

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

CU0663948-11848664136

2012 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name RODNEY L LARSON		Box 2. Beneficiary's Social Security Number 478-52-1117	
Box 3. Benefits Paid in 2012 \$30,014.80	Box 4. Benefits Repaid to SSA in 2012 NONE	Box 5. Net Benefits for 2012 (Box 3 minus Box 4) \$30,014.80	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$28,816.00 Medicare Part B premiums deducted from your benefits \$1,198.80 Total Additions \$30,014.80 Benefits for 2012 \$30,014.80		DESCRIPTION OF AMOUNT IN BOX 4 NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344-2547	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 478-52-1117A	

Form SSA-1099-SM (1-2013)

DO NOT RETURN THIS FORM TO SSA OR IRS

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. MTS Systems Corporation 14000 Technology Drive Eden Prairie MN 55344 Telephone: 952-937-4227		1 Rents \$ 2 Royalties \$	OMB No. 1545-0115 2012 Form 1099-MISC	Miscellaneous Income	
PAYER'S Federal identification number 41-0908057		RECIPIENT'S identification number 45-5349407		Copy B For Recipient	
RECIPIENT'S name, street address, city, state, and ZIP code RODNEY LESTER LARSON DBA FAR EAST CONTROLS LLC P.O. BOX 44847 EDEN PRAIRIE MN 55344		3 Other income \$	4 Federal income tax withheld \$		
Account number (see instructions)		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
15a Section 409A deferrals \$		15b Section 409A income \$	16 State tax withheld \$		
RECIPIENT'S name, street address, city, state, and ZIP code RODNEY LESTER LARSON DBA FAR EAST CONTROLS LLC P.O. BOX 44847 EDEN PRAIRIE MN 55344		7 Nonemployee compensation \$ 28482.26	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ \$	10 Crop insurance proceeds \$		
Account number (see instructions)		11	12		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$		15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. 	18 State income \$

Form 1099-MISC

(Keep for your records)

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 nonemployee compensation. Any amount included in box 15a that is currently as taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

INSTRUCTIONS TO RECIPIENT

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 2. May also show the total amount of the credits from clean renewable energy bonds, Gulf tax credit bonds, qualified forestry conservation bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, Midwestern tax credit bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2012 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 8251.

Box 10. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid to you during the calendar year and reported in box 8. If blank, no CUSIP number was issued for the bond(s).

Boxes 11-13. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1098 with the Internal Revenue Service Center for your area. On Form 1098 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

U-1089-1

1099-INT / COPY E

BY WHOM PAID		DIRECT INQUIRIES TO: 952-935-8661		Copy B For Recipient - This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Keep this copy for your records.	PAYER'S RTN (OPTIONAL)		
FIRST MINNETONKA CITY BANK 11500 HIGHWAY 7 MINNETONKA MN 55305					1 Interest income 1.58		
CORRECTED (if checked) ☐				Account number (see instructions) 1829	2 Early withdrawal penalty		
TO WHOM PAID RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344-2547				3 Interest on U.S. Savings Bonds and Treasury obligations			
				4 Federal income tax withheld .46			
				5 Investment expenses			
2012 Interest Income FORM 1099-INT		6 Foreign tax paid		7 Foreign country or U.S. possession		8 Tax-exempt interest	
		9 Specified private activity bond interest		10 Tax-exempt bond CUSIP no. (see instructions)		Payer's Federal identifying number 41-0877090	
		11 State MN	12 State identification number 00009319016	13 State tax withheld		Recipient's identifying number XXX-XX-1117	

TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
ULTIMATE INTEREST	XXXXXXXX671	.33	.00	.10
THRIFT SAVINGS Accou	XXXXXXXX227	1.25	.00	.36

☐ CORRECTED (if checked) PAYER'S name, street address, city, state, and ZIP code T. ROWE PRICE MTS RETIREMENT SAVINGS PLAN 4515 PAINTERS MILL RD. OWINGS MILLS MD 21117 PLAN # 105038		1 Gross distribution 5,625.99	2b Taxable amount not determined ☐	OMB No. 1545-0119 2012 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service
PAYER'S federal identification number 52-1481931		2a Taxable amount 5,625.99	Total distribution ☒	
RECIPIENT'S identification number *****1117		3a Capital gain (included in box 2a) 0.00	4 Federal income tax withheld 1,125.20	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code 0121541 RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344		5 Employee contributions /Designated Roth contributions or insurance premiums 0.00	6 Net unrealized appreciation in employer's securities 0.00	
RECIPIENT's name, street address (including apt. no.), city, state, and ZIP code 0121541 RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344		7 Distribution code(s) 7	8 Other 0.00	COPY B Report this income on your Federal tax return If this form shows Federal income tax withheld in box 4, attach this copy to your return
10 Amount allocable to IRR within 5 years		9a Your percentage of total distribution	9b Total employee contributions	
11 1st year of desig. Roth contrib.		12 State tax withheld 0.00	13 State/Payer's state no. MN 1343166	14 State distribution
Account number (see instructions)		15 Local tax withheld	16 Name of locality	17 Local distribution

