxable combat pay. See instructions for Form 1040 or Form 1040A for details on reporting this amount.

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

Dept. of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.
If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

		Federal Box 1	Social Security Box 3 & 7	Medicare Box 5	State Box 16	Local Box 18
The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation of the letter codes in box 12, are on the other side of the page.	Gross	4198.00	4198.00	4198.00		
	Deferred Comp.	40.20-				
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.	W-2 Wages	4157.80	4198.00	4198.00		

REISSUED STATEMENT

D. CONTROL NUMBER: 795WH56397
This information is being furnished to the Internal Revenue Service
2018 OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 74-2026468

A. EMPLOYEE'S SOCIAL SECURITY NUMBER: 145-96-5291

C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE:
BRANDSAFWAY SOLUTIONS LLC
N19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

13 Statutory Employee: ☐ Retirement Plan: X Third-Party Sick Pay: ☐

E. EMPLOYEE'S FIRST NAME AND INITIAL: IVORY C LAST NAME: POWELL SUFF.
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

F. EMPLOYEE'S ADDRESS AND ZIP CODE

15 STATE	EMPLOYER'S STATE I.D. NO.	16 STATE WAGES, TIPS, ETC.	17 STATE INCOME TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL INCOME TAX	20 LOCALITY NAME

1 WAGES, TIPS, OTHER COMPENSATION	4157.80
2 FEDERAL INCOME TAX WITHHELD	434.85
3 SOCIAL SECURITY WAGES	4198.00
4 SOCIAL SECURITY TAX WITHHELD	260.28
5 MEDICARE WAGES AND TIPS	4198.00
6 MEDICARE TAX WITHHELD	60.87
7 SOCIAL SECURITY TIPS	
8 ALLOCATED TIPS	
9 VERIFICATION CODE	cc87-d062-a22f-8236
10 DEPENDENT CARE BENEFITS	
11 NONQUALIFIED PLANS	
12 a-d	D 40.20
14 OTHER	

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER: 795WH56397
This information is being furnished to the Internal Revenue Service
OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 74-2026468

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BRANDSAFWAY SOLUTIONS LLC
N19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

REISSUED STATEMENT

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6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

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9 VERIFICATION CODE	cc87-d062-a22f-8236
10 DEPENDENT CARE BENEFITS	
11 NONQUALIFIED PLANS	
12 a-d	D 40.20
14 OTHER	
13 Statutory Employee ☐ Retirement Plan X Third-Party Sick Pay ☐	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

FORM **W-2 Wage and Tax Statement** 2018

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER: 795WH56397
This information is being furnished to the Internal Revenue Service
OMB NO. 1545-0008

B. EMPLOYER IDENTIFICATION NUMBER: 74-2026468

A. EMPLOYEE'S SOCIAL SECURITY NUMBER: 145-96-5291

C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE:
BRANDSAFWAY SOLUTIONS LLC
N19 W24200 RIVERWOOD DR
WAUKESHA WI 53188

REISSUED STATEMENT

E. EMPLOYEE'S FIRST NAME AND INITIAL: IVORY C LAST NAME: POWELL SUFF.
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

F. EMPLOYEE'S ADDRESS AND ZIP CODE

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11 NONQUALIFIED PLANS	
12 a-d	D 40.20
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13 Statutory Employee ☐ Retirement Plan X Third-Party Sick Pay ☐	

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FORM **W-2 Wage and Tax Statement** 2018

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

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OMB NO. 1545-0008

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2 FEDERAL INCOME TAX WITHHELD	434.85
3 SOCIAL SECURITY WAGES	4198.00
4 SOCIAL SECURITY TAX WITHHELD	260.28

BRAND INDUSTRIAL SERVICES
1325 COBB INTERNATIONAL
DRIVE SUITE A-1
KENNESAW GA 30152

IMPORTANT TAX DOCUMENT ENCLOSED

IVORY C POWELL
6916 SAINT JOHNS RIVER
APT 101
TAMPA, FL 33617

Notice to Employee

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(Also see *Instructions for Employee* on the back of Copy B)

Instructions *(Also see Notice to Employee on back of Copy 2)*

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For

Note. *If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year.*

P– Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q– Nontaxable combat pay. See instructions for Form 1040 or Form 1040A for details on reporting this amount.

