

FORM 7159-4 / TC-R4 4PT

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>2024</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
			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	
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		<b>Copy A For Internal Revenue Service Center</b> <b>File with Form 1096.</b>
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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