

9898

☐ VOID☐ CORRECTED

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  <b>2023</b>  Form <b>1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
			\$								
			2a Taxable amount								
			\$								
			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		<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2023 General Instructions for Certain Information Returns.</b>			
				\$		\$					
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)		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 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	
						\$				\$	

Form **1099-R**

41-0852411

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

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Form **1099-R**

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Department of the Treasury - Internal Revenue Service

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