Form 1099-R CORRECTED (if checked) 1 Gross distribution 2a Taxable amount					ributio	5-0119 20 ns From Per ties, Retiren	nsions,	Form 1099-R	CORRECTED (if checked) 2a Taxable amount			OMB No. 1545-0119 2022 Distributions From Pensions, Annuities, Retirement or				
\$	\$			Pre	ofit-S	haring Plans	s, IRAs,	1		\$			Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
2b Taxable amount not determined	Total distribution			12 FATCA Filing requirement				2b Taxable amount To		Total distribution	Total distribution			12 FATCA Filing requirement 13 Date of payment		
PAYER'S name, street address, city o	or town, state or pro	ovince, cour	ntry, ZIP o	or foreig	gn post	tal code, and p	phone no.	PAYER'S name, street add	Iress, city o	r town, state or	province, cou	ntry, ZIP	or foreign	postal code, and p	phone no.	
								I I								
PAYER'S TIN	1	RECIPIENT'S T						I PAYER'S TIN				ENT'S T				
3 Capital gain (included in box 2a)	2a) 4 Federal Inci		ome tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiu			1 3 Capital gain (included in box 2a) 4 1 .		4 Federal i	income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premium:		nated e premiums	
Net unrealized appreciation in employer's securities 7 Distributi		n code(s) IRA/ SEP/ SIMPLE		\$ Other			%	6 Net unrealized appr in employer's securi	\$ 7 Distribut	Distribution code(s)			\$ 8 Other %			
\$ 9a Your percentage of total dist	tribution	9b Tota	al emplo	\$ oyee c	ontrib	utions		I § I 9a Your percentage of	f total dis	tribution	9b To	tal empl	\$ oyee con	tributions		
	9	% \$						1			% \$					
RECIPIENT'S name, street address	, ,		,	,				RECIPIENT'S name, stre		, ory or com,				in orreign poor		
Account number (see instructions) 11 1st year of desig. Roth c			Roth contrib.	 b. 10 Amount allocable to IRR within 5 years \$ 				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 \$				I 14 State tax withheld 15 St.			State/Payer's state no.			16 State distribution		
17 Local tax withheld 18 Name of Locality				19 L \$	local c	distribution		17 Local tax withheld 18 Name of L			of Locality	ocality 19 Local distrib				
Payer's - State, Local or File Copy					Inter	artment of the mal Revenue S v.irs.gov/Form	Service	Payer's - State, Local or File Copy					Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R			
Form 1099-R CORRECTED (if checked) 1 Gross distribution 2a Taxable amount \$ \$ 2b Taxable amount not determined Total distribution PAYER'S name, street address, city or town, state or province, country, ZIF				Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA Fling requirement				Gross distribution Za Taxable an			amount	nount		OMB No. 1545-0119 20222 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 12 FATCA Filing requirement		
PAYER'S TIN	r town, state or pr	RECIPIE			gn posi		onone no.	PAYER'S name, street add	iress, city o	r town, state or		ENT'S T		postal code, and p	onone no.	
3 Capital gain (included in box 2a)	4 Federal inco	4 Federal income tax withhele		5 Employee contributions/Designate Roth contributions or insurance pr				I 3 Capital gain (included in box 2a) I \$		4 Federal in	al income tax withheld		5 Employee contributions/Designated Roth contributions or insurance premiums		nated e premiums	
 § Net unrealized appreciation in employer's securities 	 7 Distribution 	7 Distribution code(s) SIMPLE		8 Other \$			%	 6 Net unrealized approvements 6 in employer's securities 1 \$ 	eciation ities	 Distribut 	on code(s)	IRA/ SEP/ SIMPLE	 Other \$ 	r	%	
9a Your percentage of total dist		9b Tota	al emplo	oyee c	contrib	utions		9a Your percentage of	f total dis	tribution	9b To	tal empl	oyee con	tributions		
RECIPIENT'S name, street address	s, city or town, sta	te or provin	ce, coun	itry, and	d ZIP c	r foreign post	al code	RECIPIENT'S name, stre	eet address	s, city or town,	state or provi	nce, cour	itry, and Z	IP or foreign post	al code	
Account number (see instructions)	Account number (see instructions) 11 Ist ye			10 Ar \$	10 Amount allocable to IRR within 5 years \$			Account number (see instructions)		11 1st year of desig. Roth		Roth contrib	rrib. 10 Amount allocable to IRR within 5 years \$			
14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$				I 14 State tax withheld 19		15 State/P	15 State/Payer's state no.			16 State distribution \$			
17 Local tax withheld \$	18 Name of Locality				_ocal c	distribution		17 Local tax withheld 18 Name of Loca \$			of Locality	19 Local distribution \$				
Payer's - State, Loc	al or File	Сору			Inte	partment of the rnal Revenue \$ w.irs.gov/Form	Service	<mark>Payer's - Stat</mark> a _{LR4R} 	e, Loc	al or File	e Copy			Department of the Internal Revenue 9 www.irs.gov/Form 5176	Service	

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