

A

Form 1099-R CORRECTED (if checked)

| | |
|---|-------------------------------------|
| PAYER'S name, street address, city, state and ZIP code | |
| PAYER'S federal identification number | RECIPIENT'S identification number |
| RECIPIENT'S name, street address (incl. apt. no.), city, state and ZIP code | |
| Account number (see instructions) | 11 1st year of desig. Roth contrib. |

| | | |
|--|---|--|
| 1 Gross distribution | OMB No. 1545-0119 20XX Form 1099-R | |
| 2a Taxable amount | | |
| 2b Taxable amount not determined | | |
| 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) | 8 Other |
| 9a Your percentage of total distribution | 9b Total employee contributions | |
| 12 State tax withheld | 13 State/Payer's state no. | 14 State distribution |
| 10 Amount allocable to IRR within 5 years | 15 Local tax withheld | 16 Name of locality |
| | | 17 Local distribution |

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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. This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service 3-1/2"

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Copy 2

File this copy with your state, city, or local income tax return, when required.

Department of the Treasury - Internal Revenue Service 6-7/8"

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Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C For Recipient's Records

This information is being furnished to the Internal Revenue Service. (keep for your records)

Department of the Treasury - Internal Revenue Service 10-1/2"

1099R-3ARP

FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS