Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. P.O. Box 1389 Your City, GA 30308 PAYER'S Federal identification number number PAYER'S Federal identification number PO0-123456 876-00-6251 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		☐ C	ORRECTED (if checked)	_			
Harris Trust Sanable amount P.O. Box 1389 Sharing Plans, IRAs, Insurance Contracts, etc.	PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119			
P.O. Box 1389 Your City, GA 30308 2b Taxable amount not determined distribution distribution distribution mumber PAYER'S Federal identification number Number 876-00-6251 876-00-6251 8 S S Outer City, GA 30308 Street Address (including apt. no) 30911 Bard Rd City, state, and ZIP code Your City, GA 30308 Account number (see instructions) 10 State tax withheld State distribution State tax withheld State distribution State tax withheld State tax withled State tax withled State tax withled State tax withl	Harris Trust			20 08	Sharing Plans, IRAs,		
Your City, GA 30308 2b Taxable amount not determined	P.O. Box 1389						
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PAYER'S Federal identification number RECIPIENT'S identification in box 2a) A Federal income tax withheld In box 2a) A Federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this form shows federal income tax withheld In box 4, attach this copy to your return. If this federal income tax withheld In box 4, attach this copy to your return. In this form shows federal income tax withheld In box 4, attach this copy to your return. In this form shows federal income tax withheld In box 4, attach this copy to your return. In this form shows federal income tax withheld In box 4, attach this	Your City, GA 30308					Report this income	
Street Address (including apt. no) Troy McCook Street Address (including apt. no) Street Address (including apt. no) Tode(s) Simple Simployee contributions or insurance premiums Tode(s) SEP/ SIMPLE Simployee contribution IRA/ code(s) SEP/ SIMPLE Simployee contribution IRA/ code(s) SEP/ SIMPLE Simployee contributions Service. This information is being furnished to the Internal Revenue Service. Service. Total employee contributions Service. 10 State tax withheld Simployee contributions Simployee contributions Service. 11 State/Payer's state no. YS 123456 Simployee contributions Simployee contributions Simployee contributions Service. 12 State distribution Simployee contributions Simployee contributions Service. 13 Local tax withheld Simployee contributions Simployee contributions Service. 14 Name of locality Simployee contributions Simployee contributions Simployee contributions Service. 14 Name of locality Simployee contributions Simployee contributions Service. 14 Name of locality Simployee contributions Simployee contributions Service. 15 Local distribution Simployee contributions Service. 16 Net unrealized appreciation in Endoy to your return. 17 Distribution in Service. 18 Other Service. 19 Distribution Service. 19 Distribution Service. 10 State tax withheld Simployee contributions Service. 11 State/Payer's state no. YS 123456 Simployee contributions Service. 12 State distribution Simployee contributions Service. 19 Distribution Service. 10 State tax withheld Service. 11 State/Payer's state no. YS 123456 Service. 12 State distribution Service.	PAYER'S Federal identification number					return. If this form	
or insurance premiums appreciation in employer's securities Street Address (including apt. no) 7 Distribution IRA/ code(s) SEP/ SIMPLE SIMPLE Simple Service. 9a Your percentage of total distribution Your City, GA 30308 Account number (see instructions) 10 State tax withheld \$ 11 State/Payer's state no. YS 123456 \$ 13 Local tax withheld \$ 14 Name of locality 15 Local distribution \$ 15 Local distribution	00-123456	876-00-6251	\$	\$	0	income tax withheld in box 4, attach this	
Troy McCook Street Address (including apt. no) 7 Distribution IRA/ code(s) SEP/ SIMPLE Simple Simple Simple Service. 9a Your percentage of total distribution % Your City, GA 30308 Account number (see instructions) 10 State tax withheld This information is being furnished to the Internal Revenue Service. 11 State/Payer's state no. YS 123456 Simple 12 State distribution YS 123456 Simple 13 Local tax withheld Simple Service. 14 Name of locality Simple Service. 15 Local distribution Simple Service. 16 State tax withheld Simple Service. 17 State (distribution) Simple Service. 18 Other Service. 19 This information is being furnished to the Internal Revenue Service. 19 Service. 10 State tax withheld Simple Service. 11 State/Payer's state no. YS 123456 Simple Service. 12 State distribution Simple Service. 13 Local tax withheld Simple Service. 14 Name of locality Simple Service. 15 Local distribution Simple Service.	RECIPIENT'S name					copy to your return.	
City, state, and ZIP code Your City, GA 30308 Account number (see instructions) 10 State tax withheld	Troy McCook		or insurance premiums \$	• •			
30911 Bard Rd SIMPLE \$ Service. Service. 9a Your percentage of total distribution 9b Total employee contributions \$ 4 Coount number (see instructions) 10 State tax withheld \$ 11 State/Payer's state no. YS 123456 \$ 13 Local tax withheld \$ 14 Name of locality 15 Local distribution 15 Local distribution	Street Address (including apt. no)		7 Distribution IRA/	8 Other			
Your City, GA 30308 distribution	, , ,		(- /	\$	%	Internal Revenue	
Your City, GA 30308 \$ Account number (see instructions) 10 State tax withheld 11 State/Payer's state no. 12 State distribution \$ YS 123456 \$ \$13,223 \$ 14 Name of locality 15 Local distribution \$ \$ \$	City, state, and ZIP code		9a Your percentage of total	9b Total employee cor	ntributions	1	
\$ YS 123456 \$13,223 \$ \$ \$ 13 Local tax withheld \$14 Name of locality \$5 Local distribution \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5			distribution %	\$			
\$ \$	Account number (see instructions)		10 State tax withheld \$	· · · · · · · · · · · · · · · · · · ·			
\$ \$			\$			\$	
			13 Local tax withheld	14 Name of locality		15 Local distribution \$	
	Form 1099-R		Ψ	Department of the	Treasury - In	IΨ ternal 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:

