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FORM 7159-4 / TC-R4 4PT

9898

VOID CORRECTED

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 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
			\$							
			2a Taxable amount				Copy A For Internal Revenue Service Center			
			\$							
PAYER'S TIN			RECIPIENT'S TIN		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
3 Capital gain (included in box 2a)			4 Federal income tax withheld		File with Form 1096.					
\$			\$							
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities					
\$			\$							
Street address (including apt. no.)			7 Distribution code(s)		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other			
							\$ %			
City or town, state or province, country, and ZIP or foreign postal code			9a Your percentage of total distribution %		9b Total employee contributions \$					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld		15 State/Payer's state no.		16 State distribution		
\$				\$				\$		
Account number (see instructions)			13 Date of payment		17 Local tax withheld		18 Name of locality		19 Local distribution	
					\$				\$	

Form **1099-R** 41-0852411 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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