

**THE RETIREMENT SYSTEMS
OF ALABAMA**

INVITATION TO BID

For:
Printed 1099R Forms

Agency Contact:

Edward Davis (334) 517-7130

Invitation to Bid No.: 12-004

Mandatory Pre-bid Conference:

DATE: N/A TIME: 10:00 AM

Bids Must be Received Before:

DATE: October 20, 2011 TIME: 5:00 PM

Bids Will be Publicly Opened

DATE: October 21, 2011 TIME: 10:00 AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED AS APPROPRIATE. BID RESPONSE MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

- 1) DELIVERY: CAN BE MADE _____ BUSINESS DAYS AFTER RECEIPT OF ORDER.
- 2) TERMS: _____ (DISCOUNTS WILL BE CONSIDERED IN THE BID EVALUATION AND WILL BE TAKEN WITHOUT REGARD TO DATE OF PAYMENT).
- 3) PRICES VALID FOR ACCEPTANCE WITHIN _____ DAYS.
- 4) VENDOR'S QUOTATION REFERENCE NUMBER, IF ANY: _____ (THIS NUMBER WILL APPEAR ON PURCHASE ORDER)
- 5) FEDERAL EMPLOYER ID. NO. (IF NO FEIN, ENTER SSN) : _____
- 6) E-MAIL ADDRESS: _____ INTERNET WEBSITE: _____

RETURN INVITATION TO BID:

REGULAR MAIL

RETIREMENT SYSTEMS OF ALABAMA
P.O. BOX 302150
MONTGOMERY, ALABAMA 36130-2150

COURIER

RETIREMENT SYSTEMS OF ALABAMA
201 SO. UNION STREET, SUITE 574
MONTGOMERY, ALABAMA 36104-4369

SIGNATURE AND NOTARIZATION REQUIRED

I have read the entire bid and agree to furnish each item offered at the price quoted. I hereby affirm I have not been in any agreement or collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding.

**Sworn to and subscribed
before me this**

____ DAY OF _____, 20__

____ NOTARY PUBLIC

COMPANY NAME

MAILING ADDRESS

CITY, STATE, ZIP

PHONE INCLUDING AREA CODE

AUTHORIZED SIGNATURE (INK)

TYPE / PRINT AUTHORIZED NAME

TITLE

FAX NUMBER

BID RESPONSE INSTRUCTIONS

- **READ ALL TERMS, CONDITIONS AND SPECIFICATIONS**
- Label your bid response envelope with the **BID NUMBER** and **OPENING DATE**. Bids not identified may be rejected.
- Submit your bid on time. **ALL LATE BIDS WILL BE REJECTED.** The Retirement Systems of Alabama assumes no responsibility for bid responses that are late due to the U.S. Postal Service, private courier service, or any other reason.
- **Bid responses must be signed and notarized. Signatures must be original, hand-written.**
- Bid pricing must be submitted on the attached Price Sheet without modification and must include all requested information.
- Any errors or corrections to a bid response should be initialed.
- Delivery date may be considered a factor in determining an award.
- The public bid opening will be held at 201 S. Union Street, 5th floor Conference Room, Montgomery, Alabama.
- **STATE LAWS:** All bidders are responsible for compliance with all laws and Executive Orders and opinions of the Attorney General of Alabama before doing business with a State Agency.
- The Retirement Systems of Alabama is exempt from paying Federal Excise Tax, state and local sales tax.

The Retirement Systems of Alabama
ITB 12-004
for
PRINTED 1099R FORMS

PURPOSE

The purpose of this Invitation to Bid is to select a qualified vendor for the purchase of printed 1099R forms in accordance with the specifications, terms and conditions set forth herein.

BID OPENING

Bids must be received no later than 5:00 P.M., October 20, 2011. Bids will be publicly opened October 21, 2011 at 10:00 A.M. in the 5th floor conference room of the RSA Systems Building located at 201 South Union Street, Montgomery, Alabama.

PRICING

Bid price must include any and all costs associated with providing the specified product. No additional charges beyond those specifically delineated herein shall be allowed. Freight charges must be included in bid price.

BID AWARD

The bid will be awarded on an “all or none” basis to the lowest responsible bidder meeting all specifications, terms and conditions. The Retirement Systems of Alabama (RSA) reserves the right to reject any or all bids and to waive any technical errors or discrepancies if, in their judgment, it would be in the best interest of RSA to waive such errors or discrepancies.

