

9898

VOID  CORRECTED

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						
			\$						
PAYER'S TIN			RECIPIENT'S TIN		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<b>Copy A For Internal Revenue Service Center</b>
3 Capital gain (included in box 2a)			4 Federal income tax withheld						<b>File with Form 1096.</b>
\$			\$						
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities				For Privacy Act and Paperwork Reduction Act Notice, see the <b>2024 General Instructions for Certain Information Returns.</b>
\$			\$						
Street address (including apt. no.)			7 Distribution code(s)		8 Other				
			IRA/ SEP/ SIMPLE <input type="checkbox"/>		\$				
City or town, state or province, country, and ZIP or foreign postal code			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.		16 State distribution	
\$				\$				\$	
Account number (see instructions)			13 Date of payment		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

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