Gross distribution	CORRECTED (if checked 2a Taxable amount \$	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	1 Gross distribution	CORRECTED (if checked) 2a Taxable amount \$	OMB No. 1545-0119 20 23 Distributions From Pensions Annuities, Retirement o Profit-Sharing Plans, IRAs Insurance Contracts, etc
b Taxable amount not determined	Total distribution	12 FATCA filing 13 Date of paymen requirement	not determined	Total distribution town, state or province, country, ZIP	12 FATCA filing 13 Date of payment requirement 1 or foreign postal code, and telephone r
PAYER'S TIN	RECIPIEN	'S TIN	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 \$	 Gapital 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)	W A Other %	6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s)	B Other %
9a Your percentage of total di ECIPIENT'S name, street address (inclu	% \$	ince, country, and ZIP or foreign postal code	9a Your percentage of total di	% \$	nce, country, and ZIP or foreign postal cod
Account number (see instruc.)	11 1st year of desig. Roth cont	b. 10 Amount allocable to IRR within 5 yea \$	rs Account number (see instruc.)	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 yes
14 State tax withheld	15 State/Payer's state no.	16 State distribution \$	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
17 Local tax withheld Copy 2	18 Name of locality www.irs.gov/Form1099R	19 Local distribution \$	17 Local tax withheld $= \frac{\$}{Copy 2}$	18 Name of locality www.irs.gov/Form1099R	19 Local distribution \$
Gross distribution	CORRECTED (if checked 2a Taxable amount \$ Total	OMB No. 1545-0119 20 23 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA filing 13 Date of paymer	1 Gross distribution	CORRECTED (if checked) 2a Taxable amount \$ Total	OMB No. 1545-0119 20 23 Distributions From Pensions Annuities, Retirement o Profit-Sharing Plans, IRAs Insurance Contracts, etc 12 FATCA filing 13 Date of payme
not determined	distribution	requirement	o. PAYER'S name, street address, city or	distribution	requirement
PAYER'S TIN RECIPIENT'S TIN		'S TIN	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 \$ 	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)	W by B Other %	6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s)	B Other %
9a Your percentage of total di ECIPIENT'S name, street address (inclu	% \$	ployee contributions	9a Your percentage of total dia	% \$	Noyee contributions
Account number (see instruc.)	11 1st year of desig. Roth cont	b. 10 Amount allocable to IRR within 5 yea \$	Account number (see instruc.)	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 yes
	15 State/Payer's state no.	16 State distribution	14 State tax withheld	15 State/Payer's state no.	16 State distribution \$
14 State tax withheld 17 Local tax withheld	18 Name of locality	19 Local distribution	17 Local tax withheld	18 Name of locality	19 Local distribution