FORM 1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked) PAYER'S name, street address, city, state, and ZIP code T. ROWE PRICE MTS RETIREMENT SAVINGS PLAN 4515 PAINTERS MILL RD. OWINGS MILLS MD 21117 PLAN # 105038		1 Gross distribution 5,625.99	2b Taxable amount not determined ☐	OMB No. 1545-0119 2012 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service
PAYER'S federal identification number 52-1481931		2a Taxable amount 5,625.99	Total distribution ☒	
RECIPIENT'S identification number *****1117		3a Capital gain (included in box 2a) 0.00	4 Federal income tax withheld 1,125.20	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344		5 Employee contributions /Designated Roth contributions or insurance premiums 0.00	6 Net unrealized appreciation in employer's securities 0.00	
RECIPIENT's name, street address (including apt. no.), city, state, and ZIP code RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344		7 Distribution code(s) 7	8 Other 0.00	COPY C For Recipient's Records
10 Amount allocable to IRR within 5 years		9a Your percentage of total distribution	9b Total employee contributions	
11 1st year of desig. Roth contrib.		12 State tax withheld 0.00	13 State/Payer's state no. MN 1343166	14 State distribution
Account number (see instructions)		15 Local tax withheld	16 Name of locality	17 Local distribution

FORM 1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked) PAYER'S name, street address, city, state, and ZIP code T. ROWE PRICE MTS RETIREMENT SAVINGS PLAN 4515 PAINTERS MILL RD. OWINGS MILLS MD 21117 PLAN # 105038		1 Gross distribution 5,625.99	2b Taxable amount not determined ☐	OMB No. 1545-0119 2012 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service
PAYER'S federal identification number 52-1481931		2a Taxable amount 5,625.99	Total distribution ☒	
RECIPIENT'S identification number *****1117		3a Capital gain (included in box 2a) 0.00	4 Federal income tax withheld 1,125.20	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344		5 Employee contributions /Designated Roth contributions or insurance premiums 0.00	6 Net unrealized appreciation in employer's securities 0.00	
RECIPIENT's name, street address (including apt. no.), city, state, and ZIP code RODNEY L LARSON PO BOX 44847 EDEN PRAIRIE MN 55344		7 Distribution code(s) 7	8 Other 0.00	COPY 2 File this copy with your state, city, or local income tax return, when required
10 Amount allocable to IRR within 5 years		9a Your percentage of total distribution	9b Total employee contributions	
11 1st year of desig. Roth contrib.		12 State tax withheld 0.00	13 State/Payer's state no. MN 1343166	14 State distribution
Account number (see instructions)		15 Local tax withheld	16 Name of locality	17 Local distribution

FORM 1099R

Department of the Treasury - Internal Revenue Service



Your New Benefit Amount

0125131

BENEFICIARY'S NAME: RODNEY L LARSON

Your Social Security benefits will increase by 1.7 percent in 2013 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Saving this letter could save you the inconvenience of making a trip to a local office and waiting in line to obtain a new document.

How Much Will I Get And When?

• Your monthly amount (before deductions) is	<u>\$2,545.90</u>
• The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 15, 2012 or if someone else pays your premium, we show \$0.00.)	<u>\$104.90</u>
• The amount we deduct for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2012, we show \$0.00.)	<u>\$0.00</u>
• The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Nov. 15, 2012, we show \$0.00.)	<u>\$0.00</u>
• After we take any other deductions, you will receive on Jan. 23, 2013.	<u>\$2,441.00</u>

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a check, please remember that you must switch to an electronic payment by March 1, 2013. For more information, please visit www.godirect.org or call 1-800-333-1795.

What If I Have Questions?

Please visit our website at www.socialsecurity.gov for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

SUITE 100
6161 AMERICAN BLVD W
BLOOMINGTON MN

0125131