INTENT TO AWARD

Effective October 1, 2010, The Retirement Systems of Alabama will issue an “Intent to Award” before a final award is made. The “Intent to Award” will continue for a period of five (5) calendar days, after which a final award will be made. Upon final award, all rights to protest are forfeited. A detailed explanation of this process may be reviewed in the Alabama Administrative Code – Chapter 355-4-1 (14).

REQUIREMENTS

All bidders are required to submit certification as required by the State of Alabama stating that the bidder is appropriately registered to collect and remit state and local sales, use and lease taxes on all its sales and leases into the State of Alabama. Accordingly, each bid submitted must include certification that the bidder is not barred from bidding for or entering into a contract under Act 2006-557 and that the bidder acknowledges that the RSA may declare any contract awarded from this ITB void if the certification completed by the awarded bidder is false (**certification attached**).

All bidders are required to complete a State of Alabama Vendor Disclosure Statement as required by Act 2001-955 and return it with their bid (**copy attached**).

It is not a requirement to be a registered bidder with the State of Alabama to qualify to bid.

DELIVERY

Delivery terms are F.O.B. Destination, 201 South Union Street, Montgomery, Alabama 36104. The term F.O.B. Destination shall mean delivered and unloaded inside the receiving dock of the RSA Systems Building. All shipments must include a packing slip or invoice referencing the Retirement Systems of Alabama’s purchase order number.

DELIVERY TIME

Delivery of printed forms must be made no later than December 9, 2011. RSA accepts deliveries Monday through Friday, 8:00 A.M. – 5:00 P.M., excluding State holidays.

QUANTITY

A purchase order will be issued for **170,000 printed forms**. **The Retirement Systems of Alabama will not be responsible for payment of any overages printed or delivered.**

SPECIFICATIONS

The form must be an R R Donnelley 1099R Eccentric Z fold form, 8 ½" x 14", 28 lb. pressure seal paper (no exceptions). One-half inch (½") left and right perforations, four (4) horizontal perforations. Adhesive must allow for a permanent seal and have a shelf life of at least one (1) year. Forms will be packed 2,000 per carton with four (4) inner poly wraps of 500 forms each, OR 1,000 per carton with four (4) inner poly wraps of 250 forms each. Instructions for handling forms will be inserted in the top of each carton.

Printing on the front side will consist of permit indicia, ancillary endorsement, and one additional line of text. The back side will be printed with **Instructions to Recipient** per stipulations of IRS Publication 1220 and must meet IRS standards and approval. All text will be in black ink. All artwork required will be the responsibility of the awarded vendor and must be included in the bid price. A form from the 2010 tax reporting year is provided for reference only. IRS stipulations on requested form must be for reporting of 2011 taxes. Also see notes on sample concerning adhesive pattern.

Successful bidder will be required to submit a digital proof of form for approval prior to printing. Proof must be emailed to the following addresses: shanon.mcwhorter@rsa-al.gov and edward.davis@rsa-al.gov

**PRICE SHEET
ITB 12-004
PRINTED GENERIC STATEMENTS**

<u>Description</u>	<u>QTY</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Extended Price</u>
Printed 1099R Form per specifications	170	M	_____	_____
TOTAL BID PRICE:			_____	

M = 1,000

Retirement Systems of Alabama

VENDOR CERTIFICATION

(Required by Act 2006-557)

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. **BY SUBMITTING THIS BID, THE BIDDER IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557,** THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

I hereby attest that _____ is appropriately registered to
(company name)

collect and remit sales, use and lease tax on all its sales and leases into the State of Alabama and is not barred from bidding for or entering into a contract under ACT 2006-557. I hereby acknowledge that the RSA may declare any contract awarded from this ITB void if this certification is false.

Authorized Signature

Witness

State of Alabama

Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM:

ADDRESS:

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD:

Retirement Systems of Alabama

ADDRESS:

201 S. Union Street, Montgomery, AL 36104

334-517-7130

CITY, STATE, ZIP

TELEPHONE NUMBER:

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

State Agency/Department

Type of Goods/Services

Amount Received

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

State Agency/Department

Date Grant Awarded

Amount of Grant

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

Name of Public Official/Employee

Address

State Department/Agency

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

Name of Family member	Address	Name of Public Official/ Public Employee	State Department/ Agency Where Employed
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

Name of Paid Consultant/Lobbyist	Address
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