Employee W-2

Year: 2018 ▼ Show W2 Print W2

This site is best viewed with Internet Explorer 11 or Firefox. Please note that browsers other than Internet Explorer 11 or Firefox may cause pages to be displayed incorrectly and may be incompatible with some functions of the system.

Back to Previous Page Home Log Off

a Employee social security number **145-96-5291** OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file Visit the IRS website at *www.irs.gov/efile.*	
b Employer identification number (EIN) **59-1732891**	**1** Wages, tips, other compensation **8,810.87**	**2** Federal income tax withheld **562.36**
c Employer's name, address, and ZIP code **BENNETT AUTO SUPPLY INC** **3141 SW 10TH STREET** **POMPANO BEACH, FL 33069**	**3** Social security wages **8,810.87**	**4** Social security tax withheld **546.27**
	5 Medicare wages and tips **8,810.87**	**6** Medicare tax withheld **127.76**
	7 Social security tips	**8** Allocated tips
d Control Number **86801 87993 Powell Ivory 87993**	**9** Advance EIC payment	**10** Dependent care benefits
e Employee's first name and initial Last Name Suff. **Ivory Powell** **610 NW 7TH AVE** **Pompano Beach, FL 33060**	**11** Nonqualified plans	**12a** See instructions for box 12
	13 Statutory Employee ☐ Retirement Plan ☐ Third-party Sick Pay ☐	**12b**

f Employee's address and ZIP code	14 Other	12c 12d

15 State Employer's state ID #	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
FL | NA					

Form **W-2** **Wage and Tax Statement** **2018** Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution	OMB No. 1545-0119
04-6568107	xxx-xx-5291	$708. 66	2018

PAYER'S name, street address, city, state, and ZIP code
FIDELITY INVESTMENTS
INSTITUTIONAL OPERATIONS CO.
100 MAGELLAN WAY KW1C
COVINGTON, KY 41015-1987
47877
SAFWAY GROUP HOLDING LLC 401(K) PLAN

2a Taxable amount: $708. 66 — Form 1099-R

2b Taxable amount not determined ☐ Total distribution ☒

3 Capital gain (included in box 2a): $0. 00

4 Federal income tax withheld: $141. 73

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code
eDelivery

IVORY POWELL
4345 NW 42ND TERR
FORT LAUDERDALE, FL 33319

5 Employee contrib/desig Roth contrib or insurance premiums: $0. 00

6 Net unrealized appreciation in employer's securities: $0. 00

7 Distribution code(s): 1 — IRA/SEP/SIMPLE ☐

8 Other %: $0. 00

9a Your percentage of total distribution %

9b Total employee contributions $

10 Amount allocable to IRR within 5 years: $0. 00

12 State tax withheld: $0. 00

13 State/Payer's state no.: FL

14 State distribution $

Account number (see instructions): 20190105024000761337

11 1st year of desig. Roth contrib.

FATCA filing requirement ☐

Date of payment

Form 1099-R

Department of the Treasury - Internal Revenue Service

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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.

This information is being furnished to the Internal Revenue Service.

47877 00000000018R

CORRECTED (if checked)

PAYER'S TIN 04-6568107 | RECIPIENT'S TIN xxx-xx-5291 | 1 Gross distribution $708. 66 | OMB No. 1545-0119 | 2018 | Form 1099-R

PAYER'S name, street address, city, state, and ZIP code
FIDELITY INVESTMENTS
INSTITUTIONAL OPERATIONS CO.
100 MAGELLAN WAY KW1C
COVINGTON, KY 41015-1987
47877
SAFWAY GROUP HOLDING LLC 401(K) PLAN

2a Taxable amount $708. 66

2b Taxable amount not determined ☐ Total distribution ☒

3 Capital gain (included in box 2a) $0. 00

4 Federal income tax withheld $141. 73

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code

IVORY POWELL
4345 NW 42ND TERR
FORT LAUDERDALE, FL 33319

5 Employee contrib/desig Roth contrib or insurance premiums $0. 00

6 Net unrealized appreciation in employer's securities $0. 00

7 Distribution code(s) 1 — IRA/SEP/SIMPLE ☐

8 Other % $0. 00

9a Your percentage of total distribution %

9b Total employee contributions $

10 Amount allocable to IRR within 5 years $0. 00

12 State tax withheld $0. 00

13 State/Payer's state no. FL

14 State distribution $

Account number (see instructions) 20190105024000761337

11 1st year of desig. Roth contrib.

