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

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 telephone no.					
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		
% \$					
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code					
Account number (see instruc.)			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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File this copy with your state, city, or local income tax return, when required.					

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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. www.irs.gov/Form1099R Department of the Treasury Internal Revenue Service					
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