1099-R Labeling Instructions

Evaluation Set Requirements

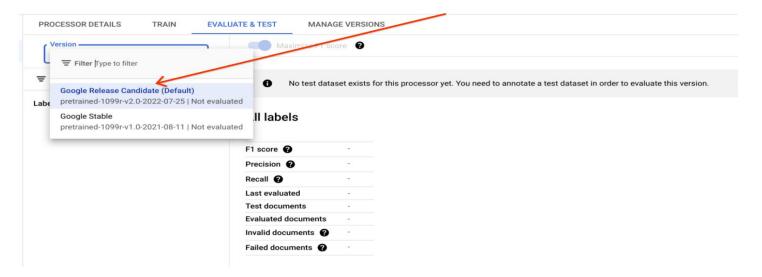
In order to do fair and thorough evaluation of the model, the evaluation set should take the following dimensions into consideration

- 1. **Revisions:** Documents should be in English for years 2019 & 2020.
- 2. **Size:** It is recommended to have 500+ documents for each evaluation set.
- 3. **Template Diversity:** The documents should be diverse, e.g. different templates, issue year, different sources, states (if applicable) ... etc.
- 4. **Value Diversity:** Documents should capture all possible values.
- 5. **Handwritten:** It is preferred to separate handwritten documents from typed ones (i.e. have 2 separate evaluation sets) and report metrics for each.

Processor Version

These instructions are specific for 1099-R Processor version:

"Google Release Candidate (Default) pretrained-1099r-v2.0-2022-07-25"



Entity List

| Field | Description | Base Type | | |
|--|--|-----------|--|--|
| FormYear | 1099-R Form Year | string | | |
| PayerFirstName | First Name of the Payer | string | | |
| PayerLastName | Last Name of the Payer | string | | |
| PayerMiddleInitial | Middle Initial of the Payer | string | | |
| PayerOrganizationName | ganizationName Organization Name of the Payer | | | |
| PayerStreetAddress_Line1 | Enter Street Address line 1 of the Payer | string | | |
| PayerStreetAddress_Line2 | dress_Line2 Enter Street Address line 2 of the Payer | | | |
| PayerCity Enter City of the Payer (City or Town) | | string | | |
| PayerState | Enter State of the Payer(State or Province) | | | |
| PayerZipcode | verZipcode Enter the Zipcode of the Payer | | | |
| RecipientFirstName | First Name of the Recipient | string | | |
| RecipientLastName | ipientLastName Last Name of the Recipient | | | |

Entity List

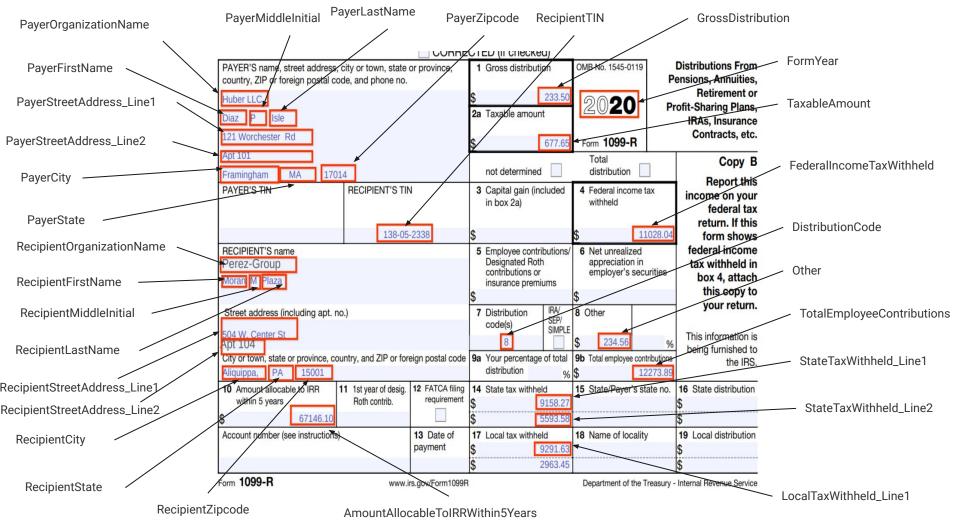
| Field | Description | Page Tyre |
|------------------------------|--|-----------|
| Field | Description | Base Type |
| RecipientMiddleInitial | Middle Initial of the Recipient | string |
| RecipientOrganizationName | Organization Name of the Recipient | string |
| RecipientStreetAddress_Line1 | Enter Street Address line 1 of the Recipient (Including Apt No.) | string |
| RecipientStreetAddress_Line2 | Enter Street Address line 2 of the Recipient | string |
| RecipientCity | Enter City of the Recipient (City or Town) | string |
| RecipientState | Enter State of the Recipient (State or Province) | string |
| RecipientZipcode | Enter the Zipcode of the Recipient | string |
| RecipientTIN | Enter Recipient Tax Identification Number | string |
| FederalIncomeTaxWithheld | Total amount of federal tax withheld during that year | money |
| GrossDistribution | Distribution Total amount paid to retiree in that year before taxes or other deductions – does not include health insurance reimbursements | |
| TaxableAmount | Enter the Taxable Amount | money |
| DistributionCode | DistributionCode Identifies the type of distribution received | |

Entity List

| Field | Description | Base Type |
|----------------------------------|--|-----------|
| Other | other | string |
| TotalEmployeeContributions | Enter Total Employee Contributions | money |
| AmountAllocableToIRRWithin5Years | Enter Amount Allocable To IRR Within 5 Years | money |
| StateTaxWithheld_Line1 | Amounts deducted from disbursements for state income tax purposes. | money |
| StateTaxWithheld_Line2 | Amounts deducted from disbursements for state income tax purposes. | money |
| LocalTaxWithheld_Line1 | Enter the amount of Local tax withheld from the distribution. | money |

Note: There will be zero or one instance of each entity.

