Form 1099-R   CORRECTED (if checked)			l) <sub>OMB I</sub>	No. 1545-0119 <b>20</b>	)19	Form 1099-R   CORRECTED (				(if checked) OMB No. 1545-0119 <b>2019</b>				
1 Gross distribution 2a Taxable amount			Dist P	tributions From Pe Annuities, Retirer rofit-Sharing Plans	ment or s, IRAs,	1 Gross distribution	2a Taxabl	2a Taxable amount			Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,			
\$  \$   2b Taxable amount Total			FATCA	Insurance Contract		\$   2b Taxable amount	\$ 			Insurance Contracts, etc.				
not determined	distribution		require		nent	not determined		Total distribution	n 📄		FATCA filing requirement	Date of p	ayment	
PAYER'S name, street address, city o	or town, state or pro	ovince, country	, ZIP or fore	pign postal code, and p	phone no.	PAYER'S name, street add	dress, city o	r town, state o	or province, co	Luntry, ZIP o	r foreign po	I ostal code, a	id phone no.	
PAYER'S TIN RECIPIENT'S TII			'S TIN			I   PAYER'S TIN			RECIP	RECIPIENT'S TIN				
3 Capital gain (included in box 2a)			eld 5 En	nployee contributions/Design oth contributions or insurance	nated e premiums	I 3 Capital gain (include in box 2a)	4 Federal	4 Federal income tax withheld			5 Employee contributions/Designated Roth contributions or insurance premiums			
Net unrealized appreciation in employer's securities	7 Distribution	code(s)   s	RA/ SEP/ MPLE \$	ther	%	Francisco   State		7 Distribu	tion code(s)	IRA/ SEP/ SIMPLE	8 Other		%	
9a Your percentage of total distribution 9b Total employ % \$				contributions		I 9a Your percentage of total distribution 9b Total employee contributions I % \$								
Account number (see instructions)	1116	et waar of dooin. Both	contrib 10	Amount allocable to IRR wi	ithin 5 years	I I Account number (see in	netructione		11 let waar of does	a Path contrib	10 Amoun	t allocable to IP	D within 5 years	
12 State tax withheld 13 State/Payer's state no.			\$	State distribution	- years	I 12 State tax withheld		Payer's state	~	. 10 Amount allocable to IRR within 5 years \$ 14 State distribution				
\$ 15 Local tax withheld 16 Name of locality			\$ 17	Local distribution		\$ 15 Local tax withheld 16 Name			s flocality 17 Local of			l distribution	on .	
File this copy with your state, city, or local income tax return, when required.				Department of the Internal Revenue S www.irs.gov/Form	Service	\$    File this copy with your state, city  , local income tax return, when rec								
1 Gross distribution 2a Taxable amount  \$ \$  2b Taxable amount Total			Dist P FATCA require	ement	ment or s, IRAs, cts, etc. nent					OMB No. 1545-0119  Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  FATCA filing requirement  or foreign postal code, and phone no.				
PAYER'S TIN RECIPIENT'S TIN						I I I   PAYER'S TIN			RECIP	IENT'S TII	N			
3 Capital gain (included in box 2a)	4 Federal income tax withheld		eld 5 En	Employee contributions/Designated Roth contributions or insurance premiums		3 Capital gain (included in box 2a)		4 Federal income tax withheld		vithheld	5 Employee contributions/Designated Roth contributions or insurance premiums			
Net unrealized appreciation in employer's securities	7 Distribution	code(s)	RA/ SEP/ MPLE \$	ther	%	6 Net unrealized appring in employer's securions	eciation ities	7 Distribu	tion code(s)	IRA/ SEP/ SIMPLE	8 Other		%	
9a Your percentage of total distribution of the Park Park Park Park Park Park Park Park	%	6 \$		contributions  and ZIP or foreign posts	al code	9a Your percentage of I RECIPIENT'S name, str			% \$	otal emplo			ostal code	
Account number (see instructions)	<b>11</b> 1s	st year of desig. Roth	contrib. 10	Amount allocable to IRR wi	ithin 5 years	Account number (see in	nstructions)	)	<b>11</b> 1st year of desi	g. Roth contrib.	<b>10</b> Amoun	t allocable to IR	R within 5 years	
12 State tax withheld \$	e tax withheld 13 State/Payer's state no.		\$	\$		\$			13 State/Payer's state no.			14 State distribution \$		
15 Local tax withheld 16 Name of locality  Copy C For Pecipient's Records				Local distribution  Department of the	Treasur	15 Local tax withheld \$ 16 Name			e of locality 17 Local distribution \$  deral tax return. Department of the Treasury					
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