CORRECTED (if checked)									
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$ 2a Taxable amount \$			1B No. 1545-0 2024 orm 1099-1	Pensions, Annuities Retirement of Profit-Sharing Plans IRAs, Insurance Contracts, etc		
PAYER'S TIN RECIPIENT'S TIN				Taxable amoun not determined Capital gain (included) box 2a)		1	Total distribution Federal incom withheld	ne tax	Copy C For Recipient's Records and/or State, City, or Local Tax Department or Copy 2
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code			7	Employee contributions or insurance premiur Distribution code(s) Your percentage distribution	IRA/ SEP/ SIMPLE	\$ 8 \$ 9b	Net unrealize appreciation employer's s Other	in ecurities	This information is being furnished to the IRS.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 \$	State tax withhel	d 	15	State/Payer	's state no	\$ \$
Account number (see instructions) 13 Date of payment		17 \$ \$	17 Local tax withheld \$		18 Name of locality		ality	19 Local distribution \$	
Form 1099-R (keep for your r	ecords)	www.irs.g	jov/	Form1099R			Department of	the Treasury	y - Internal Revenue Service

		☐ CORRE	СТ	TED (if checked	d)					
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			\$	Gross distribution Taxable amount		OMB No. 1545-0	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans,			
			\$			Form 1099 -	R	IRAs, Insurance Contracts, etc.		
				 Taxable amount not determined 		Total distribution		Copy C For Recipient's		
PAYER'S TIN RECIPIENT'S TIN			3	Capital gain (inclu box 2a)	uded in	4 Federal incon withheld	ne tax	Records and/or State, City, or Local		
			\$			\$		Tax Department or Copy 2		
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code			5	Employee contributions or insurance premiur		6 Net unrealize appreciation employer's s	in			
			7	Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other	%	This information is being furnished to		
			98	Your percentage distribution	of total %	9b Total employee \$	e contributions	the IRS.		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement		State tax withheld	d	15 State/Payer	's state no.	16 State distribution \$		
\$			\$					\$		
		13 Date of payment	17 \$	7 Local tax withhel	d	18 Name of loo	cality	19 Local distribution \$		
			\$					\$		