

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$	\$		
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.

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		
%	\$		

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

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
\$		\$

Payer's - State, Local or File Copy

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

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$	\$		
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.

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		
%	\$		

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

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
\$		\$

Payer's - State, Local or File Copy

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

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$	\$		
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.

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		
%	\$		

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

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
\$		\$

Payer's - State, Local or File Copy

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

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023

1 Gross distribution	2a Taxable amount	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
\$	\$		
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.

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		
%	\$		

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

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
\$		\$

Payer's - State, Local or File Copy

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