

Request to prepare and file with the IRS Form 1099-R and fee payment election

(No charge for current clients taking less than a total distribution)

Name of Plan: _____ Company Tax ID: _____
 Address of Plan: _____
 Recipient name: _____ SS#: _____
 Recipient date of birth ____/____/_____
 Recipient mailing address: _____
 Gross amount of distribution: \$ _____ Taxable amount: \$ _____ Total distribution? Yes/No
 Income Tax withheld: Federal: \$ _____ State: \$ _____ Local: \$ _____
 Date of Distribution: ____/____/_____ Brokerage account number distribution taken from: _____

Category of Distribution: (check only one)	Source of Distribution: (check only one-if more than one applies use a separate request for each distribution)
Death	Employee deferral pre-tax
Early Distribution, no known exception	Employee deferral ROTH after-tax
Early Distribution, exception applies	Employer matching contribution (Safe harbor)(QMAC)
Disability	Employer matching contribution (Discretionary)
Prohibited Transaction	Employer qualified nonelective contribution (QNEC)
1035 Exchange: life insurance/annuity/endowment	Employer profit sharing allocation
Normal Distribution	Loan repayment (Pre-Tax)
Corrective distributions (excess deferrals or contributions plus earnings)	Transfer subject to the survivor annuity rules IRC Sec. 411(a)(11)
Loan default (deemed distribution)	Forfeiture from other participants given by the employer to this participant
Loan (non-taxable)	Rollover from another qualified retirement plan
Direct rollover to another qualified plan or IRA	Employee voluntary after-tax contributions (non-ROTH)
Direct transfer to another qualified plan	Transfer from a Money Purchase or Defined Benefit Plan IRC Sec. 417
Hardship withdrawal	Top Heavy contributions
Forfeiture to company (not received by employee)	Loan repayment (ROTH)

Select a method below for payment of the \$35 processing fee to prepare and file the Form 1099-R.
 (No charge for current clients taking less than a total distribution).

Choose one of the following methods of payment and return via fax, email or U.S. mail:

I agree to pay administrative fees by automated bank draft:

Bank Name& address: _____
 Account number: _____ Routing #: _____
****Please attach a voided check (Do not use the routing number from your deposit slip).**

I agree to pay administrative fees by credit card:

Visa Mastercard American Express Discover Card
 Account number: _____ Exp: ____/____ Security Code: _____
 Name on card: _____
 Billing Street address, city, state & zip code: _____

I agree to pay by Paypal: Paypal email address: _____

Date: ____/____/_____

 Signature