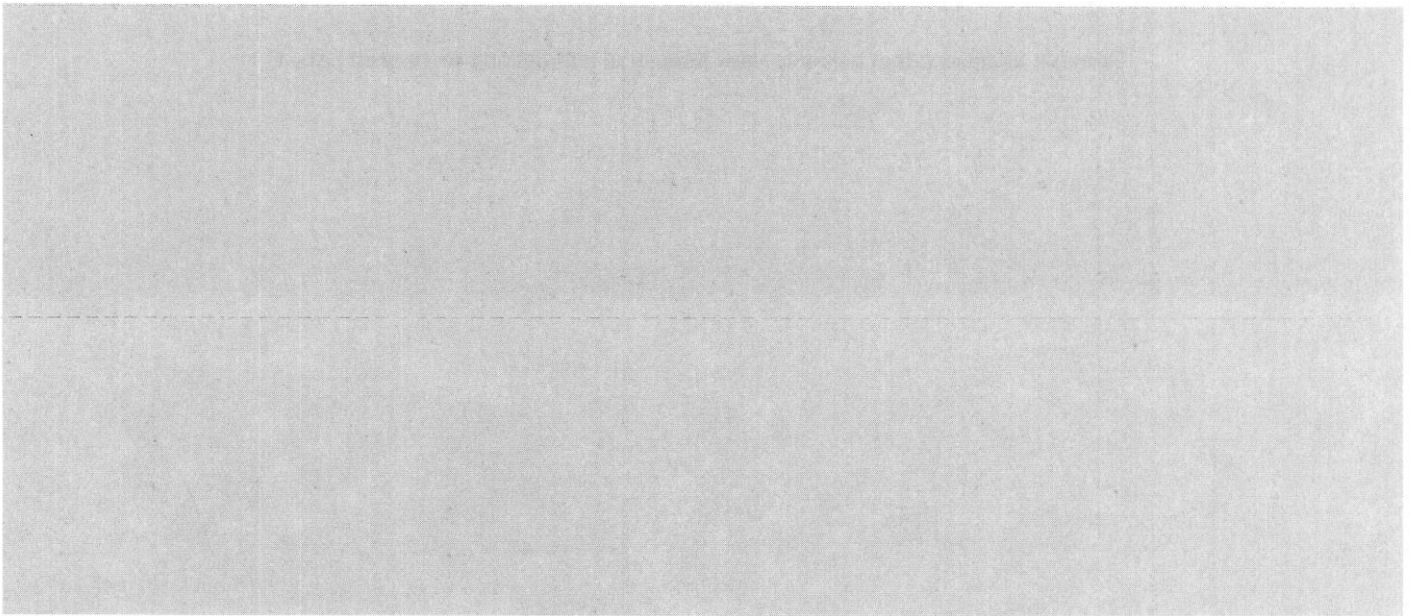
Signature	Date
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Notary's Signature	Date	Date Notary Expires
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Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

No Adhesive Here

U.S. Pat. no. 6,085,407



No Adhesive Here

ADDRESS SERVICE REQUESTED

PRESORTED
FIRST-CLASS MAIL
U. S. POSTAGE PAID
MONTGOMERY, AL
PERMIT NO. 402

Important Tax Document Enclosed

First-Class Mail

TP709462 • 14ZF-VG

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

Instructions for Recipient

Generally, distributions from pensions, annuities, profit-sharing and retirement plans (including section 457 state and local government plans), IRAs, insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified plans. If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer did not show the taxable amount in box 2a. See the instructions for Form 1040 or 1040A.

IRAs. For distributions from a traditional individual retirement arrangement (IRA), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the payer is not required to compute the taxable amount. See the Form 1040 or 1040A instructions to determine the taxable amount. If you are at least age 70½, you must take minimum distributions from your IRA (other than a Roth IRA). If you do not, you may be subject to a 50% excise tax on the amount that should have been distributed. See Pub. 590 for more information on IRAs.

Roth IRAs. For distributions from a Roth IRA, generally the payer is not required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution. If you converted or rolled over amounts to a Roth IRA from an eligible retirement plan in 2010, you generally include one half of the taxable amount in income in 2011 and the other half in 2012. See Form 8606.

Loans treated as distributions. If you borrow money from a qualified plan, section 403(b) plan, or government plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, Code L will be shown in box 7. See Pub. 575.

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 the total amount you received this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA, a recharacterized IRA contribution; or you may have received it as periodic payments, as nonperiodic payments, or as a total distribution. Report the amount on Form 1040 or 1049A on the line for "IRA distributions" or "Pensions and annuities" (or the line for "Taxable amount"), and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you have not reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if you are self-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and Code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and Code W will be shown in box 7. You need not report these amounts on your tax return.

