

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

1 Gross distribution

OMB No. 1545-0119

\$

2015

2a Taxable amount

\$

Form 1099-R

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

2b Taxable amount

not determined

Total

distribution PAYER'S federal identification
numberRECIPIENT'S identification
number3 Capital gain (included
in box 2a)4 Federal income tax
withheld

\$

\$

RECIPIENT'S name

5 Employee contributions
/Designated Roth
contributions or
insurance premiums6 Net unrealized
appreciation in
employer's securities

\$

\$

Street address (including apt. no.)

7 Distribution
code(s) IRA/
SEP/
SIMPLE

8 Other

City or town, state or province, country, and ZIP or foreign postal code

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 State tax withheld
 \$13 State/Payer's state no.
 \$

\$

Account number (see instructions)

15 Local tax withheld
 \$16 Name of locality
 \$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.14 State distribution
 \$17 Local distribution
 \$ \$