

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2023
1 Gross distribution
2a Taxable amount
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined
Total distribution
12 FATCA Filing requirement
13 Date of payment
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

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)
8 Other
9a Your percentage of total distribution
9b Total employee contributions
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

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 state no. 16 State distribution
17 Local tax withheld 18 Name of Locality 19 Local distribution
File this copy with your state, city, or local income tax return, when required.
Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R

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Copy C For Recipient's Records
This information is being furnished to the Internal Revenue Service.

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Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
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