| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | | 1 Gross distribution | | OMB No. 1545-0119 | | Distributions From |
|--|---|--|---|---|--|----------------------------|--|
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| | | | \$ 2a Taxable amoun | | 2022 | Pi | rofit-Sharing Plans |
| | | | 2a Taxable amoun | τ | | - | IRAs, Insuranc |
| | | | \$ | | Form 1099-I | R | Contracts, etc |
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| PAYER'S TIN | RECIPIENT'S TI | N | 3 Capital gain (incl box 2a) | uded in | 4 Federal incom withheld | ne tax | Internal Revenu |
| | | | | | withineid | | Service Cente |
| | | | \$ | | \$ | | File with Form 1096 |
| RECIPIENT'S name | · | | 5 Employee contrib | utions/ | 6 Net unrealize | | For Privacy Ac |
| | | | Designated Roth contributions or | | appreciation employer's s | ecurities | and Paperwor |
| | | | insurance premiu | ms | | | Reduction Ac |
| | | | \$ | | \$ | | Notice, see th |
| Street address (including apt. | no.) | | 7 Distribution code(s) | IRA/ SEP/ | 8 Other | | 2021 Genera Instructions fo |
| | | | | SIMPLE | \$ | 07 | Certai |
| City or town, state or province, | country and 7IP or fo | reign postal code | 9a Your percentage | | → 9b Total employee | % contributions | - Informatio |
| ony of town, state of province, | | | distribution | % % | | Contributions | Returns |
| 10 Amount allocable to IRR | 11 1st year of desig | | 14 State tax withhe | ld | 15 State/Payer | 's state no. | 16 State distribution |
| within 5 years | Roth contrib. | requirement | \$ | | | | \$ |
| Account number (see instruction | | 13 Date of | ↓ 17 Local tax withhe | Id | 18 Name of loc | ality | ⊅ 19 Local distributior |
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