Entity Annotation.



General Labeling Instructions

Occurrence Type

There are 4 occurrence types which restricts the number of annotations for each entity:

- **OPTIONAL ONCE:** Entity can be present zero or multiple times but should have one unique value.
- **OPTIONAL MULTIPLE**: Entity will appear zero or multiple times and with different values.
- **REQUIRED ONCE:** Entity can be present once or multiple times but should have one unique value.
- **REQUIRED MULTIPLE**: Entity will appear once or multiple times and with different values.

All 1099-R form entities belongs to any of the occurrence type mentioned above .

Optical Character Recognition (OCR) Errors

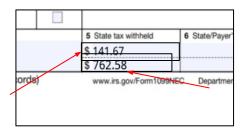
Drawing bounding boxes around entities will automatically populate a text captured through OCR (Optical Character Recognition). In some cases, the captured text is not accurate and doesn't reflect what is on the page, especially for documents that are blurry or of low resolution. These values should be corrected manually through "Value" input text.

Bounding Box Annotation

Bounding boxes should fit the correct text as much possible:

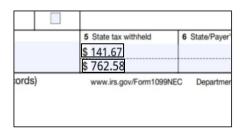
- Avoid overlapping bounding boxes. This can be tricky when values are close to each other.
- Avoid oversized boxes which incorporates background artifacts such as table borders.

Example 1



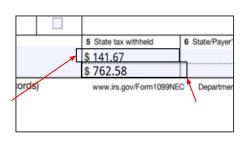
Incorrect Annotation:
Bounding boxes are overlapping

Example 2



Correct Annotation

Example 3



Incorrect Annotation: Bounding boxes oversized

Case Sensitivity

DocAl evaluation is case sensitive and can affect the final evaluation. While annotation please be aware to fix any casing issues generated by OCR.

Please note that Entity values are also case sensitive and the values should be fixes

Examples:

- "Huber IIc" != "Huber LLC"
- "Diaz p" != "Diaz P"

Money

Cambrach Commence

For money entries the annotation bounding box and value text should include the currency if present on the document.

If the document contains currency with no values, then annotations could be omitted, as shown in the example on the bottom right.

| | This Quarter | Year To Date | Since Issue Date |
|-------------------------------|---------------|---------------|------------------|
| Beginning Value on 09/28/2018 | \$201,931.64 | | |
| Total Premium | \$0.00 | \$4,000.00 | \$146,388.89 |
| Total Withdrawals | \$0.00 | \$0.00 | \$0.00 |
| Total Tax Withheld | \$0.00 | \$0.00 | |
| Net Change | (\$23,104.00) | (\$15,683.48) | |
| Ending Value on 12/31/2018 | \$178.827.64 | | |

| | | Ψ 0.00 | |
|--------------------------|-----------------------------|---------------------------------|-----------------------------|
| FATCA filing requirement | 12 State tax withheld \$ | 13 State/Payer's state no. | 14 State distribution \$ |
| | \$ | | \$ |
| Date of Payment | 15 Local tax withheld \$ | 16 Name of locality | 17 Local distribution \$ |
| | \$ | | \$ |
| www.irs.gov/form | 1099r | Department of the Treasury - In | ternal Revenue Service |

Empty Values

In general, if the value does not exist in the form then there is no need to label it. In the example below FederalIncomeTaxWithheld should not be annotated since there is no value present in the designated field.

It is also possible to annotate empty entities (with empty values) but that will not affect the final metrics.

| 42 Fairhaven Commons Way, Fairhaven MA 2719 | | | \$ 2b | b Taxable amount not determined distribution | | | | FederalIncomeTaxWithhel | | |
|--|--|-----------------------------|--|--|--|-------------------------|---------------------------|-------------------------|----|--|
| PAYER'S TIN | RECIPIENT'S TIN | | | Capital gain (inclu box 2a) | ided in | 4 | Federal incom withheld | ne tax | | |
| 060151575 | 123-45- | 4351 | \$ | | | \$ | | | | |
| RECIPIENT'S name | | | | Employee contributions/ | | 6 Net unrealized | | | Т | |
| Forks player | | | Designated Roth contributions or insurance premiums | | appreciation in employer's securities | | | | | |
| | | | \$ | | | \$ | | | | |
| Street address (including apt. no.) | | | | Distribution | IRA/ SEP/ | 8 | Other | | 1 | |
| 236 Apt. Common street, Fairhaven MA 2719 | | | | code(s) | SIMPLE | E \$ | 1 | % | | |
| City or town, state or province, country, and ZIP or foreign postal code | | 9a | Your percentage of distribution | of total % | - | b Total employed | e contributions | | | |
| 10 Amount allocable to IRR within 5 years | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement | | State tax withheld | 0.00 | 1 | 5 State/Payer | 's state no. | \$ | |
| \$ | | | \$ | | 0.00 | Τ. | | | \$ | |
| Account number (see instructions) 13 Date of | | 17 | Local tax withheld | d | 1 | 8 Name of loc | cality | 1 | | |
| payment | | \$ | | 0.00 | | | | \$ | | |
| | | | \$ | | 0.00 | 1 | | | \$ | |