

9898

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution \$	OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$	2020		
			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
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 36-1004130 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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