PAYER'S name, street address			1 Gross distribution	OMB No. 1545-0119	Distributions From
country, ZIP or foreign postal c	ode, and telephone	no.			Pensions, Annuities,
			\$	2023	Retirement or Profit-Sharing Plans,
			2a Taxable amount		IRAs, Insurance
			\$	Form 1099-R	Contracts, etc.
			2b Taxable amount not determined	Total distribution	Copy A
PAYER'S TIN	RECIPIENT'S TIN	V	3 Capital gain (included in		For
			box 2a)	withheld	Internal Revenue Service Center
			\$	\$	File with Form 1096.
RECIPIENT'S name Street address (including apt. no.)			5 Employee contributions/ Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities special contributions or insurance premiums 5 \$		For Privacy Act and Paperwork Reduction Act Notice, see the
			7 Distribution SEP/SIMPL	8 Other	2023 General Instructions for Certain
City or town, state or province, country, and ZIP or foreign postal code			. •	J 7	Information
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 st	ate no. 16 State distribution \$
Assessed as a selection of the selection		10 000	\$	40 Nov. 61	\$
Account number (see instructions) 13 Date of payment			17 Local tax withheld	18 Name of locality	19 Local distribution
			\$		[2]
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