

Form 1099-R

CORRECTED (if checked)

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

California Public Employees' Retirement System
PO BOX 942716
SACRAMENTO, CA 94229-2716

1 Gross distribution

\$

2

\$

OMB No. 1545-0119

2015

Form 1099-R

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

2b Taxable amount
not determinedTotal
distribution

PAYER'S federal identification number

94-6207465

RECIPIENT'S identification number

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Wade Harper

3 Capital gain (included
in box 2a)

\$

4 Federal income tax withheld

\$ 8,971.54

5 Employee contributions
/Designated Roth contributions or
insurance premiums

\$ 38.04

6 Net unrealized appreciation
in employer's securities

\$

7 Distribution code(s)

2

IRA/
SEP/
SIMPLE

8 Other

\$

%

9a Your percentage of total distribution

%

9b Total employee contributions

\$

Account number (see instructions)

279289333001SRTEDE

11 1st year of desig. Roth contrib.

\$ 2,771.85

\$

13 State/Payer's state no.

803-2671-3

14 State distribution

\$

\$

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.

10 Amount allocable to IRR within 5 years

\$

15 Local tax withheld

\$

\$

16 Name of locality

17 Local distribution

\$

\$

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service