Form 1099-R CORRECTED (if checked)			OMB No. 15	45-0119 202	22	Form 1099-R CORRECTED (if				checked) OMB No. 1545-0119 2022			
1 Gross distribution	2a Taxable amour				1 Gross distribution	2a Taxable amount			Distribu	itions From			
s _s			Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			 ¢	\$			Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
						2b Taxable amount	Total				12 FATCA Filing 13 Date of payment		
not determined	distribution		requirement			not determined		distribution	1		requirement		
PAYER'S name, street address, city o	r town, state or provinc	ce, country, ZIP	or foreign p	stal code, and pho	ne no.	PAYER'S name, street add	ress, city or	town, state o	r province, co	untry, ZIP o	or foreign p	ostal code, an	d phone no.
PAYER'S TIN RECIPIENT'S TII						PAYER'S TIN RECIPIENT'S TIN							
Capital gain (included in box 2a) 4 Federal income tax withheld in box 2a		5 Employee contributions/Designated Roth contributions or insurance premiums			in box 2a)			Federal income tax withheld			5 Employee contributions/Designated Roth contributions or insurance premiums		
\$ Not unrealized appropriation	\$ Distribution and	In IRA/	\$ 045-24		0/	\$ 6 Not was a list of a same	alatia a	\$ Distribut	i (-)	IRA/	\$ Other		0/
6 Net unrealized appreciation in employer's securities	7 Distribution cod	ie(s) IRA/ SEP/ SIMPLE	8 Other		%	6 Net unrealized appre in employer's securit		7 Distribut	ion code(s)	IRA/ SEP/ SIMPLE	8 Other		%
\$			\$			I \$					\$		
9a Your percentage of total distribution 9b Total emplo				ributions		9a Your percentage of total distribution 9b				Total employee contributions			
	% \$					I			% \$				
RECIPIENT'S name, street address	, only of town, state of	province, court	ay, and En	or loreign postal o	,ouc	RECIPIENT'S name, stre	or address	, only of town,	state of prov	moo, oour	1y, and 2n	or foreign pe	out out
Account number (see instructions) 11 1st year of desig. Roth contrib.			10 Amount allocable to IRR within 5 years \$			Account number (see instructions)			11 1st year of desi	g. Roth contrib.	. 10 Amount allocable to IRR within 5 years		
14 State tax withheld 15 State/Payer's state no.			I .			14 State tax withheld 15 State			Payer's state	e no.	16 State distribution \$		
17 Local tax withheld 18 Name of Locality			19 Local distribution			17 Local tax withheld 18 Name of			of Locality	Locality 19 Local distribution \$			
File this copy with your state, city, or local income tax return, when required. Popartment on Internal Rever www.irs.gov/F CORRECTED (if checked) Gross distribution CORRECTED (if checked) OMB No. 1545-0119 Distributions From Annutties, Reserved.					ions, nt or	File this copy with your state, city, or local income tax return, when required. Form 1099-R CORRECTED (if checked) CORRECTED (if checked) CORRECTED (if checked)					Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R OMB No. 1545-0119 Distributions From Pensions, Annuities, Retirement or		
\$			Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			1\$		\$			Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
2b Taxable amount not determined PAYER'S name, street address, city o	Total distribution		requirement	13 Date of payr		2b Taxable amount not determined		Total distribution			requirement	13 Date of	
PAYER'S TIN RECIPIENT'S TII 3 Capital gain (included in box 2a) 4 Federal income tax withheld in box 2a)				contributions/Designate	nd emiums	PAYER'S TIN 3 Capital gain (include in box 2a)	RECIPIENT'S T 4 Federal income tax withheld			TIN 5 Employee contributions/Designated Roth contributions or insurance premiums			
\$ 6 Net unrealized appreciation	\$ 7 Distribution cod		\$ 8 Other		%	\$ 6 Net unrealized appre	ciation	\$ 7 Distribut	tioncode(s)	IRA/ SEP/	\$ 8 Other		%
in employer's securities		SIMPLE	¢			I in employer's securit I \$	ies			SIMPLE	¢		
9a Your percentage of total distr	ibution 9	9b Total emplo	yee contr	ributions		9a Your percentage of	total distr	l ibution	9b To	otal emplo	yee cont	ributions	
RECIPIENT'S name, street address	% \$, city or town, state or	r province, coun	try, and ZIP	or foreign postal d	code	RECIPIENT'S name, stre	et address	, city or town,	% \$ state or prov	rince, count	ry, and ZII	or foreign po	ostal code
Account number (see instructions)	11 1st year	of desig. Roth contrib.	10 Amoun	t allocable to IRR within	5 years	Account number (see ins	structions)		11 1st year of desi	g. Roth contrib.	10 Amour	nt allocable to IRR	within 5 years
14 State tax withheld \$	15 State/Payer's state no.		16 State distribution			14 State tax withheld	15 State/F	State/Payer's state no.			16 State distribution \$		
17 Local tax withheld 18 Name of Locality			·			17 Local tax withheld 18 Name of							
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