



CITY of EL PASO
EMPLOYEES RETIREMENT TRUST

Retiree Tax Forms

Form 1099R, which details the annual pension distribution for benefit recipients, was mailed on January 31, 2020 to the address on file. Recipients may change their mailing address by completing the Retiree Change of Address (Phone) Form. The form may be submitted by mail or completed in person at the Retirement Trust Office.

The Retirement Trust Office is currently open Monday through Friday from 7:00 am to 6:00 pm. Call (915)212-0112 to speak with the administrative staff. To view a complete list of staff members and contact information, visit the [Contact Us](#) page. To print the Retiree Change of Address (Phone) Form, visit the [Retirees](#) page.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.		1 Gross distribution \$	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$	Form 1099-R	
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	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. This information is being furnished to the IRS.
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain, (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or (insurance premiums) \$	6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.)		7 Distribution code(s)	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of designated Roth contribution <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)	Date of payment	15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service