

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 2022

1 Gross distribution 2a Taxable amount Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 2b Taxable amount not determined Total distribution 12 FATCA Filing requirement 13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

PAYER'S TIN RECIPIENT'S TIN

3 Capital gain (included in box 2a) 4 Federal income tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7 Distribution code(s) 8 Other 9a Your percentage of total distribution 9b Total employee contributions

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions) 11 1st year of desig. Roth contrib. 10 Amount allocable to IRR within 5 years 14 State tax withheld 15 State/Payer's state no. 16 State distribution 17 Local tax withheld 18 Name of Locality 19 Local distribution

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Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R

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