		☐ CORRE	CT	ED (if checked)					
PAYER'S name, street address country, ZIP or foreign postal co			1 \$ 2a \$	Gross distribution  Taxable amount		MB No. 1545-0 2025  Form 1099-1	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2k	Taxable amount not determined		Total distribution		Сору В	
PAYER'S TIN	RECIPIENT'S TIN	1	3	Capital gain (included in box 2a)		Federal incon withheld	ne tax	Report this income on your federal tax return. If this	
RECIPIENT'S name, street address, city or town, state of	r province, country and ZIP or forei	gn postal code	5	Employee contributions/ Designated Roth contributions or insurance premiums		Net unrealize appreciation employer's s	in	form shows federal income tax withheld in box 4, attach this copy to	
				Distribution Code(s)  Distribution SEP/SIMPLE SIMPLE A Your percentage of total distribution	\$ 9b	Other  Total employee	% contributions	your return.  This information is being furnished to the IRS.	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	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 loc	cality	19 Local distribution \$	
Form <b>1099-R</b>	www.ii	rs.gov/Form1099R	?			Department of	the Treasury -	Internal Revenue Service	

			<u>d)</u>	TED (if checke	CORREC		
Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.	Pr Pr	OMB No. 1545-0 2025 Form 1099-1		Gross distributio  Taxable amoun	o. §		PAYER'S name, street address country, ZIP or foreign postal c
Copy B		Total distribution	t	b Taxable amoun not determined	[		
Report this income on your federal tax return. If this form shows	ne tax	4 Federal incomwithheld	uded in	Capital gain (incl box 2a)	,	RECIPIENT'S TIN	PAYER'S TIN
federal income tax withheld in box 4, attach this copy to	in	6 Net unrealize appreciation employer's s	ms	Employee contrib Designated Roth contributions or insurance premiu	postal code	or province, country and ZIP or forei	RECIPIENT'S name, street address, city or town, state
your return.  This information is being furnished to the IRS.	% e contributions	8 Other \$ 9b Total employee	SEP/ SIMPLE	Distribution code(s)  a Your percentage distribution			
16 State distribution	's state no.	p 15 State/Payer		4 State tax withhe	2 FATCA filing requirement	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years
\$ 19 Local distribution	cality	18 Name of loc	ld .	7 Local tax withhe	I3 Date of	 	\$ Account number (see instructions
\$					payment	-,	, assume number (esse manual usion)