FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2015

FOR OFFICE USE ONLY:

JUN 10 10:25

**********AUTO**MIXED AADC 323 T9 P1 169

Larry H. Ray
Tax Collector
Collier County
Elected Constitutional Officer
7505 Citrus Hill Ln
Naples FL 34109-0601

PROCESSED

ID Code

ID No. 221807

Conf. Code

Ray , Larry H.

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net *worth* is not calculated by subtracting your *reported* liabilities from your *reported* assets, so *please* see the instructions on page 3.]

My net worth as of JUNE 1, 20 16 was $ 569,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump *sum if* their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 120,000.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Condo @ WILDWOOD LN. NAPLES, FL 34105	$340,000
LAKE LOT @ SANTEETLAH, N.C.	80,000
HOME @ 589 BLACKBEAR TRL, SANTEETLAH, N.C.	420,000
SUNTRUST BANK ACCTS.	53,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HOME MORTGAGE, NAPLES CONDO, SUNTRUST BANK	$135,000
HOME MORTGAGE, N.C. HOME, SUNTRUST BANK	252,000
EQUITY LOAN, SUNTRUST BANK	7,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me this 17th day of June, 2016 by Larry H. Kay

(Signature of Notary Public--State of Florida)

Suvilla Lowe

(Print, Type, or Stamp Commissioned Name of Notary Public)

SUVILLA LOWE
Commission # FF 166937
Expires February 8, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known ✓ OR Produced Identification

Type of Identification Produced

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Larry H	Ray	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Pamela A	Ray	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
7505 Citrus Hill Ln

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Naples FL 34109

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

c **Dependents:** (1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2
No. of children on 6c who:
• **lived with you**
• **did not live with you due to divorce or separation (see instructions)**
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	135,591.
8a	**Taxable** interest. Attach Schedule B if required			8a	77.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	59,903.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a 41,447.	b Taxable amount	20b	35,230.
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	230,801.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	230,801.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	230,801.
	39a	Check if: ☒ You were born before January 2, 1951, ☐ Blind. ☒ Spouse was born before January 2, 1951, ☐ Blind. Total boxes checked ▶ 39a 2		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	32,493.
	41	Subtract line 40 from line 38	41	198,308.
	42	**Exemptions.** If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions	42	8,000.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	190,308.
	44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	40,338.
	45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ▶	47	40,338.
	48	Foreign tax credit. Attach Form 1116 if required 48		
	49	Credit for child and dependent care expenses. Attach Form 2441 49		
	50	Education credits from Form 8863, line 19 50		
	51	Retirement savings contributions credit. Attach Form 8880 51		
	52	Child tax credit. Attach Schedule 8812, if required 52		
	53	Residential energy credits. Attach Form 5695 53		
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 54		
	55	Add lines 48 through 54. These are your **total credits**	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	40,338.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your **total tax** ▶	63	40,338.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 40,466.		
If you have a qualifying child, attach Schedule EIC.	65	2015 estimated tax payments and amount applied from 2014 return 65		
	66a	**Earned income credit (EIC)** No 66a		
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file 70		
	71	Excess social security and tier 1 RRTA tax withheld 71		
	72	Credit for federal tax on fuels. Attach Form 4136 72		
	73	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐ 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶	74	40,466.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	128.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	76a	128.
Direct deposit? See instructions.	b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	77	Amount of line 75 you want **applied to your 2016 estimated tax** ▶ 77		
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions) 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		Tax Collector	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Retired	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at *www.irs.gov/schedulea*.
▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment Sequence No. **07**

Name(s) shown on Form 1040: Larry H & Pamela A Ray

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.		
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38 | 2 |		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5	State and local **(check only one box):** a ☐ Income taxes, **or** b ☒ General sales taxes	5	1,562.
	6	Real estate taxes (see instructions)	6	6,794.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	8,356.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	23,437.
Note: Your mortgage interest deduction may be limited (see instructions).	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
	12	Points not reported to you on Form 1098. See instructions for special rules	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15	Add lines 10 through 14	15	23,437.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	250.
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	450.
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	700.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	
	22	Tax preparation fees	22	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24	
	25	Enter amount from Form 1040, line 38 | 25 |		
	26	Multiply line 25 by 2% (.02)	26	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $154,950? **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	32,493.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐		

a Employee's social security number [redacted]	OMB No. 1545-0008	Safe, accurate, FAST! Use	IRS e-file	Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
59-6000562	135590.63	36381.66
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
COLLIER COUNTY TAX COLLECTOR 3291 E. TAMIAMI TRAIL NAPLES, FL 34112-5758	118500.00	7346.94
	5 Medicare wages and tips	6 Medicare tax withheld
	139775.81	2026.81
	7 Social security tips	8 Allocated tips
	.00	
d Control number	9 [redacted]	10 Dependent care benefits
0000118		.00
e Employee's name, address, and ZIP code	11 Nonqualified plans	12a See instructions for box 12
LARRY HENRY RAY 7505 CITRUS HILL LANE NAPLES FL 34109-0601	.00	Code C 2214.29
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code .00
	14 Other FRS MAND 3 % 4185.18	12c Code .00
		12d Code .00

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
FL	69-0500244	135590.63	.00	.00	.00	

Form **W-2** **Wage and Tax Statement** 2015

Department of the Treasury—Internal Revenue Service

***Copy B*—To Be Filed With Employee's FEDERAL Tax Return.**
This information is being furnished to the Internal Revenue Service.

LW2B

5202

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2015 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU1499545-11A91499993

Box 1. Name	Box 2. Beneficiary's Social Security Number
LARRY H RAY	[redacted]

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 *(Box 3 minus Box 4)*
$31,655.00	NONE	$31,655.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$31,655.00
Benefits for 2015	$31,655.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

LARRY H RAY
7505 CITRUS HILL LN
NAPLES FL 34109-0601

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

[redacted]

CU1499545-11A91499993

Form **SSA-1099-SM** (1-2016) **DO NOT RETURN THIS FORM TO SSA OR IRS**

☐ CORRECTED (if checked) 12/14/2015

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	
Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	$ 53976.00 2a Taxable amount $ 53976.00	2015	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number: 34-0727612 / RECIPIENT'S identification number: [redacted]	2 b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, address, and ZIP code LARRY H RAY 7505 CITRUS HILL LN NAPLES FL 34109	4 Federal income tax withheld $ 4083.84 9 Your percentage of total distribution % 12 State income tax withheld $ 0.00 $ 0.00	7 Distribution code 7 13 State/Payer's state number	Copy 2 File this copy with your state, city, or local income tax return when required
	RETIRED 01012015-12312015		

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

Form SSA-1099-SM (1-2016) DO NOT RETURN THIS FORM TO SSA OR IRS

CU1499927-11A91508375

Box 8. Claim Number (Use this number if you need to contact SSA.)

[redacted]

Box 7. Address

PAMELA A RAY
7505 CITRUS HILLS LN
NAPLES FL 34109-0601

Box 6. Voluntary Federal Income Tax Withheld

NONE

DESCRIPTION OF AMOUNT IN BOX 4

NONE

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit $9,792.00
Benefits for 2015 $9,792.00

2015 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

PAMELA A RAY

Box 2. Beneficiary's Social Security Number

[redacted]

Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 (Box 3 minus Box 4)
$9,792.00	NONE	$9,792.00

CU1499927-11A91508375

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

FLORIDA RETIREMENT SYSTEM
DIVISION OF RETIREMENT
PO BOX 9000
TALLAHASSEE FL 32315-9000

PAYER'S federal identification number: 59-1354377

RECIPIENT'S identification number: [redacted]

RECIPIENT'S name

PAMELA A RAY
7505 CITRUS HILL LN
NAPLES, FL 34109-0601

Account number (see instructions): [redacted]

1 Gross distribution: $ 5,926.68	OMB No. 1545-0119
2a Taxable amount: $ 5,926.68	2015
2b Taxable amount not determined ☐ Total distribution ☐	Form 1099-R
3 Capital gain (included in box 2a): $	4 Federal income tax withheld: $ 0.00
5 Employee contributions: $ 0.00	6 Net unrealized appreciation in employer's securities: $
7 Distribution code(s): 7 — IRA/SEP/SIMPLE ☐	8 Other: $ %
9a Your percentage of total distribution: %	9b Total employee contributions: $ 0.00
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.
14 State distribution: $ / $	
15 Local tax withheld: $ / $	16 Name of locality
17 Local distribution: $ / $	

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.

This information is being furnished to the Internal Revenue Service.

Form **1099-R** www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service