

☐ CORRECTED (if checked)

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

1 Gross distribution

\$

2a Taxable amount

\$

OMB No. 1545-0119

2015

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
number

RECIPIENT'S identification
number

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.

RECIPIENT'S name

5 Employee contributions
/Designated Roth
contributions or
insurance premiums

\$

6 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

\$

This information is
being furnished to
the Internal
Revenue Service.

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.

14 State distribution

\$

\$

\$

\$

Account number (see instructions)

15 Local tax withheld

\$

16 Name of locality

17 Local distribution

\$

\$

\$