

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **20XX**

1 Gross distribution		2a Taxable amount		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$		\$			
2b Taxable amount not determined		Total distribution			
PAYER'S name, street address, city, state, and ZIP code					
PAYER'S Federal identification number			RECIPIENT'S identification number		
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
\$				\$	%
9a Your percentage of total distribution			9b Total employee contributions		
%			\$		
RECIPIENTS name and street address (incl. apt. no.), city, state and ZIP code					
Account number (see instruc.)		11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years		
		\$	\$		
12 State tax withheld		13 State/Payer's state no.		14 State distribution	
\$				\$	
15 Local tax withheld		16 Name of locality		17 Local distribution	
\$				\$	
Copy 2 File this copy with your state, city, or local income tax return, when required.					
				Department of the Treasury Internal Revenue Service	

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Copy C For Recipient's Records
(keep for your records)
This information is being furnished to the Internal Revenue Service.

Department of the Treasury
Internal Revenue Service

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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.

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