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FORM 7159-4 / TC-R4 4PT

9898  VOID  CORRECTED

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		<b>2023</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
			\$							
			2a Taxable amount						<b>Copy A For Internal Revenue Service Center</b>	
			\$							
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>				<b>File with Form 1096.</b>	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a)		4 Federal income tax withheld		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2023 General Instructions for Certain Information Returns.</b>		
				\$		\$				
RECIPIENT'S name				5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities				
				\$		\$				
Street address (including apt. no.)				7 Distribution code(s)		8 Other				
						\$ %				
City or town, state or province, country, and ZIP or foreign postal code				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		
\$				\$				\$		
Account number (see instructions)			13 Date of payment	17 Local tax withheld		18 Name of locality		19 Local distribution		
				\$				\$		

Form **1099-R** 41-0852411 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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FORM 7159-4 / TC-R4 4PT

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