R.J.L. Pension Services, Inc.

7254 Mitchell Blvd, New Port Richey, FL● (727) 326-1761 / (727) 326-1758 fax ● www.rjl-pensions.com

2011 Plan Year 1099-R Worksheet

This form should be used to report information on all plan distributions (including rollovers and loan defaults) during the 2011 calendar year. **Please complete all sections as we do not receive this information from any other source.**

Plan Name: ____________________

Plan Address: ____________________
Street City State ZIP

Phone Number: __________ **Employer EIN:** __________ **Trust EIN:** __________

Please list the identification number used on Form 8109 and/or Form 945 reporting, if applicable. Please be consistent with the numbers previously reported to the IRS via Form 8109(-B) or Form 945, otherwise, the IRS may assess penalties.

Trust ID or EIN: __________ (required)

Employee Name: __________ **SS#:** __________ **Age:** ____
Address: __________ **City**__________ **State**____ **Zip**__________
Gross Amount:__________ **Date Paid:**____/____/____ **Amount of Federal Tax Withheld:**__________
Reason For Distribution: ☐ Termination ☐ Death ☐ Hardship ☐ Age 59 ½ ☐ Age 70 ½ ☐ Retirement
☐ Loan Default ☐ Refund of Excess Contribution ☐ S. 415 **Was this amount a total liquidation?** ☐ Yes ☐ No
Direct Transfer to: ☐ Traditional IRA ☐ Another Qualified Plan ☐ Roth IRA ☐ Roth IRA Conversion

Employee Name: __________ **SS#:** __________ **Age:** ____
Address: __________ **City**__________ **State**____ **Zip**__________
Gross Amount:__________ **Date Paid:**____/____/____ **Amount of Federal Tax Withheld:**__________
Reason For Distribution: ☐ Termination ☐ Death ☐ Hardship ☐ Age 59 ½ ☐ Age 70 ½ ☐ Retirement
☐ Loan Default ☐ Refund of Excess Contribution ☐ S. 415 **Was this amount a total liquidation?** ☐ Yes ☐ No
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Employee Name: __________ **SS#:** __________ **Age:** ____
Address: __________ **City**__________ **State**____ **Zip**__________
Gross Amount:__________ **Date Paid:**____/____/____ **Amount of Federal Tax Withheld:**__________
Reason For Distribution: ☐ Termination ☐ Death ☐ Hardship ☐ Age 59 ½ ☐ Age 70 ½ ☐ Retirement
☐ Loan Default ☐ Refund of Excess Contribution ☐ S. 415 **Was this amount a total liquidation?** ☐ Yes ☐ No
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The above information is correct, to the best of my knowledge and R.J.L. Pension Services, Inc. is authorized to prepare the 1099-R's for the fee of **$75 plus $15 per 1099-R**. We understand R.J.L. Pension Services, Inc. will rely on the information provided above to prepare the Form 1099-R and any corrections to the Form 1099-R/1096 will result in a revision fee. *We further understand that R.J.L. Pension Services will not be preparing Form 945 (if applicable), which is due to be files with the IRS by 1/31/12.*

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Signature of Plan Trustee or Employer Representative

____________________ ____________________
Printed Name **Company Name**

*****Please return this completed form to our office no later than January 6, 2012*****