

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2019**

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	FATCA filing requirement	Date of payment

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

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

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

Account number (see instructions)	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

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

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Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R

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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. Department of the Treasury Internal Revenue Service www.irs.gov/Form1099R

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