PAYER'S name, street address,			1	Gross distributio	n	OMB No. 1545-01		Distributions From
country, ZIP or foreign postal co	ode, and telephone	no.	¢					ensions, Annuities Retirement or
			\$	a Taxable amoun	+	20 <b>22</b>	Pr	ofit-Sharing Plans
					L			IRAs, Insurance
			\$			Form <b>1099-R</b>		Contracts, etc.
			2	<b>b</b> Taxable amoun	t	Total		Сору Е
				not determined	<u> </u>	distribution		Report this
PAYER'S TIN RECIPIENT'S		HIN		<b>3</b> Capital gain (included in box 2a)		4 Federal income tax withheld		income on you
				,				federal tax return. If this
			\$			\$		form shows
ECIPIENT'S name, street address, city or town, state o	r province, country and ZIP or foreight	ign postal code	5	Employee contrib Designated Roth	utions/	<ol> <li>6 Net unrealized appreciation in</li> </ol>		federal incom
				contributions or		employer's se		tax withheld in box 4, attacl
			\$	insurance premiu	ns	\$		this copy to
			7	Distribution	IRA/	8 Other		your return
				code(s)	SEP/ SIMPLE			This information i
						\$ <b>0</b> h T-1 1	%	being furnished t
,				a Your percentage distribution	%	9b Total employee		the IRS
0 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filin requireme		14 State tax withheld		<b>15</b> State/Payer's state no.		16 State distributior
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Account number (see instructions)		13 Date of				18 Name of locality		19 Local distribution
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orm <b>1099-R</b> 	www.i					Department of th	ne Treasury - 	Internal Revenue Service
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