Name	SS#	DOB	Relationship
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	22222	Void		Use Only >			
				OMB NO. 1				
	er identification number (EIN)			1 Wages, tip	s, other compe	ensation	2 Federal i	ncome tax withheld
04-1234	15					\$24,612.00		\$687.00
c Employe	er's name, address, and ZIP of	code		3 Social sec	urity wages		4 Social se	curity tax withheld
Bluefield	d Telecommunications					CO 4 C4 C CO		#4 505 04
				E Madiaara	wages and tips	\$24,612.00		\$1,525.94 e tax withheld
				3 Medicare	wages and tips		o Medicale	e lax willineiu
5775 Pc	omona Street					\$24,612.00		\$356.87
				7 Social sec	urity tips		8 Allocated	d tips
Your Cit	ty, GA 30308							
	ee's social security number			9 Advance E	IC payment		10 Depend	lent care benefits
895-00-	9015							
		I				\$1,200.00		
	ee's first name and initial	Last Name	Suff.	11 Nonquali	fied plans		12a See in	structions for box 12
Mary J.		Hood						
3717 E.	Lee Street	<u> </u>	<u> </u>	13 Check bo	oxes		12b	
				Statutory	Retirement	Third-party		
				employee	plan	sick pay		
Your Cit	v, GA 30308			14 Other			12c	
Tour Oil	ly, OA 30300							ĺ
							12d	I
f Employe	ee's address and ZIP code							
		16 State wages, tips, etc.	17 State income tax	18 Local wa	ges, tips, etc.	19 Local income tax	20 Locality	Name
V0	FF7 004F	#04.040.00	#005.00					
YS	557-2315	\$24,612.00	\$265.00					

Form W-2 Wage and Tax Statement

5008

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

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

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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:

Name	SS#	DOB	Relationship
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

	☐ C(ORRECTED (if checked)	<u> </u>			
PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-	
Defense Finance and Acco	unting Service	\$ 23,919 2a Taxable amount	20 08	Sharing Plans, IRAs, Insura Contracts,		
Us Military Retirement Pay						
P.O. Box 7139		\$ 23,919 2b Taxable amount	Form 1099-R Total		Сору В	
Your City, GA 30308		not determined	distribution		Report this income	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		on your federal tax return. If this form shows federal	
00-123456	876-00-6251	\$	\$	1,580.00	income tax withheld in box 4, attach this	
RECIPIENT'S name		5 Employee contributions	6 Net unrealized		copy to your return.	
Troy McCook		or insurance premiums \$	appreciation in employer's securities \$			
Street Address (including apt. no)		7 Distribution IRA/	8 Other		This information is	
30911 Bard Rd		code(s) SEP/ SIMPLE	\$	%	being furnished to the Internal Revenue Service.	
City, state, and ZIP code		9a Your percentage of total	9b Total employee cor	ntributions		
Your City, GA 30308		distribution %	\$			
Account number (see instructions)		10 State tax withheld \$	11 State/Payer's state no. YS 123456		12 State distribution \$ \$23,919	
		\$			\$	
		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$	
Form 1099-R		<u>I</u> *	Department of the	Treasury - In	ternal Revenue Service	

	Form SSA-1099 - SOCIAL SEC	CURITY B	ENEFIT STATEMENT	
71111X	IR SOCIAL SECURITY BENEFITS SHOW ERSE FOR MORE INFORMATION.	VN IN BOX 5	5 MAY BE TAXABLE INCOME.	
Box 1. Name	ERSE FOR MORE INFORMATION.	Box 2. Bene	eficiary's Social Security Number	
Yvonne A. Smith			853-00-2894	
Box 3. Benefits Paid in 2005	Box 4. Benefits Repaid to SSA in 2009	5	Box 5. Net Benefits for 2004 (Box 3 minus Box 4)	
\$3,645.00			\$3,645.00	
DESCRIPTION	OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direc	t			
deposit: \$3,333.00				
		David Male	To Make Mar	
Medicare Premium ded	ducted:	BOX 6. VOIU	intary Federal Income Tax Withholding	
\$312.00		Box 7. Addı	ress	
Total:		30911 Bard Road		
\$3,645.00		Your City, GA 30308		
		Box 8. Clair	m Number (Use this number if you need to contact SSA.)	
Form SSA-1099-SM	DO NOT RE	TURN THIS	S FORM TO SSA OR IRS	

	Form SSA-1099 - SOCIAL SE	CURITY B	ENEFIT STATEMENT		
1 700X	R SOCIAL SECURITY BENEFITS SHOVERSE FOR MORE INFORMATION.	VN IN BOX 5	MAY BE TAXABLE INCOME.		
Box 1. Name		Box 2. Bene	eficiary's Social Security Number		
Troy McCook		876-00-6251			
Box 3. Benefits Paid in 2005	Box 4. Benefits Repaid to SSA in 200	5	Box 5. Net Benefits for 2004 (Box 3 minus Box 4)		
\$12,675.00			\$12,675.00		
DESCRIPTION	OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4		
Paid by check or direct	:				
deposit: \$11,737.00					
		Box 6 Volu	ntary Federal Income Tax Withholding		
Medicare Premium ded	ucted:	BOX 0. VOIU	many rederarmoone rax withholding		
\$938.00		Box 7. Addr	ress		
Total:		30911 Bard Road			
\$12,675.00		Your City, GA 30308			
			n Number (Use this number if you need to contact SSA.)		
Form SSA-1099-SM	DO NOT RE	TURN THIS	FORM TO SSA OR IRS		