



**TAX FORM 7R (for U.S. taxpayers)
RETIREE CONFIRMATION / UPDATE OF TAX DATA
FOR CALENDAR YEAR 2019
Deadline: June 26, 2020**

To: Deloitte Tax LLP
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Upload: www.ga.deloitte.com

| | | | |
|--------|----------------------|-------------|----------------------|
| Name: | <input type="text"/> | Retiree No: | <input type="text"/> |
| Email: | <input type="text"/> | Telephone: | <input type="text"/> |

(A) DECLARATION (Mandatory for all recipients of 2019 tax reimbursements)

- 1) I affirm that the information I have provided below is true, accurate and consistent with my 2019 federal and state tax returns, as filed. I understand that the Bank may request additional documentation to support the information entered on this Form 7R, including, but not limited to, an IRS tax transcript, copies of my federal and state tax returns and Forms W-2 and 1099 reporting the income of my spouse, as applicable.
- 2) I understand that my 2019 tax reimbursement will be recalculated based on the information entered on this form below, and that the entries below may result in a positive or negative adjustment of my tax reimbursement for 2019.
- 3) I affirm that I am in compliance with federal and applicable state tax laws, that I have used the quarterly tax reimbursements paid to me in 2019 to pay my estimated taxes, and that I have filed my federal and state tax returns, as applicable, for 2019.
- 4) I further understand and agree that any material misrepresentations on my part or failure to inform the Bank of any changes in my tax status may result in appropriate action being taken by the Bank including having future tax reimbursements being made payable jointly to me and the appropriate tax authority until the matter is settled to the satisfaction of the Bank, and may be the basis for suspension of future tax reimbursements.
- 5) I have signed the IRS Form 4506-T provided by the Bank, which I am submitting along with this form.
- 6) I agree that either my handwritten signature or my typed name in the box below is valid as my signature.

| | | | |
|------------|----------------------|-------|----------------------|
| Signature: | <input type="text"/> | Date: | <input type="text"/> |
|------------|----------------------|-------|----------------------|

Note: If you complete this form electronically, please save the form after completing it and before uploading it. Alternatively, PRINT to PDF to ensure inputted data is included in your submittal.

(B) CONFIRMATION / UPDATE OF BASIC FEDERAL DATA (Mandatory for all recipients of 2019 tax reimbursement)

After filing your 2019 tax returns, please complete this Section B to match your entries on your 2019 federal and state tax returns, where applicable. References to Form 1040 also apply to Form 1040-SR.

1. Tax returns that I filed for 2019:

| | Yes | No |
|--|-----|----|
| US Federal Tax Return | | |
| State Return | | |
| Enter state(s) where you reported your IDB income as taxable: | | |
| If Maryland, enter county: | | |
| Enter other locality (city, county, etc.), if any, that taxed your IDB income | | |

2. Tax Filing Status (check the applicable boxes)

| Tax Filing Status | Federal | State |
|-----------------------------|---------|-------|
| Single | | |
| Married Filing Jointly | | |
| Married Filing Separately** | | |
| Head of Household** | | |
| Qualifying Widow(er)* | | |

* If qualified widower filing status is claimed please enter date of spouse death: _____

** Tax reimbursements for married retirees are calculated using Married Joint Filing status. However, under guidelines described in Section III(C) of the Tax Reimbursement Handbook for Retirees, a married retiree may under exceptional circumstances request approval to have the tax reimbursement calculated using the filing status of Married Filing Separately or Head of Household (if eligible under IRS rules).

3. If you are married, is your spouse an employee or retiree of the IDB Group?

| Yes | No |
|-----|----|
| | |

If yes, name of spouse: _____ Spouse Bank ID#: _____

If you are receiving two IDB pensions, one as a surviving spouse and another one as an IDB retiree, please provide your two Bank ID numbers: _____ and _____

4. Total number of dependents: (Enter total number of dependents listed in the dependents chart on Form 1040 page 1)

4.1 Of the total number of dependents, for how many did you claim the child tax credit for children under age 17 as of December 31, 2019?

