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# ANNUAL STATEMENT OF COMPENSATION FOR 2009

Retirement Date: \_\_\_\_\_ Disability Plan: \_\_\_\_\_ Employer Code: \_\_\_\_\_

TO: \_\_\_\_\_ SS#: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete this form as soon as you file your 2009 Federal Income Tax Form, but no later than April 15, 2010 and regardless of whether or not you had income.**

- Are you required to file a Federal Income Tax Return for 2009?
  - Yes, I am. (Enclose copies of all 1040 forms, W-2s and all supporting documents, and go to #2 and #3 below). If you file jointly, you must submit copies for both parties.
  - No, I am not. (Please sign, date the bottom of this form, and return it to MainePERS)

2. Did you have any income other than MainePERS Disability during 2009?

- No
- Yes

3. If you answered "yes" to question #2, please list the amount below:

\$ _____ Social Security Disability	\$ _____ Wages from Employment Employer(s) Name: _____
\$ _____ Workers' Compensation	\$ _____ Other sources (e.g. rentals, unemployment, royalties, sub chapter S partnerships, farm income)
\$ _____ Self-employment	

If you have earnings other than MainePERS and are required to file a federal tax return, you must include signed copies of your 1040, 1040A, or 1040-EZ with all schedules attached (for example: self-employment and copies of all W-2's and 1099's filed with your 1040).

If you file your taxes jointly, you must submit copies of all W-2's, 1099's and all supporting documents for both parties in order for us to consider your income separately from theirs.

If you anticipate not having your 2009 Federal Income Tax Return completed by April 15, 2010, you will need to send us a Federal Extension Form by April 15, 2010. This will provide you with an automatic extension with MainePERS. The completed ASC and a copy of your Federal 1040 (or 1040A or 1040-EZ) tax return, with all attachments, should be mailed to MainePERS as soon as the information is available.

*I hereby designate the MainePERS as my authorized agent for obtaining any return, report, or other information pursuant to 36 MRSA 191(2)(A). This authority includes the right to obtain income tax information. This authorization is for the purpose of verifying the amount of income claimed in this statement. I have read and understand the information on the reverse side of this form; **(I understand that failure to report all income truthfully and to provide verification as requested by MainePERS may result in the loss of my MainePERS disability retirement benefit.)***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Disability Recipient (or Power of Attorney)\*

\*If this signature is that of someone other than the recipient, please provide, if it is not currently on file with the MainePERS, documentation of the authority making this signature valid, e.g., power of attorney.

