

CORRECTED (if checked)

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 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.						
			\$									
			2a Taxable amount									
			\$									
PAYER'S TIN			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>							
			RECIPIENT'S TIN			3 Capital gain (included in box 2a)		4 Federal income tax withheld				
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Copy C For Recipient's Records and/or State, City, or Local Tax Department or Copy 2 This information is being furnished to the IRS.					
			\$		\$							
7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other									
\$		\$		%								
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		\$	
					\$				\$		\$	

CORRECTED (if checked)

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 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.						
			\$									
			2a Taxable amount									
			\$									
PAYER'S TIN			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>							
			RECIPIENT'S TIN			3 Capital gain (included in box 2a)		4 Federal income tax withheld				
RECIPIENT'S name, street address, city or town, state or province, country and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		Copy C For Recipient's Records and/or State, City, or Local Tax Department or Copy 2 This information is being furnished to the IRS.					
			\$		\$							
7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other									
\$		\$		%								
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		\$	
					\$				\$		\$	

DETACH BEFORE MAILING
 MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS