

2019 Tax on Lump-Sum Distributions

G-1

Attach to Form 540, Form 540NR, or Form 541. Use this form only for lump-sum distributions from qualified plans.

Name(s) as shown on tax return

SSN, ITIN, or FEIN

Part I Complete this part to see if you can use Schedule G-1.

- | | Yes | No |
|---|----------------------------|--------------------------|
| 1 Was this a distribution of a plan participant's entire balance from all of an employer's qualified plans of one kind (pension, profit-sharing, or stock bonus)? If "No," do not use this form | 1 <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you roll over any part of the distribution? If "Yes," do not use this form | 2 <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936? | 3 <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, and (c) a participant in the plan for at least 5 years before the year of distribution? | 4 <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered "No" to both questions 3 and 4, do not use this form. | | |
| 5 Did you use Schedule G-1 in a prior year for any distribution received after 1986 for the same plan participant, including yourself, for whom the 2019 distribution was made? If "Yes," do not use this form | 5 <input type="checkbox"/> | <input type="checkbox"/> |

Part II Complete this part to choose the 5.5% capital gain election. See instructions.

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|--|------------------------------------|--|----|
| 6 Capital gain from federal Form 1099-R, box 3. If you are taking the death benefit exclusion, see instructions | 6 <input checked="" type="radio"/> | | 00 |
| 7 Multiply line 6 by 5.5% (.055) and enter here. If you elect to use Part III, go to line 8. Otherwise, enter the amount from line 7 on Form 540, line 34; Form 540NR, line 41; or Form 541, line 21b. | 7 <input checked="" type="radio"/> | | 00 |

Part III Complete this part to choose the 10-year averaging method. See instructions.

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| 8 If you completed Part II, enter the amount from federal Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the amount from federal Form 1099-R, box 2a. See instructions | 8 <input checked="" type="radio"/> | | 00 |
| 9 Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996. See instructions | 9 | | 00 |
| 10 Total taxable amount. Subtract line 9 from line 8 | 10 | | 00 |
| 11 Current actuarial value of annuity, if applicable, from federal Form 1099-R, box 8. See instructions | 11 | | 00 |
| 12 Adjusted total taxable amount. Add line 10 and line 11. If this amount is \$70,000 or more, skip line 13 through line 16, and enter this amount on line 17. | 12 | | 00 |
| 13 Multiply line 12 by 50% (.50), but do not enter more than \$10,000 | 13 | | 00 |
| 14 Subtract \$20,000 from line 12 and enter the difference. If the result is zero or less, enter -0- | 14 | | 00 |
| 15 Multiply line 14 by 20% (.20) | 15 | | 00 |
| 16 Minimum distribution allowance. Subtract line 15 from line 13 | 16 | | 00 |
| 17 Subtract line 16 from line 12. | 17 | | 00 |
| 18 Multiply line 17 by 10% (.10) | 18 | | 00 |
| 19 Tax on amount on line 18. Use the Tax Rate Schedule on page 2 of the instructions | 19 | | 00 |
| 20 Multiply line 19 by ten (10). If line 11 is blank, skip line 21 through line 26 and enter this amount on line 27. Otherwise, continue to line 21. | 20 | | 00 |
| 21 Divide line 11 by line 12 (rounded to at least three places). See instructions | 21 | | 00 |
| 22 Multiply line 16 by the decimal amount on line 21 | 22 | | 00 |
| 23 Subtract line 22 from line 11. | 23 | | 00 |
| 24 Multiply line 23 by 10% (.10) | 24 | | 00 |
| 25 Tax on amount on line 24. Use the Tax Rate Schedule on page 2 of the instructions | 25 | | 00 |
| 26 Multiply line 25 by ten (10). | 26 | | 00 |
| 27 Subtract line 26 from line 20. | 27 | | 00 |
| 28 Tax on lump-sum distribution. Add Part II, line 7 and Part III, line 27. Enter here and on Form 540, line 34; Form 540NR, line 41; or Form 541, line 21b. Multiple recipients see instructions | 28 <input checked="" type="radio"/> | | 00 |