FATCA filing requirement ☐

Date of payment

Form 1099-R

Department of Treasury - Internal Revenue Service

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C
For Recipient's Records
This information is being furnished to the Internal Revenue Service.

(keep for your records)

CORRECTED (if checked)

PAYER'S TIN 04-6568107 | RECIPIENT'S TIN xxx-xx-5291 | 1 Gross distribution $708. 66 | OMB No. 1545-0119 | 2018 | Form 1099-R

PAYER'S name, street address, city, state, and ZIP code
FIDELITY INVESTMENTS
INSTITUTIONAL OPERATIONS CO.
100 MAGELLAN WAY KW1C
COVINGTON, KY 41015-1987
47877
SAFWAY GROUP HOLDING LLC 401(K) PLAN

2a Taxable amount $708. 66

2b Taxable amount not determined ☐ Total distribution ☒

3 Capital gain (included in box 2a) $0. 00

4 Federal income tax withheld $141. 73

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code

IVORY POWELL
4345 NW 42ND TERR
FORT LAUDERDALE, FL 33319

5 Employee contrib/desig Roth contrib or insurance premiums $0. 00

6 Net unrealized appreciation in employer's securities $0. 00

7 Distribution code(s) 1 — IRA/SEP/SIMPLE ☐

8 Other % $0. 00

9a Your percentage of total distribution %

9b Total employee contributions $

10 Amount allocable to IRR within 5 years $0. 00

12 State tax withheld $0. 00

13 State/Payer's state no. FL

14 State distribution $

Account number (see instructions) 20190105024000761337

11 1st year of desig. Roth contrib.

FATCA filing requirement ☐

Date of payment

Form 1099-R

Department of Treasury - Internal Revenue Service

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return, when required.

Instructions for Recipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc. are reported to recipients on Form 1099-R.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer did not show the taxable amount in box 2a. See the Instructions for Form 1040 or 1040NR.

IRAs. For distributions from a traditional individual retirement arrangement (IRA), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer is not required to compute the taxable amount. See the Form 1040, or 1040NR instructions to determine the taxable amount. If you are at least age 70½ , you must take minimum distributions from your IRA (other than a Roth IRA). If you do not, you are subject to a 50% excise tax on the amount that should have been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs. **Roth IRAs.** For distributions from a Roth IRA, generally the payer is not required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution. **Loans treated as distributions.** If you borrow money from a qualified plan, section 403(b) plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, Code L will be shown in box 7. See Pub. 575. **Recipient's taxpayer identification number (TIN) .** For your protection, this form may show only the last four digits of your TIN (SSN,ITIN,ATIN,or EIN). However, the payer has reported your complete TIN to the IRS. **FATCA filing requirement.** If the FATCA filing requirement box 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 the instructions for Form 8938. **Account number.** May show an account, policy, or other unique number the payer assigned to distinguish your account

Date of payment. Shows the date of payment for reportable death benefits under section 6050Y. **Box 1.** Shows the total amount you received this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, a recharacterized IRA contribution; or you may have received it as periodic payments, as nonperiodic payments, or as a total distribution. Report the amount on Form 1040 or 1040NR on the line for "IRA distributions" or "Pensions and annuities" (or the line for "Taxable amount"), and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you have not reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you are self-employed. If a life insurance, annuity, qualified long-term care,or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and Code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and Code W will be shown in box 7. You need not report these amounts on your tax return .If code C is shown in box 7, the amount shown in box 1 is a receipt of reportable death benefits that is taxable in part. **Box 2a.** This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the free publications from the IRS to help you figure the taxable amount. See *Additional information* on the back of Copy 2. For an IRA distribution, see *IRAs* and *Roth IRAs* on this page. For a direct rollover, other than from a qualified plan to a Roth IRA, zero should be shown, and you must enter zero (-0-) on the "Taxable amount" line of your tax return. If you roll over a distribution (other than a distribution from a designated Roth account) from a qualified plan (including a governmental section 457(b) plan) *(Continued on the back of Copy C.)*

Instructions for Recipient *(Continued)*

or section 403(b) plan to a Roth IRA, you must include on the "Taxable amount" line of your tax return the amount shown in this box plus the amount shown in box 6, if any. If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you are the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information. If you are an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a has not been reduced by the exclusion amount. See the instructions for Form 1040 or 1040NR for more information. **Box 2b.** If the first box is checked, the payer was unable to determine the taxable amount, and box 2a should be blank, except for an IRA. It is your responsibility to determine the taxable amount. If the second box is checked, the distribution was a total distribution that closed out your account. **Box 3.** If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you are the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D (Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the instructions for Form 8949. **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 will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P. **Box 5.** Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the portion that is your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; the nontaxable part of a charitable gift annuity or the investment in life insurance contract reportable under section 6050Y..

This box does not show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11. **Box 6.** If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and the Form 4972 .If you roll over the distribution to a Roth IRA, see the instructions for Box 2a. If the distribution was a direct rollover, the NUA is included in box 2a. If you did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not taxed until you sell the securities.

Box 7. The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to an additional 10% tax. See the instructions for Form 5329.

1—Early distribution, no known exception (in most cases, under age 59 ½). **2**—Early distribution, exception applies (under age 59 ½). **3**—Disability. **4**—Death. **5**—Prohibited transaction. **6**—Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance,or endowment contracts). **7**—Normal distribution. **8**—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2018. **9**—Cost of current life insurance protection. **A**—May be eligible for 10-year tax option (see Form 4972). **B**—Designated Roth account distribution. **Note**. If Code B is in box 7and an amount is reported in box 10, see the instructions for Form 5329. **C**—Reportable death benefits under section 6050Y.

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Instructions for Recipient *(Continued)*

D-Annuity payments from nonqualified annuities that may be subject to tax under section 1411.**E**—Distributions under Employee Plans Compliance Resolution System (EPCRS). **F**—Charitable gift annuity. **G**—Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA. **H**—Direct rollover of a designated Roth account distribution to a Roth IRA. **J**—Early distribution from a Roth IRA, no known exception (in most cases, under age 59 ½). **K** – Distribution of traditional IRA assets not having a readily available FMV. **L**—Loans treated as distributions. **M**— Qualified plan loan offset. **N**—Recharacterized IRA contribution made for 2018 and recharacterized in 2018. **P**—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2017. **Q**—Qualified distribution from a Roth IRA.**R**—Recharacterized IRA contribution made for 2017 and recharacterized in 2018**S**—Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59 ½). **T**—Roth IRA distribution, exception applies. **U**—Dividend distribution from ESOP under section 404(k). **Note**. This distribution is not eligible for rollover. **W**—Charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements. If the IRA/SEP/SIMPLE box is checked, you have received a traditional IRA, SEP, or SIMPLE distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You will need this information if you use the 10-year tax option (Form 4972). If charges were made for qualified long-term care insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here. **Box 9a.** If a total distribution was made to more than one person, the percentage you received is shown. **Box 9b.** For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575. **Box 10.** If an amount is reported in this box, see the instructions for Form 5329 and Pub 575. **Box 11.** The 1st year you made a contribution to the designated Roth account reported on this form is shown in this box. **Boxes 12-17.** If state or local income tax was withheld from the distribution, boxes 14 and 17 may show the part of the distribution subject to state and /or local tax.

Additional information. You may want to see:

Form W-4P, Form 4972,Form 5329, Form 8606
Pub. 525, Taxable and Nontaxable Income
Pub. 560, Retirement Plans for Small Business
Pub. 571,Tax-Sheltered Annuity Plans
Pub. 575, Pension and Annuity Income
Pub. 590-A, Contributions to IRAs
Pub. 590-B, Distributions form IRAs
Pub. 721, U.S. Civil Service Retirement Benefits
Pub. 939,General Rule for Pensions and Annuities
Pub. 969,HSAs and Other Tax-Favored Health Plans