

☐ 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 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			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 \$
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) <input type="checkbox"/> IRA/ SEP/ SIMPLE		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.		16 State distribution \$		17 Local tax withheld \$		18 Name of locality \$
19 Local distribution \$		13 Date of payment		17 Local tax withheld \$		18 Name of locality \$
19 Local distribution \$		13 Date of payment		17 Local tax withheld \$		18 Name of locality \$

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.

This information is being furnished to the IRS.

☐ 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 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			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 \$
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) <input type="checkbox"/> IRA/ SEP/ SIMPLE		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.		16 State distribution \$		17 Local tax withheld \$		18 Name of locality \$
19 Local distribution \$		13 Date of payment		17 Local tax withheld \$		18 Name of locality \$
19 Local distribution \$		13 Date of payment		17 Local tax withheld \$		18 Name of locality \$

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.

This information is being furnished to the IRS.

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS