	ORRECTED (if checke	Distributions From Pen Annuities, Retirem Profit-Sharing Plans,	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		CORRECTE 2a Taxable	D (if checked) amount	OMB No. 1545-0119 2022 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,	
\$ 2b Taxable amount	\$ Total	Insurance Contract 12 FATCA Filing 13 Date of pay	Insurance Contracts, etc. 12 FATCA Filing 13 Date of payment		\$ Total		Insurance Contracts, etc. 12 FATCA Filing 13 Date of payment	
not determined	distribution	requirement		not determined	distribution		requirement	
PAYER'S name, street address, city or	town, state or province, countr	ry, ZIP or foreign postal code, and pi	hone no.	PAYER'S name, street address, c	ity or town, state or	province, country, ZIP	or foreign postal code, and phone no.	
PAYER'S TIN RECIPIEN		IT'S TIN		PAYER'S TIN RECIPIENT'S TIN				
3 Capital gain (included in box 2a)	4 Federal income tax with	held 5 Employee contributions/Designa Roth contributions or insurance (in box 2a)		come tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums \$		
6 Net unrealized appreciation in employer's securities \$		IHAV SEP/ SIMPLE \$		6 Net unrealized appreciation in employer's securities		SIMPLE	8 Other	
9a Your percentage of total distr	employee contributions		9a Your percentage of total distribution 9b Total employee contributions 1					
Account number (see instructions)	11 1st year of desig. Ro	th contrib. 10 Amount allocable to IRR with	nin 5 years	I I Account number (see instructi	ons) 1	1 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	\$ 16 State distribution		14 State tax withheld 15 State/Payer		\$ 16 State distribution	
\$ 17 Local tax withheld 18 Name of Locality		\$ 19 Local distribution	19 Local distribution		\$ 17 Local tax withheld 18 Name of Loc		\$ 19 Local distribution	
Payer's - State, Loca	Department of the T Internal Revenue Se www.irs.gov/Form1	ervice	\$\			Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R		
1 Gross distribution	ss distribution 2a Taxable amount		OMB No. 1545-0119 2022 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,		2a Taxable	D (if checked)	OMB No. 1545-0119 2022 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,	
\$ 2b Taxable amount not determined	Total distribution	Insurance Contract 12 FATCA Filing requirement	yment	2b Taxable amount not determined	Total distribution		Insurance Contracts, etc. 12 FATCA Filing 13 Date of payment requirement	
PAYER'S name, street address, city or	town, state or province, counti	ry, 21P of Toreign postal code, and pr	none no.	PAYER S name, street address, c	ity or town, state or	province, country, ZIP i	or foreign postal code, and phone no.	
PAYER'S TIN RECIPIENT'S T		IT'S TIN	IN		PAYER'S TIN		RECIPIENT'S TIN	
3 Capital gain (included in box 2a) 4 Federal income tax withheld in box 2a)		\$	5 Employee contributions/Designated Roth contributions or insurance premiums		4 Federal in	come tax withheld	5 Employee contributions/Designated Roth contributions or insurance premiums \$	
6 Net unrealized appreciation in employer's securities \$		IRAV SEP/ SIMPLE \$		6 Net unrealized appreciation 6 in employer's securities	n 7 Distribution	on code(s) IRA/ SEP/ SIMPLE	8 Other	
				I 9a Your percentage of total distribution 9b Total employee contributions				
RECIPIENT'S name, street address,	% \$ city or town, state or province	e, country, and ZIP or foreign posta	al code		ress, city or town, s	% \$ state or province, cour	stry, and ZIP or foreign postal code	
Account number (see instructions)	11 1st year of desig. Rol	th contrib. 10 Amount allocable to IRR with \$	nin 5 years	Account number (see instructi	ons) 1	1 1st year of desig. Roth contrib	. 10 Amount allocable to IRR within 5 years	
14 State tax withheld \$	tate tax withheld 15 State/Payer's state no.		16 State distribution \$		15 State/Pa	ayer's state no.	16 State distribution \$	
17 Local tax withheld 18 Name of Locality Paver's - State Local or File Copy		\$		17 Local tax withheld	18 Name o		19 Local distribution \$ Department of the Treasury	