

☐ 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		OMB No. 1545-0119  <b>2024</b>  Form <b>1099-R</b>		<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		<b>Copy C For Recipient's Records and/or State, City, or Local Tax Department or Copy 2</b>  This information is being furnished to the IRS.	
				\$		\$			
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code				5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
				\$		\$			
				7 Distribution code(s)		IRA/ SEP/ SIMPLE <input type="checkbox"/>		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 <input type="checkbox"/>		14 State tax withheld		15 State/Payer's state no.	
\$						\$		\$	
Account number (see instructions)		13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution	
				\$				\$	

Form **1099-R** (keep for your records) [www.irs.gov/Form1099R](http://www.irs.gov/Form1099R) Department of the Treasury - Internal Revenue Service

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