

Form 1099-R CORRECTED (if checked) 2024 OMB No. 1545-0119
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.

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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
% \$
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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
\$ \$ \$

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