(Enter the number of boxes checked for **ONLY "child tax credit"** on Form 1040 page 1, and do not include any boxes checked for "credit for other dependents")

5. Blind or over age 65 (check applicable boxes, consistent with your Form 1040, page 1)

| | Born Before January 2, 1955 | Blind |
|--------|--|--------------|
| You | | |
| Spouse | | |

6. Total Adjusted Gross Income: enter the amount on Form 1040, line 8b

7. Amount of Actual Deductions: enter the amount on Form 1040, line 9

(C) Federal Tax Return Entries Mandatory for all recipients of 2019 tax reimbursement

- All retirees are required to complete column A by entering the total amount reported on the specified line of the federal tax return. References to Form 1040 also apply to Form 1040-SR.
- **If you are married**, you are also required to complete columns B and C (unless you are approved for a Married Filing Separately or Head of Household calculation). In column B, enter the portion of the amount in column A that belongs to your spouse. In column C, enter your portion of the amount in column A.
- **If you are single**, complete column A only.

| Line Description | Line on Federal Tax Return | A Enter <u>TOTAL AMOUNT</u> from Federal Tax Return | = | B Enter <u>SPOUSE PORTION</u> of amount in column A | + | C Enter <u>YOUR PORTION</u> of the amount in column A |
|--|------------------------------------|--|-----------------------------------|--|---|--|
| Wages, salaries, tips, etc. | Form 1040, line 1 | | = | | + | |
| Taxable interest | Form 1040, line 2b | | = | | + | |
| Qualified dividends | Form 1040, line 3a, in left column | | = | | + | |
| Ordinary dividends | Form 1040, line 3b | | = | | + | |
| Taxable IRA distributions | Form 1040, line 4b | | = | | + | |
| Taxable pension and annuities | Form 1040 Line 4d | | | | | |
| Social Security benefits | Form 1040, line 5a, in left column | | = | | + | |
| Social Security -- taxable amount | Form 1040, line 5b | | PLEASE LEAVE THIS GRAY AREA BLANK | | | |
| Capital gains or (loss) | Form 1040, line 6 | | = | | + | |
| If you entered an amount on Form 1040, line 6, did you check the box that Schedule D is not required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| Total income | Form 1040, Line 7b | | PLEASE LEAVE THIS GRAY AREA BLANK | | | |
| Qualified business income deduction | Form 1040, line 10 | | = | | + | |

Allocating joint income to a spouse: if you own income producing assets jointly with your spouse, the percentage of the income from such assets attributed to your spouse should be the same as your spouse's ownership percentage; in most cases, 50% of the income will be attributable to the spouse. If you own 100% of an asset, no portion of the income produced from the asset should be attributed to your spouse.

(C) Federal Tax Return Entries (Continued)

Mandatory for all recipients of 2019 tax reimbursement. If your filing status is single, complete only column A. If you did not file a Schedule 1 or a Schedule D, you can skip this page.

| Line Description | Line on Federal Tax Return | A Enter <u>TOTAL AMOUNT</u> from Federal Tax Return | = | B <u>SPOUSE PORTION</u> of the amount in column A | + | C <u>YOUR PORTION</u> of the amount in column A |
|--|----------------------------|---|---|---|---|---|
| Entries from Schedule 1, Additional Income (if filed) | | | | | | |
| Taxable refunds, credits, or offsets of state/local Inc. taxes | Sch. 1, line 1 | | = | | + | |
| Alimony received | Sch 1, line 2a | | = | | + | |
| Business income or (loss) | Sch. 1, line 3 | | = | | + | |
| Other gains or (loss) | Sch. 1, line 4 | | = | | + | |
| Rental real estate, royalties, partnerships, S corp., etc. | Sch. 1, line 5 | | = | | + | |
| Farm income or (loss) | Sch. 1, line 6 | | = | | + | |
| Unemployment comp. | Sch. 1, line 7 | | = | | + | |
| Other income or (loss) | Sch. 1, line 8 | | = | | + | |
| Total additional income | Sch. 1, line 9 | | | PLEASE LEAVE THIS GRAY AREA BLANK | | |
| Entries from Schedule 1, Adjustments to Income (if filed) | | | | | | |
| In the lines below enter your adjustments to income from lines 10-21 of Sch. 1. Describe the item in the left-most column, enter the line # in the next column, and then enter the amount from the return in column A, the spouse's portion in column B, and your portion in column C. | | | | | | |
| | Sch. 1, line ___ | | = | | + | |
| | Sch. 1, line ___ | | = | | + | |
| | Sch. 1, line ___ | | = | | + | |
| | Sch. 1, line ___ | | = | | + | |
| Total Adjustments | Sch. 1, line 22 | | | PLEASE LEAVE THIS GRAY AREA BLANK | | |
| Entries from Schedule D (if filed) | | | | | | |
| Net short-term cap gain / (loss) | Sch. D, line 7 | | = | | + | |
| Net long-term cap gain / (loss) | Sch. D, line 15 | | = | | + | |

Allocating joint income to a spouse: if you own income producing assets jointly with your spouse, the percentage of the income from such assets attributed to your spouse should be the same as your spouse's ownership percentage; in most cases, 50% of the income will be attributable to the spouse. If you own 100% of an asset, no portion of the income produced from the asset should be attributed to your spouse.

