

**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:

|   |  | <input type="checkbox"/> CORRECTED (if checked)   |   |  |  |
|---|--|---|---|--|--|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br><br>OFFICE OF THE STATE COMPTROLLER<br>165 CAPITOL AVENUE<br>HARTFORD, CT 06106<br>TEL 8607023480 |  | 1 Gross Distribution<br>\$<br><br>2a Taxable Amount<br>\$<br><br>2b Taxable amount not determined <input type="checkbox"/>  |   | OMB No. 1545-0119<br><br>2020<br>Form 1099-R       | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  |
| PAYER'S TIN   | RECIPIENT'S TIN<br>XXX-XX-                                 | 3 Capital gain (included in box 2a)<br>\$<br><br>5 Employee contributions /Designated Roth contributions or insurance premiums<br>\$<br><br>7 Distribution code (s)<br>8 IRA/ SEP/ SIMPLE<br><input type="checkbox"/> | 4 Federal income tax withheld<br>\$<br><br>6 Net unrealized appreciation in employer's securities<br>\$<br><br>8 Other<br>% |  | Copy B<br>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, address and ZIP Code  |  | 9a Your percentage of total distribution %<br><br>New Box 12  | 9b Total employee contributions<br>\$<br><br>New Box 14   | 13 State/Payer's state no.<br>\$<br><br>New Box 15 | This information is being furnished to the Inter New Revenue Sel. Box 16   |
| 10 Amount allocable to IRR within 5 years<br>\$<br><br>Account number (see instructions)  | 11 1st year of desig. Roth contrib.<br><br>Date of payment | 12 State tax withheld<br>\$<br><br>New Box 13   | 15 Local tax withheld<br>\$<br><br>New Box 17   | 16 Name of locality<br>\$<br><br>New Box 18        | 14 State distribution<br>\$<br><br>New Box 19  |
| Form 1099-R   |  | 17 Uniform1099r<br>FATCA filing requirement<br><input type="checkbox"/>   | 18 Department of the Internal Revenue Service   | 19 Local distribution<br>\$                        |  |

- 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](mailto:osc.rsd@ct.gov).