		CORRE	СТ	ED (if checked	d)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$ 2a Taxable amount \$		P		P	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN RECIPIENT'S TIN				o Taxable amount not determined Capital gain (inclu- box 2a)			Total distribution Federal incom withheld	Described to the second	
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code			7	Employee contributions or insurance premiur Distribution code(s) Your percentage distribution	IRA/ SEP/ SIMPLE	\$ 8 \$ 9b	Net unrealize appreciation employer's s Other	in ecurities %	This information is being furnished to the IRS.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 \$	State tax withhel	d	15	State/Payer	's state no.	16 State distribution \$
Account number (see instructions) 13 Date of payment			17 \$ \$	17 Local tax withheld \$		18 Name of locality		ality	19 Local distribution \$
Form 1099-R (keep for your r	ecords)	www.irs.ç	jov/	Form1099R			Department of	the Treasury -	Internal Revenue Service

			C1	ΓED (if checked	d)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			\$	Gross distribution Taxable amount		OMB No. 1545-0	Pr	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2l	not determined	t	Total distribution		Copy C For Recipient's Records and/or State, City, or Local Tax Department	
PAYER'S TIN	PAYER'S TIN RECIPIENT'S TIN			Capital gain (inclubox 2a)	uded in	4 Federal incon withheld	ne tax		
			\$			\$		or Copy 2	
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code			5	Employee contributions or insurance premiur		6 Net unrealize appreciation employer's s	in		
			7	Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other \$	%	This information is being furnished to	
			98	Your percentage distribution	of total %	9b Total employee	e contributions	the IRS.	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement		State tax withhele	d	15 State/Payer	's state no.	16 State distribution \$	
\$			\$					\$	
1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		13 Date of payment	17 \$	7 Local tax withhel	d	18 Name of loo	cality	19 Local distribution	
			\$			[\$	