

9896 VOID CORRECTED

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

1 Gross distribution OMB No. 1545-0119
\$
2022
Form 1099-R

2a Taxable amount
\$
2b Taxable amount not determined Total distribution

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 \$ %

10 Amount allocable to IRR within 5 years \$ 11 1st year of desig. Roth contrib. \$ 12 FATCA filing requirement

13 Date of payment \$ 14 State tax withheld \$ 15 State/Payer's state no. \$ 16 State distribution \$

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 LRA 41-0852411 5140 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

7 Distribution code(s) IRA/SEP/SIMPLE \$ 8 Other \$ %

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

13 Date of payment \$ 14 State tax withheld \$ 15 State/Payer's state no. \$ 16 State distribution \$

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Form 1099-R LRB 5141 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

7 Distribution code(s) IRA/SEP/SIMPLE \$ 8 Other \$ %

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

13 Date of payment \$ 14 State tax withheld \$ 15 State/Payer's state no. \$ 16 State distribution \$

17 Local tax withheld \$ 18 Name of locality \$ 19 Local distribution \$

Form 1099-R 5142 Department of the Treasury - Internal Revenue Service

7 Distribution code(s) IRA/SEP/SIMPLE \$ 8 Other \$ %

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

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17 Local tax withheld \$ 18 Name of locality \$ 19 Local distribution \$

Form 1099-R LRD1 5143 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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DWMR

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

regulations are issued and effective for 2022 tax returns required to be filed in 2023, we will post an article at www.irs.gov/Form1099 explaining the change. Until regulations are issued, however, the number remains at 250, as reflected in these instructions. For more information, see part F in the 2022 General Instructions for Certain Information Returns.

Forms 1099-QA and 5498-QA can be filed on paper only, regardless of the number of returns.

Who must file. Any person or entity who files any of the forms shown in line 6 above must file Form 1096 to transmit those forms to the IRS.

Caution: Your name and TIN must match the name and TIN used on your 849 series tax return(s) or you may be subject to information return penalties. Do not use the name and/or TIN of your paying agent or service bureau.

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2022 General Instructions for Certain Information Returns.

the case of an individual, is located in

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia

Internal Revenue Service
P.O. Box 146213
Austin, TX 78714-6213

Form 1096 (2022)

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

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Official Use Only

2022

Total amount reported with this Form 1096

1099-G	1099-INT	1099-K	1099-LR
06	02	10	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5498-28	5498-ESA	5498-QA	5498-SA
28	28	2A	27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

acceptable.
flat mailer (not folded).

I declare under penalty of perjury and belief, they are true, correct.

Date ▶

Including room, suite, or other unit number (TIN) in the spaces provided, and TIN of the filer on this document enter in the upper left area of 2, 5498, or W-2G.

owns.

21, 3922, or W-2G, file by February 31, 2023.

2023.

paper with Form 1096 to the

Use the following address