

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

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

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 telephone no.

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

PAYER'S TIN RECIPIENT'S TIN

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) IRA/ SEP/ SIMPLE 8 Other %

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) IRA/ SEP/ SIMPLE 8 Other %

9a Your percentage of total distribution % 9b Total employee contributions \$

9a Your percentage of total distribution % 9b Total employee contributions \$

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Account number (see instruc.) 11 1st year of desig. Roth contrib. 10 Amount allocable to IRR within 5 years \$

Account number (see instruc.) 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 \$

14 State tax withheld \$ 15 State/Payer's state no. 16 State distribution \$

17 Local tax withheld \$ 18 Name of locality 19 Local distribution \$

17 Local tax withheld \$ 18 Name of locality 19 Local distribution \$

Copy 2 File this copy with your state, city, or local income tax return, when required. www.irs.gov/Form1099R Department of the Treasury Internal Revenue Service

Copy 2 File this copy with your state, city, or local income tax return, when required. www.irs.gov/Form1099R Department of the Treasury Internal Revenue Service

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

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

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 telephone no.

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

PAYER'S TIN RECIPIENT'S TIN

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) IRA/ SEP/ SIMPLE 8 Other %

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) IRA/ SEP/ SIMPLE 8 Other %

9a Your percentage of total distribution % 9b Total employee contributions \$

9a Your percentage of total distribution % 9b Total employee contributions \$

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

Account number (see instruc.) 11 1st year of desig. Roth contrib. 10 Amount allocable to IRR within 5 years \$

Account number (see instruc.) 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 \$

14 State tax withheld \$ 15 State/Payer's state no. 16 State distribution \$

17 Local tax withheld \$ 18 Name of locality 19 Local distribution \$

17 Local tax withheld \$ 18 Name of locality 19 Local distribution \$

Copy C For Recipient's Records (keep for your records) www.irs.gov/Form1099R This information is being furnished to the IRS. Department of the Treasury Internal Revenue Service

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. www.irs.gov/Form1099R This information is being furnished to the IRS. Department of the Treasury Internal Revenue Service

A

MM284

PRINTED IN USA

8510027759