

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2024**

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

1 Gross distribution \$
2a Taxable amount \$

2b Taxable amount not determined Total distribution
12 FATCA Filing requirement 13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

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PAYER'S TIN RECIPIENT'S TIN

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 \$

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Account number (see instructions) 11 1st year of desig. Roth contrib. 10 Amount allocable to IRR within 5 years \$

14 State tax withheld \$ 15 State/Payer's state no. 16 State distribution \$
17 Local tax withheld \$ 18 Name of Locality 19 Local distribution \$

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File this copy with your state, city, or local income tax return, when required. Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R

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This information is being furnished to the Internal Revenue Service.

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. Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R

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