

☐ CORRECTED (if checked)

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|---|--|-------------------------------------|---|---|---|--|--|---|--|-----------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | | 1 Gross distribution \$ | | OMB No. 1545-0119 2023 | | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | | | | |
| | | | 2a Taxable amount \$ | | Form 1099-R | | | | | | |
| | | | 2b Taxable amount not determined <input type="checkbox"/> | | Total distribution <input type="checkbox"/> | | | | | | |
| PAYER'S TIN | | RECIPIENT'S TIN | | 3 Capital gain (included in box 2a) \$ | | 4 Federal income tax withheld \$ | | 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 IRS. | | | |
| RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code | | | | 5 Employee contributions/ Designated Roth contributions or insurance premiums \$ | | 6 Net unrealized appreciation in employer's securities \$ | | | | | |
| | | | | 7 Distribution code(s) | | IRA/ SEP/ SIMPLE <input type="checkbox"/> | 8 Other \$ % | | | | |
| | | | | 9a Your percentage of total distribution % | | 9b Total employee contributions \$ | | | | | |
| 10 Amount allocable to IRR within 5 years \$ | | 11 1st year of desig. Roth contrib. | | 12 FATCA filing requirement <input type="checkbox"/> | | 14 State tax withheld \$ | | 15 State/Payer's state no. | | 16 State distribution \$ | |
| Account number (see instructions) | | | | 13 Date of payment | | 17 Local tax withheld \$ | | 18 Name of locality | | 19 Local distribution \$ | |
| | | | | | | 17 Local tax withheld \$ | | 18 Name of locality | | 19 Local distribution \$ | |

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service