#### 1099-R Form

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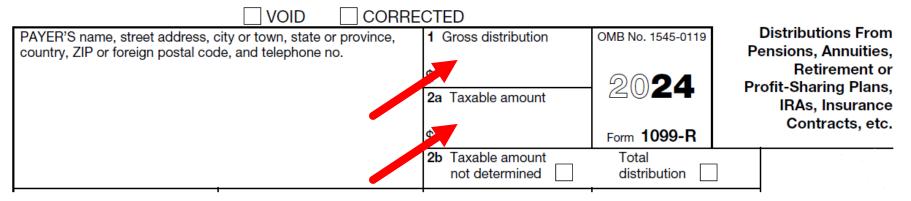
PAYER'S name, street address, country, ZIP or foreign postal co			\$	Gross distribution  Taxable amount		MB No. 1545-0 2024 Form 1099-	Pr	Distributions Fron ensions, Annuities Retirement o ofit-Sharing Plans IRAs, Insurance Contracts, etc	s, r s, e
			2	b Taxable amount not determined		Total distribution		Copy Fo	
PAYER'S TIN	RECIPIENT'S TIN	N	3	Capital gain (included in box 2a)	4	Federal incor withheld	me tax	State, City or Loca Tax Departmen	/, al
RECIPIENT'S name	.1		5	Employee contributions/ Designated Roth contributions or insurance premiums	6	Net unrealize appreciation employer's s	in		
Street address (including apt. no	0.)		7	Distribution code(s)  IRA/ SEP/ SIMPLE		Other	%		
City or town, state or province, co	ountry, and ZIP or for	eign postal code	98	ما المانية الم	9k 6 \$	Total employee	e contributions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement		State tax withheld	15	State/Payer	's state no.	16 State distribution	1
Account number (see instruction	ns)	13 Date of payment	1 \$	7 Local tax withheld	18	Name of loc	cality	19 Local distribution	1
1000 B			Ф					Φ	_

CORRECTED

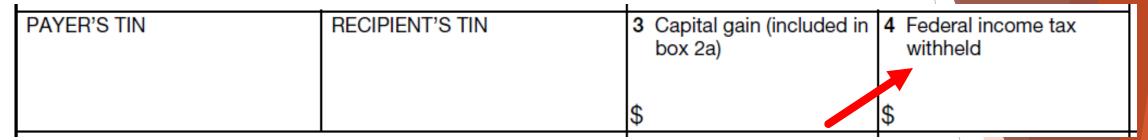
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Form 1099-R

www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service



- Gross distribution in Box 1 is the total benefit amount you received during the last calendar year.
- Taxable amount in Box 2A is the benefit amount subject to federal income tax.



 Federal income tax withheld in Box 4 is the amount of federal withholding deducted based on your W4-P on file with SERS or is based on mandatory withholding for lump sum distributions.

CIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
Street address (including apt. no.)	1	Distribution code(s)	IRA/ SEP/ SIMPLE	l	Other	%	
City or town, state or province, country, and ZIP or foreign postal code	9	a Your percentage distribution	of total %	_	Total employee	e contributions	

- Employee contributions in Box 5 is the amount of your benefit that was nontaxable during the calendar year.
- SERS uses Box 5 for contributions only.
- Insurance premiums paid are not reported on box 5. Insurance premiums paid are reported on your annual statement.

RECIPIENT'S name		Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
Street address (including apt. no.)	7	Distribution code(s)	IRA/ SEP/ SIMPLE	l	Other		
City or town, state or province, country, and ZIP or foreign postal and	98	a Your percentage distribution	of total %		Total employee	% e contributions	

- Distributions codes in Box 7 is the IRS code relating to the type of benefit being paid; pension, disability, etc.
- SERS does not send 1099Rs with incorrect coding. Those under 59 ½ will have a distribution code of 2, meaning you should not be charged the 10% excise tax because of an exemption.
   Once you reach age 60 the distribution code will read 7.

10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement		15 State/Payer's state no.	16 State distribution \$
\$			Φ		\$
Account number (see instructions)		13 Date payment	17 Local tax withheld	18 Name of locality	19 Local distribution
			\$		\$

- State tax withheld in Box 14 is the total amount of Illinois state income tax withheld by request only.
- Additional funds can be withheld by submitting the Illinois State Income Tax Withholding (Form 3965).

 If you are receiving multiple benefits from SERS, you will receive a 1099-R Form for each benefit received throughout that tax year.

**For example:** members receiving a survivor benefit and a retirement benefit.

- If you don't receive your 1099-R Form by February 15<sup>th</sup>, contact SERS for a copy. Duplicate 1099R Forms will only be mailed to the current address SERS has on file for you.
- 1099-R forms are sent by the Illinois Comptroller's Office by January 31<sup>st</sup> of each year.