(D) State Adjustments to Income (Mandatory if your IDB pension was subject to income tax in your state. If not leave this entire section blank)

In the table below, enter in Column A the state income adjustments, if any, as reported in your 2019 state tax return. In the sections for Additions and Subtractions, please enter the description of any adjustment and the corresponding line number from the state tax return in addition to entering the adjustment amount in Column A. Complete this section only for the state or states where you filed a resident tax return.

If you are married, you will also need to enter in Column B your spouse's portion (if any) of any state adjustments, and your portion should be entered in Column C. If your filing status is single, complete only column A.

| State(s) | Description of Line on Tax Return | Enter line no. on tax return | A Enter <u>TOTAL AMOUNT</u> from State Tax Return, if applicable | = | B <u>SPOUSE PORTION</u> of the amount in column A | + | C <u>YOUR PORTION</u> of the amount in column A |
|-----------------------------|-------------------------------------|------------------------------|---|---|--|---|--|
| Maryland | Pension Exclusion | Form 502, 10a | | = | | + | |
| | Taxable Social Security Benefits | Form 502, 11 | | = | | + | |
| | Addition (502, 2-5) | | | = | | + | |
| | Other Addition | | | = | | + | |
| | Other Subtraction (502, 8-10,12-14) | | | = | | + | |
| | Other Subtraction | | | = | | + | |
| Virginia | Age Deduction | Form 760, 4 | | = | | + | |
| | Taxable Social Security Benefits | Form 760, 5 | | = | | + | |
| | State income tax refund | Form 760, 6 | | = | | + | |
| | Addition (Sch. ADJ, 1-2) | | | = | | + | |
| | Other Addition | | | = | | + | |
| | Subtraction (Sch ADJ, 4-6) | | | = | | | |
| | Other Subtraction | | | = | | | |
| District of Columbia | Taxable Social Security Benefits | D40, 10 | | = | | + | |
| | Addition (D-40, 5-6) | | | = | | + | |
| | Other Addition | | | = | | + | |
| | Subtraction (D-40, 8-9,11-13) | | | = | | + | |
| | Other Subtraction | | | = | | + | |

| FOR STATES OUTSIDE DC MD AND VA WHERE YOU PAID TAX ON YOUR IDB RETIREMENT INCOME: Please complete this chart and submit a copy of your state tax return | | | | | | | |
|--|-----------------------------------|------------------------------|---|---|--|---|--|
| | Description of Line on Tax Return | Enter Line no. on Tax Return | A Enter <u>TOTAL AMOUNT</u> from State Return, if applicable | = | B <u>SPOUSE PORTION</u> of the amount in column A | + | C <u>YOUR PORTION</u> of the amount in column A |
| Name of State(s): _____ _____ | Subtraction for State Tax Refund | | | = | | + | |
| | Age deduction | | | = | | + | |
| | Social Security | | | = | | + | |
| | Pension Exclusion | | | = | | + | |
| | Other addition | | | = | | + | |
| | Other subtractions | | | = | | + | |
| | State Adjusted Gross Income | | | = | | + | |
| | State Total Income Tax | | | = | | + | |

(E) Changes in your tax situation for the 2020 calendar year (please complete as applicable)

The data entered on this Form 7R will also be used to compute your future quarterly tax reimbursements. If your tax situation has changed since January 1, 2020, or if you expect a change during 2020, please check the applicable box(es) below, and provide the requested information for 2020 for each checked box:

- New marital or filing status: _____
- New state of residence (or no state): _____ Date of move: _____
For moves to Maryland, enter county: _____
- Change in spouse income. If checked, enter your spouse's expected total taxable income (excluding long term capital gains and qualified dividends) for the current year: _____
- Change in number of children under age 17 as of year-end. Enter new number of children under age 17 as of 12/31/20: _____
- Change in number of dependents. Enter new number: _____
- I will reach age 65 this calendar year.
- My spouse will reach age 65 this calendar year.
- Other change (please specify): _____