Box 2a. This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the free publications from the IRS to help you figure the taxable amount. See *Additional information* on the back of Copy 2. For an IRA distribution, see *IRAs and Roth IRAs* above. For a direct rollover, other than from a qualified plan to a Roth IRA, zero should be shown, and you must enter zero (-0-) on the "Taxable amount" line of your tax return.

If this is a total distribution from a qualified plan and you were born before January 2, 1936 (or you are the beneficiary of someone born before January 2, 1936), you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information.

Box 2b. If the first box is checked, the payer was unable to determine the taxable amount, and box 2a should be blank. If the second box is checked, the distribution was a total distribution that closed out your account. If you are an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to purchase certain insurance premiums, the amount shown in box 2a has not been reduced by the exclusion amount. See the instructions for Form 1040 or Form 1040A for more information.

Box 3. If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you are the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D (Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain on Schedule D.

Box 4. Shows federal income tax withheld. Include this amount on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return. Generally, if you will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P.

Box 5. Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the portion that is your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; or the nontaxable part of a charitable gift annuity. This box does not show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in the box next to box 10.

Box 6. If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and the Form 4972 instructions. If you did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not taxed until you sell the securities.

(Continued on the back of Copy C.)

Remove address panel below to view additional instructions on back of copy C

Instructions for Recipient (Continued)

Box 7. The following codes identify the distribution you received. For more information on these distributions, see the instructions for your tax return. Also, certain distributions may be subject to an additional 10% tax. See the instructions for Forms 5329 and 8606. **1**—Early distribution, no known exception (in most cases, under age 59½). **2**—Early distribution, exception applies (under age 59½). **3**—Disability. **4**—Death. **5**—Prohibited transaction. **6**—Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts). **7**—Normal distribution. **8**—Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2010. **9**—Cost of current life insurance protection. **A**—May be eligible for 10-year tax option (see Form 4972). **B**—Designated Roth account distribution. **D**—Excess contributions plus earnings/excess deferrals taxable in 2008. **E**—Distributions under Employee Plans Compliance Resolution System (EPCRS). **F**—Charitable gift annuity. **G**—Direct rollover of a distribution (other than a designated Roth account distribution) to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA. **H**—Direct rollover of a designated Roth account distribution to a Roth IRA. **J**—Early distribution from a Roth IRA, no known exception (in most cases, under age 59½). **L**—Loans treated as distributions. **N**—Recharacterized IRA contribution made for 2010 and recharacterized in 2010. **P**—Excess contributions plus earnings/excess deferrals taxable in 2009. **Q**—Qualified distribution from a Roth IRA. **R**—Recharacterized IRA contribution made for 2009 and recharacterized in 2010. **S**—Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½). **T**—Roth IRA distribution, exception applies.

U—Dividend distribution from ESOP under sec. 404(k). **Note.** This distribution is not eligible for rollover. **W**—Charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements.

If the IRA/SEP/SIMPLE box is checked, you have received a traditional IRA, SEP, or SIMPLE distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You will need this information if you use the 10-year tax option (Form 4972). If charges were made for qualified long-term insurance contracts under combined arrangements, the amount of the reduction in the investment in the annuity or life insurance contract is reported here.

Box 9a. If a total distribution was made to more than one person, the percentage you received is shown.

Box 9b. For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Boxes 10–15. If state or local income tax was withheld from the distribution, boxes 12 and 15 may show the part of the distribution subject to state and/or local tax.

Additional information. You may want to see:

Form W-4P, Withholding Certificate for Pension or Annuity Payments,
Form 4972, Tax on Lump-Sum Distributions,
Form 5329, Additional Taxes on Qualified Plans (including IRAs) and Other Tax-Favored Accounts,
Form 8606, Nondeductible IRAs,
Pub. 560, Retirement Plans for Small Business (SEP, SIMPLE, and Qualified Plans),
Pub. 571, Tax-Sheltered Annuity Plans (403(b) Plans),
Pub. 575, Pension and Annuity Income,
Pub. 590, Individual Retirement Arrangements (IRAs),
Pub. 721, Tax Guide to U.S. Civil Service Retirement Benefits,
Pub. 939, General Rule for Pensions and Annuities,
Pub. 969, Health Savings Accounts and Other Tax-Favored Health Plans.

No Adhesive Here