



RETIREE REFUND CLAIM FORM

McFadden vs. Weiss

Claimant's Social Security Number: ● _____ - _____ - _____

Claimant's Name: ● _____

Retiree's Name: (if different) ● _____

Current Address: ● _____

City, State, Zip: ● _____

Source of Retirement Benefits: Federal Agency State Private Employer

Annuity Commencement Date: (ACD) ● _____ (mm/dd/yyyy)

Type of annuity: **(Check Only One)**

Regular Annuity: ● _____

Survivor Annuity: ● _____

Retiree's Date of Birth: ● _____ (mm/dd/yyyy)

Beneficiary's Date of Birth: (if applicable) ● _____ (mm/dd/yyyy)

Original Cost of Contribution: * ● \$ _____

(See 1099R, Statement of Annuity Paid)

Calculated Recovery Period: **(Leave Blank)** ● _____

Qualifying Gross Annuity Amount Received: *(See 1099R, Statement of Annuity Paid)*

● _____ ● _____ ● _____ ● _____
1999 2000 2001 2002

Do not include any income from other sources. If you are married, and your spouse also has qualifying retirement income, he/she/ must file a separate claim.

Did you participate in an "Alternative Annuity" program where you received all or part of Your original contribution at the time of retirement? ● YES ● NO

Your Signature

Date

Telephone Number(s) (Daytime and Evening)

Mail Claim Form To : Arkansas Individual Income Tax
McFadden Retiree Refund Claim Unit
P. O. Box 8110
Little Rock, AR 72203

* This only applies to amounts you contributed on an after tax basis. If you are not sure about the tax status of your cost of contribution, please contact your tax preparer.

CLAIM FORM INSTRUCTIONS

When you file your claim, the state of Arkansas will recompute your state income tax liability for tax years 1999 through 2002. **If you retired before July 2, 1986, you are not eligible for a refund.**

Please complete the form as follows:

Claimant's Social Security Number and Name: This is the person who actually received the retirement benefits during the specified years. This could be the retiree or it could be the beneficiary of the retiree. Whichever the case, each claimant receiving benefits must file a claim for the year(s) in which they received the benefits.

Retiree's Name: This is the person who originally contributed after tax dollars to the retirement plan that generated the benefits reported on the 1099(s). Complete only if different than the claimant.

Source of Retirement Benefits: Check the box that indicates the source of your benefits.

Annuity Commencement Date: This is the date payments were first made from your retirement annuity. Required on all claims.

Regular Annuity: If you are the retiree receiving annuity payments, then check this line. If you elected to have your spouse receive a portion of your benefits following your death, then leave this line blank.

Survivor Annuity: If you elected to have your spouse receive a portion of your benefits following your death, then check this line. Otherwise, leave blank.

Retiree's Date of Birth: The date of birth of the retiree. Required on all claims.

Beneficiary's Date of Birth: The date of birth of the beneficiary that is subject to receive a survivor annuity payment. Required on all claims with a survivor annuity.

Original Cost of Contribution: This is the amount of after-tax contributions you made to your retirement plan. This information may be obtained from the 1099Rs you received from your retirement system, from documents provided to you at the time of your retirement or by calling the administrator of your retirement plan. It may be called "Original Contributions", "Post Tax Contributions" or some other name to indicate the contributions you made to your plan. If your 1099-R does not show the amount of original contribution, please submit a statement from your plan administrator showing the amount of original contribution. This will expedite processing your claim. Required on all claims.

Calculated Recovery Period: Please leave blank. No information is required.

Qualifying Gross Annuity Amount Received: This is the gross distribution you received each year from your retirement plan. The amount is reflected in Box 1, "Gross Distribution" on your 1099R you received each year. You also reported this information on your state and federal tax returns each year. Required on all claims.

Please mail your claim to the address indicated on the claim form. If you have other questions, please ask your tax preparer, or call Nichols & Campbell, P.A. at 501-978-4352.