Form 1099-R C	(if checkenount	checked)		oution nnuit fit-Sh	ns From Pens ities, Retireme haring Plans,	sions, ent or IRAs,	I	2a Taxab	CORRECTED (if checked) 2a Taxable amount				OMB No. 1545-0119 2023 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,			
\$ \$ \$ 2b Taxable amount not determined distribution [Insurance Contracts, e 12 FATCA Filing requirement 13 Date of paymen				2b Taxable amount not determined		Total distribution			Insurance Contracts, etc. 12 FATCA Filing requirement 13 Date of payment			
DAVEDIC name attract address situate	town state or pre	wines coun	to, ZID a	y foreign		tal and and ab		 				715				h
PAYER'S name, street address, city or	town, state or pro	ovince, coun	try, ZIP (r foreigr	n post	tal code, and pho	one no.	PAYER'S name, street add	dress, city	or town, state	or province,	country, ZIP	or foreign	posta	I code, and p	hone no.
PAYER'S TIN			NT'S TI	N	1			PAYER'S TIN	REC	RECIPIENT'S TIN						
3 Capital gain (included in box 2a)	me tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums				in box 2a)				me tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums \$					
6 Net unrealized appreciation in employer's securities \$ 7 Distribution			SIMPLE		8 Other			6 Net unrealized appreciation in employer's securities 7 Distribution				SIMPLE \$				%
9a Your percentage of total distribution 9b Total employed \$\frac{8}{2}\$ RECIPIENT'S name, street address, city or town, state or province, county for the street address.				´ I				I 9a Your percentage of total distribution 9b Total employee contributions I % \$								al code
	lu.							 			L.					
			ear of desig. Roth contrib. 10 Amount allocable					Account number (see in		,	st year of desig. Roth contrib. 10 Amount allocab				thin 5 years	
14 State tax withheld \$	er's state n	\$				\$ 15 State/Pay					\$	T				
17 Local tax withheld \$ 18 Name of Local \$ Payer's - State, Local or File Co			\$			distribution eartment of the Tr		17 Local tax withheld \$ 18 Name of L \$ Payer's - State, Local or File				\$			al distribution	
Form 1099-R CORRECTED (if 1 Gross distribution 2a Taxable amo \$ 2b Taxable amount not determined distribution			Ount Dis			5-0119 20 Ins From Pensities, Retiremental Plans, Ince Contracts 3 Date of payr	sions, ent or IRAs, s, etc.	I \$ I 2b Taxable amount	2a Taxab \$ Total	2a Taxable amount \$ Total			OMB No. 1545-0119 2023 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA Filing 13 Date of payment			
PAYER'S name, street address, city or		ovince, coun	try, ZIP o	or foreign		tal code, and ph	one no.	not determined PAYER'S name, street add	dress, city	distributio		country, ZIP	or foreign		l code, and p	hone no.
PAYER'S TIN RECIPI				S TIN				I PAYER'S TIN			RECIPIENT'S TIN					
3 Capital gain (included in box 2a)	me tax with	\$			ontributions/Designat utions or insurance p	ted premiums	3 Capital gain (included in box 2a) \$ \$			income ta	pme tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums \$					
Net unrealized appreciation in employer's securities	mployer's securities		SIMPLE	8 Other				6 Net unrealized appreciation 6 in employer's securities 5				code(s) IRAV SEP/ SIMPLE \$			%	
9a Your percentage of total distribution 9b Total emplo				yee contributions I				I 9a Your percentage of total distributionI%				9b Total employee contributions				
RECIPIENT'S name, street address,			ce, coun	try, and	ZIP o	or foreign postal	code	RECIPIENT'S name, stri	eet addres	es, city or town	-	rovince, cou	ntry, and I	ZIP or	foreign post	al code
Account number (see instructions) 11 1st year			ear of desig. Roth contrib.			llocable to IRR withir	n 5 years	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 s					16 State distribution \$			14 State tax withheld	15 State/	15 State/Payer's state no.			16 State distribution \$			
17 Local tax withheld \$	ocality	19 Local distribution \$				17 Local tax withheld 18 N			Name of Locality			19 Local distribution \$				