

IMPORTANT information when filing the 2020 1099-R Tax Forms: An update was made by the IRS to the 2020 1099-R Form which rearranged the Box Numbers for Boxes 12 through 19, however the Box Titles remain the same. The 1099-R Forms issued in January 2021 do not include the newly updated Box Numbers. As a result, the data provided in January on the 1099-R Forms should be used by referencing the Box Titles on the form, do not reference the Box Numbers for boxes 12 through 19 when filing.

Refer below for sample form:

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code OFFICE OF THE STATE COMPTROLLER 165 CAPITOL AVENUE HARTFORD, CT 06106 TEL 8607023480		1 Gross Distribution \$		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy 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.
PAYER'S TIN RECIPIENT'S TIN XXX-XX-		2a Taxable Amount \$		Total distribution <input type="checkbox"/>		
RECIPIENT'S name, address and ZIP Code		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		This information is being furnished to the Internal Revenue Service
		5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code (s) IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 State tax withheld \$		13 State/Payer's state no.
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/> Date of payment		15 Local tax withheld \$		16 Name of locality \$
Form 1099-R		Form 1099-R		Department of the		Internal Revenue Service

Note: Blue circles with arrows point to boxes 12, 13, 14, 15, 16, 17, 18, and 19, labeling them as 'New Box'.

- **New Box 12, FATCA filing requirement**
- **New Box 13, Date of payment**
- **New Box 14, State tax withheld, ~~Previously Box 12~~**
- **New Box 15, State/Payer's state no., ~~Previously Box 13~~**
- **New Box 16, State distribution, ~~Previously Box 14~~**
- **New Box 17, Local tax withheld, ~~Previously Box 15~~**
- **New Box 18, Name of locality, ~~Previously Box 16~~**
- **New Box 19, Local distribution, ~~Previously Box 17~~**

If a replacement 1099-R form is necessary, please contact OSC Customer Service at 860-702-3480 or email a reissue request to osc.rsd@ct.gov.