5-1/2"

Form 1099-R	CORRECTED (if checked)	OMB No. 1545-0119 2022	Form 1099-R	CORRECTED (if checked)	OMB No. 1545-0119 2022
1 Gross distribution	2a Taxable amount Distributions From Pensio Annuities, Retirement		1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or
\$	\$	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	\$	\$	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined	Total distribution	12 FATCA filing requirement 13 Date of payment	2b Taxable amount not determined	Total distribution	12 FATCA filing requirement 13 Date of payment
DAVERIO and a description of the second seco	7/0		DAVEDIO	710	
PAYER'S name, street address, city o	r town, state or province, country, ZIP or	foreign postal code, and telephone no.	PAYER'S name, street address, city or	r town, state or province, country, ZIP (	or foreign postal code, and telephone no.
PAYER'S TIN RECIPIENT'S TIN		ΓΙΝ	PAYER'S TIN	RECIPIENT'S TIN	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	Employee contributions     /Designated Roth contributions     or insurance premiums   \$    The contributions or insurance premiums   The contributions or insurance premiums   The contributions   Th	3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions /Designated Roth contributions or insurance premiums
6 Net unrealized appreciation in employer's securities	7 Distribution code(s) IRA/ SEP/ SIMPLE	8 Other %	6 Net unrealized appreciation in employer's securities	7 Distribution code(s) IRA/ SEP/ SIMPLE	8 Other %
\$ 9a Your percentage of total di	stribution 9b Total emplo	syee contributions	\$ 9a Your percentage of total dis	stribution <b>9b</b> Total emp	\$ loyee contributions
%  \$			%  \$		
Account number (see instructions)	) <b>11</b> 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years	Account number (see instructions)	<b>11</b> 1st year of desig. Roth contri	b. <b>10</b> Amount allocable to IRR within 5 years
14 State tax withheld	15 State/Payer's state no.	\$ 16 State distribution	14 State tax withheld	15 State/Payer's state no.	\$ 16 State distribution
\$ 17 Local tax withheld	18 Name of locality	\$ 19 Local distribution	\$ 17 Local tax withheld	18 Name of locality	\$ 19 Local distribution
\$ \$ \$ Copy 2			\$ \$ www.irs.gov/Form1099R		
			File this copy with y local income tax ret		
Form 1099-R   CORRECTED (if checked) OMB No. 1545-0119 2022			Form 1099-R	CORRECTED (if checked)  2a Taxable amount	OMB No. 1545-0119 2022  Distributions From Pensions,
1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	¢	\$	Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined	Ť	12 FATCA filing requirement 13 Date of payment	2b Taxable amount not determined	Total distribution	12 FATCA filing requirement 13 Date of payment
PAVER'S name street address city of	r town, state or province, country, ZIP or	foreign nostal code, and telephone no	PAYER'S name, street address, city or	r town state or province country 7IP o	or foreign postal code, and telephone no.
PAYER'S TIN	RECIPIENT'S 1	rin .	PAYER'S TIN	RECIPIENT'S	TIN
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions /Designated Roth contributions or insurance premiums \$	Capital gain (included in box 2a)  \$	4 Federal income tax withheld	5 Employee contributions /Designated Roth contributions or insurance premiums \$
6 Net unrealized appreciation in employer's securities	7 Distribution code(s) IRA/ SEP/ SIMPLE	8 Other %	6 Net unrealized appreciation in employer's securities	<b>7</b> Distribution code(s) IRA/ SEP/ SIMPLE	8 Other %
\$ 9a Your percentage of total di	stribution 9b Total emplo	\$ eyee contributions	\$ 9a Your percentage of total dis	stribution 9b Total emp	\$ loyee contributions
%  \$		% \$			
Account number (see instructions)  14 State tax withheld \$ 17 Local tax withheld \$	11 1st year of desig. Roth contrib.  15 State/Payer's state no.  18 Name of locality	10 Amount allocable to IRR within 5 years \$ 16 State distribution \$ 19 Local distribution	Account number (see instructions)  14 State tax withheld \$ 17 Local tax withheld \$		b. 10 Amount allocable to IRR within 5 years \$ 16 State distribution \$ 19 Local distribution
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