

<input type="checkbox"/> CORRECTED (if checked)				OMB No. 1545-0119		<b>Distributions From Pensions, Annuities, Retirement or Profit- Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
PAYER'S name, street address, city, state, and ZIP code  Harris Trust  P.O. Box 1389  Your City, GA 30308		1 Gross distribution		<b>2008</b>		Form 1099-R	
		\$ <b>13,223</b>					
		2a Taxable amount		<input type="checkbox"/>		<b>Copy B</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.	
		\$ <b>13,223</b>					
PAYER'S Federal identification number  00-123456		RECIPIENT'S identification number  876-00-6251		3 Capital gain (included in box 2a)  \$		4 Federal income tax withheld  \$ <b>0</b>	
RECIPIENT'S name  Troy McCook		5 Employee contributions or insurance premiums  \$		6 Net unrealized appreciation in employer's securities  \$		This information is being furnished to the Internal Revenue Service.	
Street Address (including apt. no)  30911 Bard Rd		7 Distribution IRA/ code(s) SEP/ SIMPLE  <input type="checkbox"/>		8 Other  \$ %			
City, state, and ZIP code  Your City, GA 30308		9a Your percentage of total distribution %		9b Total employee contributions  \$			
Account number (see instructions)		10 State tax withheld  \$		11 State/Payer's state no.  YS 123456		12 State distribution  \$ <b>13,223</b>	
		13 Local tax withheld  \$		14 Name of locality		15 Local distribution  \$	
Form 1099-R				Department of the Treasury - Internal Revenue Service			

Name: Mary J. Hood

DOB: 12/12/1964

SS#895-00-9015

Employment: Operator

Marital Status: Divorced

Spouse's name (if any): None

People who lived in the house with you and anyone living outside of your home that you or your spouse (if any) supported during the tax year:

<u>Name</u>	<u>SS#</u>	<u>DOB</u>	<u>Relationship</u>
Lauren Salem	824-00-3571	05/03/1990	Daughter
William Hood	816-00-2643	02/15/1992	Son

You are employed as an operator at Bluefield Telecommunications, and this is your only source of income. Both of your children, Lauren and William, lived with you full time in the family home for the entire tax year. You are divorced and provide all of your children's support. You and your children lived in the state of Georgia all year and are U.S. Citizens. Georgia has a state income tax.

fictitious data

a Control number		2222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB NO. 1545-0008	
b Employer identification number (EIN) 04-12345				1 Wages, tips, other compensation \$24,612.00		2 Federal income tax withheld \$687.00	
c Employer's name, address, and ZIP code Bluefield Telecommunications  5775 Pomona Street  Your City, GA 30308				3 Social security wages \$24,612.00		4 Social security tax withheld \$1,525.94	
				5 Medicare wages and tips \$24,612.00		6 Medicare tax withheld \$356.87	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 895-00-9015				9 Advance EIC payment \$1,200.00		10 Dependent care benefits	
e Employee's first name and initial Mary J.		Last Name Hood	Suff.	11 Nonqualified plans		12a See instructions for box 12	
3717 E. Lee Street  Your City, GA 30308				13 Check boxes Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality Name	
YS	557-2315	\$24,612.00	\$265.00				

Form **W-2** Wage and Tax Statement

2008

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.  
Cat. No. 10134D

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

Name: Troy H. McCook

DOB: 03/12/1933

SS#: 876-00-6251

Employment: Retired

Marital Status: Married

Spouse's name (if any): Yvonne A. Smith

People who lived in the house with you and anyone living outside of your home that you or your spouse (if any) supported during the tax year:

<u>Name</u>	<u>SS#</u>	<u>DOB</u>	<u>Relationship</u>
Yvonne A. Smith	853-00-2894	10/30/1938	Spouse
Ashley Fergus	867-00-7521	04/05/1993	Granddaughter

You and your wife, Yvonne, are both retired. You and your wife receive income from pensions and social security. Your granddaughter moved in with you in May of 2005 and you provide all of her support. You and your family lived in the state of Georgia for the entire year and are U.S. Citizens. Georgia has a state income tax.

fictitious data

<input type="checkbox"/> CORRECTED (if checked)				
PAYER'S name, street address, city, state, and ZIP code Defense Finance and Accounting Service Us Military Retirement Pay P.O. Box 7139 Your City, GA 30308		1 Gross distribution \$ <b>23,919</b> 2a Taxable amount \$ <b>23,919</b> 2b Taxable amount not determined <input type="checkbox"/>	OMB No. 1545-0119 <b>2008</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
PAYER'S Federal identification number 00-123456	RECIPIENT'S identification number 876-00-6251	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ <b>1,580.00</b>	<b>Copy B</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 Troy McCook		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Street Address (including apt. no) 30911 Bard Rd		7 Distribution IRA/ code(s) SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	This information is being furnished to the Internal Revenue Service.
City, state, and ZIP code Your City, GA 30308		9a Your percentage of total distribution %	9b Total employee contributions \$	
Account number (see instructions)		10 State tax withheld \$	11 State/Payer's state no. YS 123456	12 State distribution \$ <b>23,919</b>
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$
Form 1099-R		Department of the Treasury - Internal Revenue Service		

**Form SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**2008** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>Yvonne A. Smith</b>	Box 2. Beneficiary's Social Security Number <b>853-00-2894</b>
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Box 3. Benefits Paid in 2005 <b>\$3,645.00</b>	Box 4. Benefits Repaid to SSA in 2005	Box 5. Net Benefits for 2004 (Box 3 minus Box 4) <b>\$3,645.00</b>
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DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
<b>Paid by check or direct deposit: \$3,333.00</b>	
<b>Medicare Premium deducted: \$312.00</b>	Box 6. Voluntary Federal Income Tax Withholding
<b>Total: \$3,645.00</b>	Box 7. Address 30911 Bard Road Your City, GA 30308
	Box 8. Claim Number (Use this number if you need to contact SSA.)

**Form SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT**

**2008**

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>Troy McCook</b>		Box 2. Beneficiary's Social Security Number <b>876-00-6251</b>	
Box 3. Benefits Paid in 2005 <b>\$12,675.00</b>	Box 4. Benefits Repaid to SSA in 2005	Box 5. Net Benefits for 2004 (Box 3 minus Box 4) <b>\$12,675.00</b>	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
<b>Paid by check or direct deposit: \$11,737.00</b>			
<b>Medicare Premium deducted:</b>		Box 6. Voluntary Federal Income Tax Withholding	
<b>\$938.00</b>			
<b>Total:</b>		Box 7. Address	
<b>\$12,675.00</b>		30911 Bard Road	
		Your City, GA 30308	
		Box 8. Claim Number (Use this number if you need to contact SSA.)	